

The Carers' Resource

Care @ Carers Resource

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 25th April, 2nd & 4th May 2018 and was announced. The provider was given short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager would be available. This was the first inspection of the service since registration with the Care Quality Commission (CQC) in August 2015.

Care @ Carers Resource is a domiciliary care service, covering the following areas: Airedale, Bradford, Craven and Harrogate. It provides personal care to people living in their own homes in the community. It provides a service to people over the age of 18 years. However not everyone using the agency receives a regulated activity as CQC only inspects services which provide 'personal care' help with tasks related to personal hygiene and eating. In cases where the above care is delivered, we also take into account any wider social care provided. At the time of our inspection 41 people were receiving personal care.

There were three registered managers in post when we inspected, with one manager at each area. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service is rated overall as good. There was an excellent, person-centred culture in the service, driven by a committed management team that led by example and supported their staff at all times. Staff were passionate about providing excellent care and support that was tailored to and respected each person's individual needs and preferences. People's care plans were detailed and person-centred.

Staff told us the induction and shadowing process was thorough and prepared them for their roles. We saw staff received the training and support they required to meet people's needs. Staff had a good understanding of safeguarding.

Risk assessments showed any identified risks had been assessed and mitigated. We saw people and or/their relatives had been involved in their care plans and reviews. People's nutritional needs were met and they were supported to access healthcare support as and when needed.

People and relatives spoke highly of the personalised service provided by a team of regular care staff who knew them well which included the registered managers. They said staff arrived on time and stayed the full length of the call. They described staff as wonderful, brilliant, caring and gentle.

They said staff were patient and didn't rush, giving them time to do things at their own pace. People's privacy and dignity was respected. Medicines management was safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; and the policies and systems in the service supported this practice.

People we spoke with raised no concerns but knew the processes to follow if they had any complaints and were confident these would be dealt with. The provider had mechanisms in place to ensure people who used the service, staff and other people such as commissioners, social care professionals and families could provide feedback which helped drive improvements in the service. People were asked for feedback and we saw action was taken as a result. Staff told us their suggestions were welcomed and respected.

Staff were recruited safely, well trained and told us they were proud of the work they did. Staff were deployed in sufficient numbers to provide safe support when people needed it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient numbers of care workers employed to ensure people received their agreed care package and staff were effectively deployed.

Staff received training on safeguarding adults from abuse and understood their responsibility to report any incidents of abuse to the relevant people.

Any identified risks were recorded and managed with the aim of minimising or eliminating the risk.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

Staff had a general understanding of the Mental Capacity Act 2005 and applied its principles in their day to day work.

People were supported to access healthcare support when needed.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring and they receive continuity of care.

Staff demonstrated a good knowledge and understanding of the people they cared for and supported.

People's rights to privacy, dignity and independence were valued.

Is the service responsive?

The service was responsive.

People told us the service was responsive to their changing needs.

Care plans were in place to ensure staff provided care and support in line with people's preferences.

People knew how to complain and said they would raise issues if this was necessary. Previous complaints had been responded to appropriately and in a timely manner.

Good 

Is the service well-led?

The service was well-led.

People felt the service was well managed and the provider had implemented an effective system to monitor if staff had arrived within the agreed time band and had stayed the correct length of time.

When concerns were raised, action was always taken to address the issues highlighted and improve the service people received.

The provider's systems for checking the quality and safety of the services people experienced were working well.

Good 

Care @ Carers Resource

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place 25 April, 2 and 4 May 2018 and was announced. The provider was given notice because we needed to be sure that the registered managers were available. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspector visited the agency office on 2 May 2018. Before, during and after the visit to the provider's office we carried out telephone interviews with people who used the service, their relatives and staff from all three areas. This included eight people who used the service and six relatives. We also spoke with seven care workers both over the telephone and in person.

