

Mr Richard Anthony Michael Bunce

# Carrington Home Care

## Inspection report

35 Bear Street  
Barnstaple  
Devon  
EX32 7BZ

Tel: 01271344072

Date of inspection visit:  
15 June 2016

Date of publication:  
19 July 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook an announced inspection of Carrington Home Care Domiciliary Care Agency (DCA) on 15 and 16 June 2016. We told the provider one day before our visit that we would be coming as it is a small agency and we needed to ensure there would be staff available to assist with the inspection. Carrington Home Care DCA provides personal care services to people in their own homes. At the time of our inspection 36 people were receiving a personal care service. There were 25 employed staff.

When we inspected in January 2015, we found staff had not always had the right support to do their job effectively. At this inspection, we found this had improved but further training was still needed to ensure all staff had the right skills to do their job safely and effectively.

The service has a registered manager who is also the registered provider. 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 and associated Regulations about how the service is run.

People were happy with the service they received from the agency. Comments included "I am quite happy, the girls who visit are all lovely." And "I am happy with the service; they are usually on time and do what they need. Some offer to do more than required and I appreciate that."

People confirmed the visits were for the expected timeframes, unless staff were running late due to an emergency or traffic. People said they were usually informed if there would be a delay in their visit. People said they were aware of which staff would visit and usually this information was available via a written rota. People said they could make any concerns known to the agency and were confident that issues would be addressed. One person said "I complained about one particular carer and they were removed from visiting me...so quite happy the office listened to me."

Staff had support via meetings, one to one supervisions and weekly newsletters. Staff confirmed they felt supported and had enough information to understand people's changing needs. There were some improvements needed to ensuring staff had regular updated training in key areas. The registered manager was aware they had needed to improve this. He had arranged a meeting with a training provider and gave assurances that any gaps in training needs for staff would be addressed.

Care and support was planned with the person and their relatives where possible. Where commissioning teams had contracted the support package for an individual, their care plan was available. This was used to develop the agency care plan for staff to follow. Plans were simple, clear and gave instructions to staff about how and when to deliver care and support. Risks had been identified and included details for staff about how to mitigate such risks. For example where people had moving and handling risk assessments, the plan included what equipment and how many staff were needed to ensure safe moving and handling of the person.

Recruitment of new staff ensured they were only employed once all checks had been completed to ensure they were suitable to work with vulnerable people. Staff were aware of how to protect people from potential abuse. Staff knew what types of abuse to look for and who they should report and concerns to.

The agency had auditing systems to review how the care was being delivered and how well this was recorded. People had access to the complaints policy and those we spoke with were confident their views were listened to.

## 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.

The agency had sufficient staff to ensure people's needs were being met.

Risks were being safely managed with clear instructions for staff about how to work with people.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

People were supported by staff who helped meet their physical, emotional and health care needs, but did not always have training to ensure they were effective in their job.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were met according to their agreed plan.

### Is the service caring?

Good ●

The service was caring.

Staff were respectful of people's privacy and dignity.

People reported staff were kind and helpful during their visits.

People were involved in making decisions about the care and support they received.

### Is the service responsive?

Good ●

The service was responsive.

Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

People knew they could make any concerns known to the agency and had confidence they would be dealt with appropriately.

### Is the service well-led?

Good ●

The service was well-led.

Staff and people's views were sought in helping improve the service.

Systems were in place to review records, care plans and observe staff at work to ensure a consistent approach.

# Carrington Home 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 inspection took place with an office visit on the 15 June and speaking with people and staff on 16 June. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure staff were available to access records at their office.

The inspection was completed by one inspector, who spent time reviewing records at the registered office. These included four care plans, three staff recruitment files, and information relating to how the service monitors its quality, including surveys to people and staff. We also spent time talking to the registered manager, care manager, and senior keyworker. The following day we spoke with eight people who used the service and one relative. We also spoke with four additional care staff.

Following the inspection we asked for feedback from three commissioning professionals and received information back from one.

