Carby Community Care Ltd

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Inspection report

60 Beckenham Hill Road
London
SE6 3NX

Date of inspection visit:
11 July 2017

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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

Carby Community Care is a domiciliary care agency providing care to older people in their own homes. At the time of this inspection the service was delivering personal care to 102 older people living in the London boroughs of Bromley and Lambeth.

At our last inspection in July 2015 the service was rated as 'Good'. At this inspection we found the service remained Good.
The service had a registered manager in post at the time of the inspection. 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.

The provider continued to deliver care to people safely. People's risks were assessed and staff were trained to protect people from abuse and avoidable harm. There were enough staff available to meet people's needs safely and staff were recruited through a safe and robust process. People received their medicines as prescribed and staff followed good hygiene practices.

Staff continued to be trained and supervised to meet people's needs effectively. People consented to the care they received and were supported to have their assessed nutritional needs met. Staff ensured that people had timely access to healthcare services.

People told us they were supported by kind and caring staff who respected their privacy and promoted their dignity. Positive relationships existed between people and staff.

The service remained responsive to people's individually assessed needs. People's care records were accurate and updated and reflected changes in people's needs. People's preferences for how they received their care and support were respected and people were encouraged to share their opinions about the care they received from staff.

The service continued to be well-led. There was a registered manager in post and they promoted an open culture within the organisation. There were robust quality assurance processes and partnership working with other organisations was evident.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Carby Community Care

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 announced inspection took place on 11 July 2017. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure the registered manager and staff were available. This meant the provider and staff knew we would be visiting the agency's office before we arrived.

Before the inspection we reviewed information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection we spoke with 10 people, five staff and the registered manager. We reviewed seven people's care records. These contained people's needs assessments, risk assessments and care plans. We read 17 medicines administration records. We reviewed staff rotas and electronic call records over a three month period. We checked six staff files which included pre-employment checks, training records and supervision notes and we read the minutes of two team meetings. We looked at complaints and compliments from people and their relatives and we read the survey responses of 22 people. Following the inspection we contacted health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

People continued to feel safe receiving a service from Carby Community Care. One person told us, "I have had no reason to worry." Another person said, "The carers that come around all seem trustworthy."

People continued to be protected from abuse. Staff undertook safeguarding training in which they were taught about the signs of varying types of abuse and what to do if they suspected a person had been abused. This included informing the registered manager. The registered manager told us they would inform the local authority safeguarding team and CQC immediately upon being made aware of an abuse allegation. The provider had a safeguarding policy in place to guide staff and managers in the correct procedures to follow to keep people safe from abuse.

People's risks of experiencing late and missed calls were reduced by the service. The manager and office based staff used an electronic call monitoring system. The system involved staff entering a unique code into people's phone's when they arrived to provide care and again just before leaving people's homes. The system enabled the registered manger to see if staff had been present to provide support at the time and for the duration stated in people's care plans. Electronic call monitoring alerted managers in the event that staff did not attend a care visit so that alternative arrangements could be made. These included a manager delivering care to people.

The risk that people might experience harm that could have been avoided was reduced. People were supported to have risk assessments which covered a wide range of areas including people's mobility, health and skin integrity. Where risks were identified staff took action. This included making referrals to healthcare professionals and following the guidance they provided. For example, where people were at risk of developing pressure ulcers the service referred concerns to the GP and community nurses.

The provider continued to ensure that staff delivering care and support where suitable and safe. The registered manager confirmed the suitability of staff by reviewing their applications, interviewing them and monitoring their performance throughout a six month probation period. The registered manager established the safety of staff by confirming their identities, addresses and eligibility to work in the UK. All staff were subject to checks by the Disclosure and Barring Service (DBS). The DBS hold details of criminal records and lists of people barred from working with children and vulnerable adults. This information helped the registered manager to make safe recruitment decisions.