Before the inspection we reviewed information we held about the service. This included looking at information we had received about the service. We also contacted the local authority contracts and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR in a timely manner. We also looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During our visit to the agency office we spoke with two board members, the chief executive officer, head of care and the registered managers. We looked at four people's care records, three staff recruitment files, training records and other records relating to the day to day running of the service. The office we visited had all the care plans and staff files for staff working across the three areas.

Is the service safe?

Our findings

People said they felt safe and secure in the company of staff. One person said; "They are smashing, they are kind and talk to you and make you feel secure." People said they had no concerns with any of the staff that delivered care and support.

We found the service had safeguarding policies and procedures in place to inform staff of what constituted abuse and when and how to report any incidents. There was also a whistle blowing policy in place. We saw safeguarding incidents were appropriately recognised by the registered provider and reported to the Local Authority and CQC. We saw these were appropriately investigated to help improve the safety of people who used the service.

Staff we spoke with were able to describe their responsibilities for safeguarding people, including knowledge of the kinds of abuse people may be at risk from and how and when to report this. Staff told us they were confident the management team would respond appropriately to any concerns they raised. We looked at records which showed any incidents were thoroughly investigated and 'de-briefed' with staff to ensure any lessons learnt could be built into future decisions about care for people. This meant the provider was actively looking for ways to reduce the likelihood of incidents being repeated. The provider also sent newsletters to their customers which included items on safety, for example warning them of scams that could put them at risk.

We found risk assessments were in place that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. The risk assessments we looked at included the risk of falling, moving and handling, mobility and medication. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

Effective infection control procedures were in place. Staff were kept supplied with personal protective equipment such as gloves, aprons and hand sanitiser. People and relatives told us staff wore gloves/protective aprons and washing their hands.

We found medicines were managed safely. Where staff supported people with medicines there were detailed risk assessments in place. These showed arrangements for the delivery and storage of medicines and provided clear guidance for staff about the support the person required. We found medicine administration records (MARs) were well completed. For example, the MAR listed each individual medicine contained within the dosette box including a description of the medicine, the dose and frequency of administration. We saw staff signatures to show the medicines had been taken.

Staff told us they had received medicines training and this was confirmed by the training matrix. The registered manager told us the MARs were brought into the office monthly and audited. We saw records of recent audits which showed any issues identified, such as missing staff signatures, had been addressed.

Staff were recruited safely, with appropriate background checks in place. These included references from

previous employers, checks on identity and information received from the Disclosure and Barring Service (DBS). The DBS is an organisation which holds records of people who may be barred from working in a social care setting.

The staff we spoke with told us the recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable people had been made.

There were enough staff to support people safely and meet their needs. People and relatives told us they felt safe with the staff who visited them. They said they had regular staff who knew them well. They said staff arrived on time and stayed the full duration of the call. One relative said about the staff, "They're punctual and very thorough. They don't rush (family member); do things at (family member's) pace." Another relative said, "It's a reliable service. They're usually on time but if they're delayed they let us know." Electronic call monitoring was in place to assist with staff safety and reduce the likelihood of missed calls. The Bad Weather policy enabled staff to be re-deployed safely in the event of heavy snow for critical calls.

Staff told us they had regular people they visited and said the rotas were well planned which gave them sufficient time to travel between calls. They confirmed they had enough time to provide the support people required. One staff member said, "I have the same people I go to and I know them really well. We have plenty of time to do the calls, there's no rushing to get things done."

Staff we spoke with said they were well supported by management in an emergency. They said it was easy to get in touch with a member of the management team if required, including outside of normal office working hours.

Is the service effective?

Our findings

People and relatives all spoke positively about the staff that supported them and described them as 'excellent' or 'good.' One person said, "They all know what they are doing." A relative said, "They are experienced and know what to do."

The registered manager told us all new staff completed induction training which included a period of shadowing, with the registered manager or an experienced staff member. This was confirmed in our discussions with staff and relatives. A relative said, "We're asked if new staff can come and then they're observed to make sure things are done right." The registered manager told us new staff without previous care experience had to complete the Care Certificate. The Care Certificate is a set of standards for social care and health workers aimed primarily at staff who do not have existing qualifications in care such as an NVQ (National Vocational Qualification).