# Is the service safe?

## Our findings

People were kept safe because the agency ensured it managed risks to people who use the service and for staff. They achieved this by always completing an assessment of need either prior to the service starting or at the first visit. This entailed looking at the risks which may occur when delivering the care and support, such as safe moving and handling. It also looked at risk assessing the environment which care staff would be working in. Where risks were identified, clear plans were available to help staff mitigate risks. For example where people required particular equipment to safely transfer from their bed to a chair. The risk assessment identified what equipment was needed and how many staff were required to safely complete the task.

The care manager said that where people were referred by commissioning teams and people required an urgent visit, this first visit was always undertaken by herself or one of the team leaders. The care manager's role was to receive and assess any requests for new packages of care. She also monitored current packages of care and assisted the senior team to review and monitor how staff were working with people. This was to ensure they completed the risk assessments and gained further details for the agency care plan. This ensured that subsequent staff going in had an accurate plan to work from and that risks had been assessed.

People confirmed they felt safe with staff who worked for Carrington Care. One person commented "Staff are very good. It gives me peace of mind to know they are coming. It helps me feel safe."

There were effective recruitment and selection processes in place. The recruitment files showed potential new staff completed application forms. The care manager said they explored any gaps in employment, during the interview with a potential new staff member. In addition, pre-employment checks were carried out, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

The agency ensured there were sufficient staff to undertake all the visits they had agreed to complete as part of individuals packages of care. They had several complex 24 hour packages and a number of people who required more than one staff member to safely deliver the care. The care manager said that where possible, for larger packages of care they tried to have a regular team of care staff to deliver this service as they found this worked well for continuity of care. People confirmed their visits occurred at a time they expected them. One or two people mentioned missed visits, but they had normally been informed about these. People told us this was due to staff sickness. Where the agency was made aware of gaps due to staff sickness, an on call person would ring around to cover essential visits to keep people safe. They would call the people involved to explain why their visit was late or occurring at a different time. If needed, the on call person would assist the care staff team to deliver all the care visits and help cover for sickness. Staff confirmed they were a good team who tried hard to cover holidays and sickness to ensure people had their planned visits.

Staff had training on understanding what may constitute abuse, what to look out for and who to report any concerns to. There were policies on safeguarding and whistle blowing for staff to refer to. Staff spoken to confirmed they had received some training on safeguarding vulnerable adults and knew who to report any

concerns to. One staff member said "I would always speak to the senior on call and if I was concerned about this not being followed up, I would call CQC and social services."

There were arrangements to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. Records were made of all financial transactions which were signed by the person using the service where possible, and the staff member.

Where staff were supporting people with their medicines, policies were in place and records were kept of medicine administration. These records were reviewed by the care manager on a regular basis. Staff confirmed they had received training on the safe handling and administering of medicines.

The agency had documents to record any accident and incidents. Since the last inspection there had been two, both had been reviewed by the manager. Where one incident had occurred they service had involved the occupational therapist. This had resulted in additional equipment being used to help protect the person and staff.



## Is the service effective?

### Our findings

When we last inspected, we found staff had not always had regular support via one to one supervision sessions. During this inspection, we found this had improved. Staff were offered regular opportunities to meet with their seniors to discuss their work and any training needs. Staff confirmed this was happening. One said "We do get supervision and they also do spot checks to make sure we are doing our work properly."

The registered manager showed us their training file and matrix and this showed there were some gaps in essential training for staff to be able to do their job effectively. The registered manager said most staff were experienced and had achieved national qualifications in care, but acknowledged they continued to need updates in training such as moving and handling, first aid, basic food hygiene. Since the inspection, the registered manager has confirmed these training sessions have been booked on an ongoing basis, so staff will be able to have annual updates in all aspects of health and safety. This will ensure staff are effective in their job.