There continued to be enough staff to deliver care and support to people safely. People and staff received rotas detailing the time and duration of each care visit. Office based staff used the electronic call monitoring system, spot check phone calls and visits to people's homes to confirm staff punctuality and attendance. Where people required the support of two staff to safely manage their mobility the registered manager ensured this was planned into staff rotas and reflected in care records.

People received their medicines safely. Acting on advice from the local authority regarding good practice in

medicines the service introduced new medicines administration record (MAR) charts in July 2017. These were clearer than the MAR charts previously used and enabled effective medicines auditing. We reviewed 17 MAR charts and found no gaps in recording. MAR charts contained codes to explain why people had not received their prescribed medicines. For example, MAR charts showed that people had not received their medicines for reasons that included being in hospital. People's risks in relation to their medicines were assessed. Medicines risk assessments included people's ability to swallow tablets, open medicines containers and to remember to take medicines on time.

People were protected from infection risks. Staff used personal protective equipment (PPE) when delivering care and support. Staff wore colour coded items for single use. For example, staff wore blue gloves and aprons when handling food and white gloves and aprons when supporting people with their personal care. These staff actions prevented bacterial cross contamination.

Good

Is the service effective?

Our findings

The service remained effective. People continued to be supported by skilled staff. One person told us, "I think the staff are very dedicated. My view is that they are very good. I am happy with them." Another person told us, "I think they are very good. They know what they are doing and they are able to do anything I need."

People were supported by staff who were familiar with their needs. New staff completed an induction process. Induction included training staff in areas such as manual handling, privacy and dignity, dementia care and basic cookery skills. New staff shadowed experienced colleagues during their induction period to learn about people's preferences for care and support.

People received care from supervised staff. The registered manager and care coordinator held regular one to one meetings with staff to discuss people's needs and plan improvements to their care. One member of staff told us, "Supervision is good because it helps you to know the right way to do things and if you are doing things right with the people." The registered manager continued to appraise staff. Annual appraisal meetings were used to evaluate areas of staff performance. For example, appraisals noted staff punctuality. Appraisals were also used to identify training needs and areas for staff development.

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. We found that people consented to the care and support they received. People signed their care records to consent to their care plan and were supported with best interest meetings where appropriate.

People received the support they required to eat and drink healthily. People's nutritional needs were recorded in care records. Where people were able to prepare drinks and meals independently or were supported to do so by relatives this was stated clearly in care records. Similarly where staff prepared meals for people this was stated in care records too. Staff were aware of the importance of people drinking enough and left drinks within reach of people at the end of each care visit.

People had access to healthcare services and professionals. Care records confirmed that people accessed a range of community and hospital based healthcare services whenever they were required. Staff supported people with referrals when there was a change in people's healthcare needs and were present to support people when healthcare professionals visited.

Good

Is the service caring?

Our findings

People described staff as caring. One person told us, "The carers here are very good and always try to do their best." Another person told us, "The staff seem really nice and friendly, they are always smiling." A third person said, "The carers are great and I don't want to change them."

People and staff continued to develop positive relationships. Staff knew people well. One person told us, "They understand what I need and help me the best way they can." Care records contained people's life stories which provided staff with information. This included information that people chose to share about their experiences. For example, people's relatives, relationships, previous work, hobbies and pets were recorded to give staff greater insight into people's lives. Staff we spoke with were familiar with people's needs and unique life stories. Staff told us that the information in care records enabled them to provide more effective emotional support and bond with people around common areas of interests.

People made decisions about how they received their care and support. People and staff told us that the support provided during each care visit was discussed and agreed. People chose how they received their personal care, what clothes they wore and the food they ate. People told us that staff respected their decisions and supported their independence.

People continued to have their dignity and privacy respected. One person told us, "They probably care more about my privacy than I do." Another person told us that staff did, "Little things like closing the door or the curtains when I am having a shower." The registered manager regularly emphasised the importance of keeping people's information private. For example, in the minutes of one team meeting we read that the registered manager had told staff, "When you are speaking to people and their relatives you should not be discussing any information at all about another person with them." This was to ensure that people's personal information remained confidential.