The training records we looked at were up to date and showed staff received a range of training relevant to their role. The registered manager told us staff training was done through e-learning and face to face training. This included training on safeguarding, health and safety, dementia and the Mental Capacity Act. We saw staff had also received additional training in topics such as 'understanding epilepsy' and 'the prevention of pressure ulcers' which were facilitated by specialist nurses and other health colleagues. Dates for refresher training had been scheduled.

Staff told us the registered managers often worked alongside them providing support and supervising their practice. Staff received regular supervision as well as an annual appraisal which provided opportunities for training and developmental needs to be discussed and performance to be reviewed. Staff said they felt supported by the service.

The registered manager told us they visited and assessed people's needs before the service commenced and this was confirmed in our discussions with relatives. One relative said, "(Registered manager) came out and spent time talking to us about what we wanted. They've taken on board everything we asked for." We saw evidence of these assessments in the care records we reviewed.

Some people required support with their nutritional needs and relatives told us these were met. One relative said, "(Staff) makes (relative) a hot meal at night which (relative) needs." The people we spoke with told us they were generally happy with the support they received at mealtimes. One person said, "They do get my food ready. They tell me what I have in the fridge and I choose what I want. They cook me a meal at lunchtime and clear up afterwards and then leave me a sandwich." Another person said, "They come to do my lunch. They always ask me which meal I want and what kind of sandwich I would like for later."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment when this is legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. We found no applications had needed to be made.

The registered manager told us all the people they supported with personal care had the capacity to make day-to-day decisions themselves, sometimes with support and help from their relatives. Relatives told us they and their family member were consulted about all aspects of their care and support. The registered manager had a good understanding of the MCA and of their responsibilities under the Act. All staff had received training in the MCA.

People we spoke with told us how staff asked for their consent to care and support and how they offered them choice. One person said, "They always ask permission before doing anything." Another person told us, "I make my own choices and tell them what I want." The registered manager confirmed that if people were unable to consent to care and support their preferences were discussed with everyone involved in their care and a best interest decision made. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's best interest.

Care records we reviewed showed people were supported to access healthcare services in the local community such as GPs, district nurses and social workers. We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their support plans to help staff be aware of people's healthcare needs. The registered provider confirmed if staff noted a change in people's needs or were concerned about someone's health they would refer them to other healthcare professionals if appropriate. They told us they had built up good working relationships with other health care professionals and staff always followed their advice and guidance. The relative of one person who used the service told us during one visit staff had recognised their relative was unwell and had stayed with them until the paramedics had arrived. They said, "The carers were so supportive." This showed us staff were trained and able to deal with unforeseen situations.

Is the service caring?

Our findings

In their PIR the provider stated 'We do a full assessment of need ensuring we have a holistic understanding of the individual's needs: goals/aims, health and wellbeing preferences choice. This ensures the service is person centred, tailored and driven by them towards positive outcomes. Personal profiles have been introduced, which builds on a picture of their life.'

People and relatives we spoke with were very happy with the care and support provided to their family members and praised the patience and kindness of the staff. Comments included; "The carers are wonderful. (Family member) really looks forward to them coming. I can't praise them enough"; "The staff are fantastic. Very caring and gentle with my (family member). I know she's in good hands." One person said, "I rely on them completely and I am very delighted with them, very caring." Another person said, "Absolutely reliable, rest assured they will do anything for you." Another person said, "My carer is going on holiday, but it's the week of our wedding anniversary, and the family is coming up and going to be around. Once they understood how important it was, they've gone out of their way to get a stand in for us. There are lots of good things to be said about them. I respect that. There's a lot of kindness there as well."

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. They told us they encouraged people to remain as independent as possible and always provided care and support in line with the agreed care plan. In addition, the care plans we looked at highlighted the things people could do things for themselves and the need to promote their independence.

