

Care Response Limited

Care Response

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

About the service:

Care Response is a domiciliary care service. At the time of the inspection the service was supporting 31 people in their own home. People supported included older people, younger people and people living with dementia.

People's experience using the service:

- People received a service that was safe. The provider had systems and processes in place to protect people from the risk of harm and abuse. Medicines were managed safely.
- People received care and support from staff who were trained sufficiently and had the right skills and knowledge, this led to good outcomes for people.
- Staff respected and promoted people's independence, dignity and privacy, staff developed caring relationships with the people they supported.
- People's care and support met their needs and reflected their preferences.
- Management processes were in place to monitor and improve the quality of the service. There was a positive, open and empowering culture.

Rating at last inspection:

- At the last inspection the service was rated good (6 October 2016).

Why we inspected:

- This was a planned inspection to check that this service was meeting the regulations and to give them a rating.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Care Response

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: The inspection team consisted of two inspectors and one 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, in this case services for older people.

Service and service type:

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults with a range of care needs.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service to people who may be out during the day. We needed to be sure that they would be available to speak with us.

Inspection activity started on 28 March 2019 with telephone calls to people who used the service. We visited the office on 29 March 2019 to see the registered manager and staff, and to see care records, policies and procedures, and visited one person in their home.

What we did:

Before the inspection we looked at information we held about the service:

- We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return (PIR). This information helps support our

inspections.

- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
- We reviewed the previous inspection report.

During the inspection:

- We spoke with four people who used the service and one relative.
- We spoke with the registered manager, the business manager, the quality assurance manager and two care staff.
- We looked at the care records of four people.
- We looked at three staff records, including training and recruitment records.
- We looked at other records to do with the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- There were systems and processes in place to minimise the risk of harm and abuse to people.
- People we spoke with said that they felt safe.
- One person told us, "Yes I feel very safe. It's their attitude and how they speak to me and how they look after me."
- Staff were knowledgeable of the risk of abuse, signs to look out for, and how to report any concerns should they have any.
- Staff told us they felt confident the provider would manage any safeguarding concerns effectively. One staff member told us, "The managers are always telling us we need to let them know if we suspect abuse is going on."
- We saw evidence that where staff had raised concerns about people's safety, the management team had reported the concerns to the local authority and to the CQC.

Assessing risk, safety monitoring and management:

- People had risk assessments in place to manage risks associated with risk of falls, moving and handling and risk of a person developing a pressure sore.
- Environmental risk assessments were carried out to ensure people and staffs safety when in the home. These included trip hazards and risks from electrical equipment.
- We looked at the provider's Business Continuity Plan, which was up to date, relevant and accessible to staff. It described the provider's response in the event of an emergency, such as fire, flood at the staff office or the loss of paper records.
- There was an out of hours phone line where people or their relatives could call if they needed to speak with staff in an emergency.

Staffing and recruitment:

- There were sufficient numbers of suitable staff to support people safely according to their needs.
- People and staff told us there were enough staff to meet people's needs.
- One person told us, "Yes there are enough staff, they let me know if they're running late but on the whole, the time keeping is good."
- The provider recruited regularly to maintain staffing levels in line with agreed care packages, and covered any absence with employed staff or the office staff.
- The provider's recruitment process was robust, and included all the necessary checks to ensure that candidates were suitable to work in the care sector.
- The provider kept the necessary records to show recruitment processes were followed.

Using medicines safely:

- The provider had processes in place to make sure people received medicines safely, according to their needs and choices, as prescribed.
- Each person's care plan contained an up to date medication risk assessment. This gave detailed information concerning the level of assistance individuals required, in addition to how and when medicines should be administered.
- People received their medicines from trained staff who had their competency checked regularly.
- Records relating to medicines were accurate, complete and up to date. The provider had a system to check medicine records and follow up any gaps or mistakes in records, however they did not record this. The registered manager told us they would begin recording their checks on a medicines audit form following inspection.

Preventing and controlling infection:

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. The provider checked the use of this equipment on spot checks.
- The staff we spoke with were aware of issues concerning infection prevention and control. All staff had received recent training in this area, in line with the provider's policy.
- There was guidance in place to protect people from the risk of infection.

Learning lessons when things go wrong:

- The registered manager reviewed all safeguarding reports to identify lessons and improvements to people's care.
- The providers incident logs included details of the type of incident, the people and professionals involved and any actions taken.
- Where accidents and incidents happened, the registered manager reviewed them to identify any trends or required changes needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's physical, mental health and social needs were assessed comprehensively prior to the start of their care. This ensured they could be met.
- Where people had more complex needs, the provider sought advice from relevant social care professionals, such as occupational therapists. Staff had acted on advice and guidance given by these professionals in a timely and effective manner.
- Staff told us care plans contained the information they needed to support people according to their needs and choices.
- People felt the care they received met their individual needs. One person told us, "They understand my condition and its effects; I tell them I get a bit muddled and they stay with me until I am settled."

Staff support: induction, training, skills and experience:

- Staff completed an intensive induction consisting of face to face and online training as well as shadowing staff. Training was based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This was done prior to new staff being allowed to work with people.
- Staff completed mandatory training which was refreshed yearly. Staff had also been trained in specialist areas when the need arose such as, dementia.
- The management team had an effective system to monitor that staff training and competency checks were up to date by using an online system that alerted the management team when training was due.

Supporting people to eat and drink enough to maintain a balanced diet:

- Staff supported people with food preparation and assisted with eating if required.
- If people were at risk of poor nutrition, their care plan took into account their needs and choices around food and drink, and appropriate records were kept to check their intake.
- People we spoke with confirmed they were given support with nutrition. One person told us, "They'll chop food up for me and if it's difficult to eat, they help me."