Good

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. People's needs were assessed before their service began and their needs were regularly reassessed. People had detailed care plans in place which were updated when people's needs changed. People, their relatives, health and social care professionals and staff participated in people's needs assessments and the development of care plans.

People received their care and support as they preferred. People decided the specific times they wanted to receive their care and managers coordinated staff to achieve this. One person told us, "When I started I wasn't really happy with the time they gave me. So after a few discussions they rearranged it for a better time." Staff attended people's homes to deliver care for durations determined by health and social care professionals based upon the outcome of assessments. The duration of care visits and the number of care visits people received each day were stated in care records and regularly reviewed to ensure people's needs continued to be met.

Care records guided staff as to the support people required during each care visit. Where people required support with their personal care this was detailed in care records. This included the support people required to get out of bed, wash, dress, eat and receive their medicines was clear. Care records also detailed the domestic tasks people received assistance with. We found this included, cleaning people's homes and support with laundry. Where care tasks were undertaken by relatives this was stated in care records. For example, one person's care records noted that their meals were prepared in advance by relatives. Another person's care records confirmed that relatives managed their medicines administration. This meant people, relatives and staff were clear about the support people required and who would be providing it.

People were supported to give feedback about their experiences of the care and support they received. The provider carried out annual surveys to gather people's views. We read people's responses to the 2017 survey. People's comments were positive and included one person stating, "[Staff name] is very kind and helpful." Another person said, "I am very satisfied." A third person described the member of staff who supported them as, "Very polite and professional." The provider shared positive feedback with staff and acted on suggestions people made.

People told us they understood the provider's complaints procedure and how to share concerns if they were dissatisfied with the care they received. One person told us, "I have no problems complaining." We reviewed the provider's complaints records and found that complaints made had been addressed in line with the provider's procedures. Complaints were acknowledged, investigated and responded to. Additionally, records of compliments were retained, acknowledged and shared with staff to highlight good practice.

Good

Is the service well-led?

Our findings

The service continued to be well led. People and staff told us they were happy with the service they received. One person told us, "I really like everything here." Another person told us, "I think [the registered manager] is doing a good job." A member of staff told us, "I enjoy my work. I like the people I care for and the manager supports me to care for them well."

The service had an open culture. Staff told us they felt comfortable sharing their views and making suggestions to the registered manager. One member of staff told us, "[The registered manager] and the office staff are always available. You can phone for advice and they give it or just phone for a chat and they listen." The registered manager arranged team meetings where improvements in the delivery of care and support were discussed. For example, in one meeting the manager explained the importance of monitoring areas that are most vulnerable to pressure ulcers. In another meeting staff were reminded of the importance of informing managers if gaps in people's medicines records were identified. The provider further supported staff to share their views through a discussion forum available to staff through a mobile phone application. This meant the registered manager and staff shared views remotely without having to disrupt the delivery of care to people by having to attend frequent meetings in the office.

Managers regularly checked the quality of the service people received. The registered manager coordinated the spot checks of staff. Spot checks were observations undertaken by managers of staff whilst they delivered care to people. They included monitoring staff punctuality, communication with people, the correct use of PPE and the delivery of care in line with care plans. During spots check visits managers also spoke with people to obtain their views about the support they were receiving. One person told us, "A manager will come with the carers every now and again and check on what they are doing. At the same time they will have a chat with me about the things I need." Quality checks included audits of staff files to ensure that care records, as well as records of training, supervision, spot checks and recruitment information were up to date.

The provider worked in partnership with others. The service collaborated with hospital based health and social care professionals to ensure people's discharge from hospital and transition back into their own homes was safe. The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required. The service attended the provider forums of two local authorities where good practice was shared and discussed.