Staff told us they loved their jobs and were proud of the personalised care and support they were able to provide to people. They said they would recommend the service as a place to work and would be happy for a loved one to receive support from the service. One staff member said, "You've got time to build up a relationship with people, to really get to know them. We don't have to rush and can do things properly. I'd have no hesitation in recommending it."

Relatives told us staff were respectful and maintained people's privacy and dignity. One relative said, "The staff are very polite. They understand if (family member) doesn't want to talk and are not in a good place. They know how to communicate and explain what they're doing. They always clean up after themselves and ask if there's anything else we need doing. I can't commend them enough."

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the registered manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service.

The service had a policy on maintaining confidentiality which confirmed that the sharing of information was restricted and only made available on a 'Need to know' basis. Staff told us they understood and respected

people's right to confidentiality and confirmed they maintained confidentiality at all times. People told us that staff never discussed confidential information about other people who used the service with them. One person said, "They don't talk about anybody they are not allowed to talk about anybody."

Is the service responsive?

Our findings

The people we spoke with and their relatives told us in their experience the agency generally had a flexible approach to providing care and support and they were able with reasonable notice to change the time or duration of their visit to fit in with prior engagements or appointments. One person said, "If we need to cancel or change an appointment and we ring the office and the message usually gets through. It's usually fairly easy to get hold of somebody on the office phone." One relative said, "What is so good is they're flexible and adaptable in their approach, it's all about suiting what the person needs."

Staff rota changes are made in response to people's needs. People are given additional support to attend doctors and hospital appointments to ensure that they can access the relevant services. An example of when this support was vital is when the agency was able to support a couple on holiday abroad. The husband had dementia, and a support worker took him site seeing and on walks daily. Another success of this service is when the agency received a request to support a gentleman see his cousin perform in a musical in the north; the care staff stayed overnight to allow him time to meet his cousin after the show and spend additional time with him.

Care records such as assessments and care plans had been developed with a person-centred approach and gave clear details about people's support needs and how staff should meet these. Care plans were headed with 'What you need to know about me' and 'Things that are important to me' and were written from the view of the person concerned. Care plans covered physical needs, health and emotional needs.

The registered manager told us care plans were reviewed on an annual basis or more often if a person's support needs changed. Care staff told us they had input and would make suggestions for review of the care plan if they found the person's needs had changed or if additional information was needed.

Care records we reviewed were detailed and reflected people's needs and preferences. It was clear from the records what people could do for themselves and the support they required from staff at each call. Daily records provided a full account of the support provided, including the call times and signatures of staff who attended.

People spoken with told us that a copy of the care plan was available in the person's home and confirmed staff read and referred to them regularly. One person told us, "Care staff always read the care plan before working with (name)."

The registered manager told us when a person was initially referred to the agency they were always visited by a senior member of the management team before a service started. During this visit a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had. We were also told people were given a service user guide which provided information about Care @ Carers' Resource and people's rights as a service user.

We looked at what the service was doing to meet the Accessible Information Standard. The registered

manager told us they had not yet attended training about the standard. However, they confirmed all key policies and procedures could be produced in different languages and formats if required to meet an individual person's needs.

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. The head of care told Care @Carers Resource are in the process introducing complaint procedure in easy read format. Staff we spoke with said they knew how to manage a complaint and felt confident management would listen and act on their concern. One staff member said, "I record all the information and would speak with my line manager."

The registered manager told us issues arising from complaints are addressed and feedback is given to the complainant including what might change as a result of any investigation. Six complaints had been received since January 2017 to May 2018 and had been taken seriously, investigated and actions taken as a result.

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There were three registered managers in post when we inspected the service.

We received consistently positive feedback about leadership in the service from the staff we spoke with. Comments included, "They are brilliant," "They are always supportive of the service users and the staff," "Nothing is ever too much trouble," "They are all approachable and get involved," "They respect our knowledge," "They ask about people, they listen" and "I feel valued and respected. I love my job."