The registered manager was in the process of updating the induction training in line with the Care Certificate. This was a national programme to ensure all care staff had the right information when starting within the care workforce. Staff confirmed they received an induction process which including working along side more experienced staff before providing care and support on their own. The care manager said they tried to match up new staff with more experienced care staff for several weeks.

People said they were confident that staff knew their needs and had the right skills to deliver their care. Where for example, people had complex medical needs which required specialist care, the agency liaised with community nurses to ensure staff had regular updated training in these aspects of care. Healthcare professionals confirmed the agency worked in conjunction with them to deliver appropriate care and support. For example one described how the service had had training in a specific area so they could continue to provide a service for someone with complex needs.

Most staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager said further training sessions had been organised to help staff understand how this Act worked to protect people's rights. At the time of our inspection no one using the service was deprived of their liberty.

Staff understood the importance of gaining consent and gave examples of how they ensure this occurs in their practice. For example explaining each stage of the process of completing someone's personal care needs. Staff said they waited for people to agree to personal care before they began the task. People confirmed staff asked their permission before completing a care task. Where people lacked capacity, staff teams knew people's non verbal cues in order to check consent had been implied before starting care and support to

that person.

Plans included how staff should support people with their healthcare needs. Where people had complex healthcare needs, staff worked closely with the community nurses, occupational therapist and speech and language therapists, to ensure care delivered were effective and maintained people's health. For example one person the agency was supporting, needed help to maintain their weight via PEG feeds direct into their system. PEG feeding is a means of ensuring nutritional intake when people are no longer able to do this orally. Staff had received training and support from healthcare professionals to complete this and to know what to look for to check this was working to good effect.

Where people needed support to prepare food and ensure they had a balanced diet throughout the day, plans included this detail. Staff said they checked with people what they enjoyed eating and what was available to prepare for them.

## Is the service caring?

### Our findings

People confirmed staff were caring towards them. One said "Most are very kind and helpful. You do get the odd one who is not as willing as the others, but they are always polite." Another commented "These are the best care staff I have had. I would say they were caring and very often do an extra bit to help. Very lovely, I wouldn't want to change."

The agency had received a number of compliment cards and letters about the caring nature of staff. One stated "I just wanted to set on record my most heartfelt thanks for all the good and kind work you did from Carrington care in looking after (name of person) and enabling him to live the end of his life in his home, which is what he wanted to do...I was truly impressed that you looked after this gentleman so well and that his end of lifetime as good as it could have been, in all the circumstances."

The care manager said that where possible, they supported people in their homes through end of life. Staff had received some training from the hospice nurse trainer. The agency worked in partnership with community nurses and the hospice to deliver compassionate end of life care where needed. Staff said they were asked if they mind delivering end of life care and so those who found this work rewarding, they were rostered to do this role if required.

People confirmed staff worked in a way which upheld their respect, dignity and independence. For example people said staff delivered personal care ensuring they allowed the person to do as much for themselves as possible and checking they were ready and comfortable with the care being delivered. One said "The carers are very considerate. They always ask me if I am ready for their help and are very kind to me."

People told us they were involved with any reviews of their care plans to ensure their wishes and preferred routines were included as part of the detail of the plan. This ensured that staff could provide the care and support in a personalised way taking people's wishes into account.

Staff confirmed there was always a care plan to refer to and would seek the views, opinions and wishes of people they cared for on a daily basis. One person said "Sometimes I just feel too ill to have a shower or bath, carers respect this and offer to help with something else. It's just the way it is and the carers know this."

People and staff talked about developing good relationships with each other. For example one staff member said "You can really have a good laugh with (name of person), she really enjoys it when we joke about."

## Is the service responsive?

### Our findings

People said they were confident the agency was responsive to their needs and listened to their views. One person described how they had spoken to the office about one care worker because they did not get on with them. The care worker was reassigned to another person. The person said "I felt they were very responsive."

Staff said they worked in a way which ensured they were responsive to people's needs. For example one staff member described how the agency sent out weekly newsletters to keep people informed of changes to individual's needs. They said "So if you have been off or you have changed your clients to cover holidays, you have the care plan but you also have these newsletters with up to date information. It works really well."