Staff working with other agencies to provide consistent, effective, timely care:

- Where appropriate, staff recommended that people consult other healthcare professionals, and supported people to attend appointments, we saw evidence of this in people's care notes.
- The registered manager told us they worked in partnership with district nurses, pharmacies, GP's and hospital discharge teams to meet people's needs. Where advice was given from professionals this was noted in people's care files for staff to refer to.

Supporting people to live healthier lives, access healthcare services and support:

- Records we reviewed contained evidence of referrals to healthcare and social care professionals where required.
- If people were not able to attend healthcare appointments themselves then the provider would support them to do this.

Ensuring consent to care and treatment in line with law and guidance:

- Records showed people consented to their care and support plans.
- Care workers sought consent each time they carried out personal care with people.
- The Mental Capacity Act 2005 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. We found the service was working within the principles of the Act.
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interests decisions if people lacked capacity. At the time of our inspection the provider did not support anyone who lacked capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People we spoke with consistently told us that the staff who cared for them were kind and caring. One person told us, "They're trustworthy and they care about me as a person, we're just like friends."
- The staff we spoke with were knowledgeable about the people they were caring for and were able to explain to us people's individual needs and requirements. One staff member told us, "I'm quite lucky. I have a group of clients I visit regularly. I get on really well with them all and I love helping them."
- The provider took care to ensure people's individual needs were catered for and that their human rights were respected.
- Staff training included equality and diversity, so staff had the understanding to meet people's specific needs and preferences in respect of their cultural or religious backgrounds.

Supporting people to express their views and be involved in making decisions about their care:

- People were actively involved in their care and support decisions and their relatives where appropriate.
- One person told us, "I did have an input and asked what I wanted in my care."
- The provider sent out questionnaires to gather people's views on the service provided. Results from the latest questionnaire were all positive.
- In addition to daily contact with their care workers, people could call the registered manager at any time.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives confirmed that people were treated with dignity, respect and that their independence was promoted.
- One person told us, "They're [staff] mindful of covering me up when washing and keeping me warm. They ask if I want to eat or drink anything, even though I can do it myself." Another person told us, "They [staff] keep an eye on me, but they encourage me to do things for myself."
- Staff we spoke with told us how they promote people's independence and respected their privacy and dignity.
- People's care plans considered people's level of independence and instructions for staff to follow to promote this. them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff planned care and support in partnership with people.
- People's needs were captured in care plans which contained detailed information about how they wished to receive care and support.
- The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider gave information in a format that people could understand.
- The provider supported people if required to access the community, such as; taking them to a garden centre, the supermarket, for a coffee and offered companion calls.
- The provider offered to take dogs into people's houses for pet therapy, which people enjoyed. This reduced the risk of social isolation.

Improving care quality in response to complaints or concerns:

- The provider had systems in place to log, respond to, follow up and close complaints.
- Any complaints had been dealt with in line with the providers policy and closed.
- The complaints procedure was available for all to view in the office It contained information about how and to whom people and representatives should make a formal complaint. There were also contact details for external agencies, such as the Local Government Ombudsman.
- People told us they were aware they could complain and felt any complaints would be dealt with effectively by the registered manager, but had not needed to.
- The staff we spoke with were clear about their responsibilities with regards to complaints. One staff member told us, "I haven't had to deal with a formal complaint but we do get training which covers that."

End of life care and support:

- The provider did not currently have any people receiving end of life care.
- We discussed with the registered manager how they would support people at the end of their life. The registered manager confirmed they would work closely with the person's GP and specialists where appropriate to ensure a dignified and pain-free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- There were effective management systems in place to promote person-centred care.
- The provider was supported to deliver high quality care by the management team and staff who were passionate about the quality of care they provided.
- There was a very positive culture within the staff team, and staff worked in line with the provider's values.
- Our feedback and the provider's own surveys showed that people were satisfied with the care and support they received.
- The provider was aware of their responsibility to be open in communications with people and others involved in their care.
- We asked people if they felt the service was well led. One person told us, "I think the service is well run and efficient."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The provider had systems and processes in place to monitor the quality of the service.
- The registered manager told us that although they did audit the service some audits were not recorded such as with medicines. The registered manager told us that following inspection they would look at improving their audit processes and how to evidence this was being done.
- The management team regularly reviewed the quality of service and were clearly visible and accessible for people and staff to go to for support with an open-door policy.
- Spot checks and competency checks were carried out on staff care calls to monitor the quality of the care being given. Spot checks are where the provider would attend a care call unannounced and shadow staff to check the quality of their care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The provider used a range of ways to involve people and staff.
- People could be involved in the service in a number of ways. By completing the survey, speaking with staff, and by phoning the management team.
- The management team ensured staff felt valued and appreciated. This included Christmas parties and gifts, Easter eggs, certificates and a thank you box with gifts for when staff had gone 'over and above' their role.
- Staff had regular team meetings, supervisions and appraisals to enable them to communicate ideas or

concerns. The management team had an open-door policy for staff to go and raise any concerns they may have. One staff member told us, "I think it's a great place to work. Everyone feels well supported and the manager is 1000%. They're something special!" Another staff member told us, "I do feel really well supported. I can go to the manager any time, or one of the other office staff."

- Staff consistently told us that they would want their loved ones looked after by Care Response should they need it.

Continuous learning and improving care:

- Processes were in place to continually evaluate the quality of the care provided.
- The provider used incidents as the opportunity for learning.
- If any required improvements were found during competency or spot checks the provider addressed this with staff and put in place extra support or training where required.

Working in partnership with others:

- There was a good working relationship with the local authority and other agencies such as GPs, pharmacies, and district nurses.
- The service manager had sought support and training from external professionals when needed, such as for catheter care, this meant people received care from staff that met their specific needs and led to good outcomes for people.