Staff told us they were proud to work at the service and demonstrated a high level of commitment to the people they supported. They told us; for example, they were happy to start work early or finish late if this meant helping someone to have a 'good day'.

There was a clear sense of shared vision and purpose in the service, characterised by a strong desire to provide support tailored to the needs, abilities and preferences of people as individuals. Staff told us everyone deserved the highest quality of care, and were confident they provided it. One member of staff said, "If it not good enough for a member of my family, then it's not good enough for our clients." Another member of staff told us, "We get to know the individual. That's what it's about."

Staff told us they felt highly motivated and said they received practical and pastoral support from management in the service whenever they needed it, including being able to contact the management team out of hours. Staff told the registered managers knew people's needs and characters in detail.

The service liaised well with other professionals involved in people's care and wider lives to ensure their knowledge of how to support people had the best possible foundation.

People were able to influence the service in both active and passive ways. Active participation was sought through regular meetings which enabled people to give feedback and make suggestions in a structured format. Agendas were prepared using accessible formats, and we saw action plans were prepared to ensure suggestions were followed up. These plans showed what would be done, by whom and by when. Actions taken as a result of suggestions made were fed back in subsequent meetings. Staff also ensured any feedback about the service from indirect means, such as a change in a person's presentation or response to a set of circumstances, was also discussed and acted on. Staff were able to give examples of how they had advocated for people in this way, and told us this feedback was always reflected in updates to people's care plans.

The provider worked to involve and listen to people, their families and engage them with people's care where they wished to do so. There was an annual survey sent to families as well as other people involved in people's care, such as staff, commissioners and health professionals. The last survey had been sent in 2017,

and the head of care said the 2018 survey had started. We saw a high level of satisfaction recorded in the responses. Families were also sent a personalised, quarterly newsletter highlighting activities people had participated in and any significant goals they had achieved.

Staff were also able to contribute to the running and development of the service, and told us they felt able to make suggestions at any time. They said such feedback was always welcomed. There were also regular staff meetings, and staff told us they felt encouraged sharing honest and open opinions which were listened to and, where needed, acted on. Meeting minutes recorded meaningful discussions taking place across a range of topics including equality and diversity, promoting dignity, changing needs and ideas for improving the service. There were action plans to show how feedback would be used to influence decisions made about the service, and feedback on actions taken was shared at subsequent meetings.

There was an excellent oversight of quality and delivery in the service, and a clear desire to identify and make improvement wherever possible. Robust processes were in place to ensure on-going monitoring and improvement in the service, and we saw these were kept up to date. Audits and other checks were used to ensure processes, for example medicines administration and management, were well managed, and there was also provider-level audit activity which made very detailed checks of the quality of a number of areas, in particular care planning, delivery and outcomes. These processes were seen by the head of care as an important means of driving rolling improvements for people as well as for the service as a whole.

We found the leadership team were very engaged with the inspection process. They described how they saw it as another opportunity to reflect on how the service ran, what it did well and where there may be opportunity for further improvement. Throughout the inspection we found management and staff were all open in their communication and very keen to talk with us about the service, and we found they had a consistent focus on doing the very best for people at all times. Information about people's care and the general running of the service was well ordered, up to date and easily accessible. Staff told us they had access to information such as care plans at all times, and confirmed they had had time to read and understand care plans before they began supporting people. We saw the provider ensured staff signed to confirm they had read documentation.

Reviews and spot checks also provided opportunity for people to raise feedback. All services that provide health and social care to people are required by law to notify the CQC, of important events that happen in the service. The registered provider confirmed they were aware of the need to notify the CQC of all significant events which affected people's care and support in line with their legal responsibilities.

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The service has signed up to the NSA (National Skills Academy) Skills for Care Registered Managers support. The service are and have been a Network Partner of the Carers Trust for many years which provides Network Support nationally and regionally. Attend meetings to discuss issues, changing environment, practice and collectively work together to support each other by sharing good practice.