Staff confirmed that for the most part they worked with the same people. This ensured a continuity of care and allowed the care staff to get to know the people they worked with well. For example where someone had limited communication, staff who worked with the person on a regular basis were able to describe what non-verbal cues the person used. This would allow the staff to understand what the person wanted and whether they were agreeing and consenting to the care and support provided.

Staff were knowledgeable about people's healthcare needs as well as their interests and family and friends who were important to them. This allowed the staff to provide a personalised service to people. One staff member said "We make sure we respond to people's needs, whether that is their personal care, health or just a chat and a cup of tea. That's what we are there for."

One healthcare professional said the agency had been very responsive to people's needs and in one case had "managed a very difficult situation very well". The service had also recognised they were no longer in a position to meet one person's needs where their deterioration in health meant the package of care was so complex.

Carrington Care worked in partnership with healthcare professionals to ensure they had the right equipment and were able to respond to people's changing needs quickly. For example working with occupational therapists to ensure the right moving and handling equipment was available for staff to ensure safe moving and handling.

The agency had a stated complaints process, which was made available to each person at the start of their care file. The agency kept a log of complaints and were able to show all complaint issues had been investigated and responded to. There have been no new complaints since our last inspection visit. The care manager said that they were reviewing care plans on a more regular basis now with senior support workers. She explained this was an ideal time to check if people had any concerns or worries about the care and support they received. She also explained people had the emergency contact numbers for on call staff, should they have an urgent issue to alert the agency to.

The registered manager said where they were aware people had complex needs and may therefore have anxieties about the care and support, he had set up regular meetings with them to avoid getting to the stage

where the person felt they needed to make a complaint.

## Is the service well-led?

### Our findings

The registered manager is also the registered provider. They said that since the last inspection, they had taken a much more active role in the day to day running of the service. For example they had been involved in ensuring training for new staff was completed. They were aware the training covered all aspects of providing care and support, but was not clear if it covered every aspect of the Care Certificate. They had made enquiries from the training provider to ensure new staff do follow the right training which meets national requirements.

The registered manager had also extended their senior team to include the care manager and two seniors to support with risk assessments and care planning. They were also ensuring systems were in place to review the quality of care and support provided. This included spot checks on staff at people's home. The check included whether they arrived at the right time, were they dressed appropriately and had gloves and aprons. They would also check they completed daily records and review and monitor any records relating to supporting people to take their medicines. The care manager said that where they picked up on issues during these spot checks, this was discussed as part of the staff member's one to one supervision. The registered manager and care manager were confident that quality monitoring was working and helping them to drive up improvement.

The service used annual surveys to ask people who used their service what their views about the care and support being delivered were. Where people had made specific comments, the care manager or registered manager would speak with the person to try to resolve any issues identified. For example one person had said their visits were too late in the morning. The care manager explained that currently this was the only time slot available but would look to change this to an earlier slot once one became available. For another person, they wanted a later evening visit. The agency was unable to accommodate this so suggested a shared package of care which the person was happy to do and they liked their regular care staff who worked for Carrington.

Staff said the management approach was open and inclusive, as well as being responsive to staff needs. One staff member said "Yes, you can talk to the office staff about anything which is bothering you. (Name of care manager) is really good; she is always willing to listen to you and tries to help if she can. It is a good agency to work for. I am happy here." Staff said they now have more regular updates via meetings, weekly newsletters and phone calls/texts. One described how previously they had not felt their views had been listened to, but now believed they "worked well as a team and everyone mucks in, everyone has a say."

The visions and values of the agency was to provide people with personalised care in their own home to ensure they were safe and well cared for. Staff agreed the ethos of the service was their main goal and that they worked as a team to ensure people got the care and support they needed.

Healthcare professionals said the agency worked in partnership with them to provide the right support to people. One said the agency had a good reputation locally for working with people with complex needs.