

Care South

# Care South Home Care Services Dorset

## Inspection Report

2nd Floor  
Castledene  
Throope Road  
Bournemouth  
Dorset  
BH8 0DB  
Tel: 01202394000  
Website: [www.care-south.co.uk](http://www.care-south.co.uk)

Date of inspection visit: 13/05/2014  
Date of publication: 03/09/2014

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	6

### Detailed findings from this inspection

Background to this inspection	7
Findings by main service	8

# Summary of findings

## Overall summary

Care South Home Care Services Dorset is a domiciliary care agency that provides personal care and support to people living in their own homes for up to 45 people. At the time of the inspection there were 45 people using the service and receiving care and support in their homes. There was a registered manager present. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

On the day of the inspection people told us they felt safe and staff were kind and caring. One person said, "Oh yes, they are lovely, they really are. My regular [staff] is wonderful, when they are away; the others come and are all lovely."

Professionals were positive about the support given at Care South Home care services Dorset. One commented, "We have had no complaints or concerns about them from the public."

Staff received the support and training they needed in order to carry out their duties to a good standard. One member of staff told us, "Very good training. I can email head office and ask what training is available." Another member of staff told us, "I have a supervision every three months."

People who used the service and staff told us the management of the service was good and there was a positive relationship between staff and management. One member of staff told us, "I love this team; there is lots of respect and lots of support. I can speak to the registered manager about anything."

We found the service had a number of audits in place to monitor the quality of the service and learning from incidents and accidents took place.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and put them into practice to protect people.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found the service was safe because people told us they felt safe. One person told us, "Yes, the carers are very competent, I can trust them." One member of staff told us, "I would breach confidentiality if I felt that someone was in danger."

The service had effective safeguarding policies and procedures in place. Staff were able to describe to us the procedure for reporting abuse. One member of staff told us, "My job is to safeguard clients from any kind of harm." This meant people were safeguarded against the risk of abuse.

Risk assessments were carried out to ensure people were protected from the risk of harm. They guided staff on any action needed to minimise risk.

Documents we saw showed that mental capacity assessments and best interests meetings had taken place as required by the Mental Capacity Act 2005.

### **Are services effective?**

The service was effective because staff ensured people's needs and preferences regarding their care and support were met. The registered manager told us they had a dedicated member of staff responsible for implementing and updating the care plans. One person told us, "Someone came to see me to assess me and update the care plan. I feel I can express my views." Staff we spoke with talked knowledgeably about the people they supported and confirmed they had regular people on their timesheets. One member of staff told us, "I have the same rota every week and this helps me to get to know people really well, we have a good level of trust."

We looked at four care plans and saw they were clear, concise and informative. They were reviewed regularly to reflect people's changing needs. This meant staff were guided as to how best to support people.

Training was up to date and staff received further training specific to the needs of the people they supported. For example, staff were trained in dementia awareness and end of life care.

Staff felt supported and told us supervisions and staff meetings were taking place on a regular basis. We saw newsletters were sent out regularly to staff to ensure they were kept up to date on changes with people who used the service.

# Summary of findings

## Are services caring?

The service was caring because people told us they felt staff were kind and compassionate and that they cared. One person told us, "Yes, very kind, compassionate and caring. I would rate the care outstanding, without a shadow of a doubt."

Staff worked in a manner which maintained people's privacy and dignity. People told us they felt staff respected their privacy and dignity. One person told us, "I wash as much of myself as I can; they busy themselves and close the door". Another person told us, "Staff Don't impose at all."

Staff knew the people they were caring for and supporting and this included their preferences and personal histories. We found people's care plans were written in a personalised way and included details on people's history, their family and medical background and what they needed support with.

Staff showed concern for people's wellbeing; they told us they would raise any concerns for people's welfare to their manager or the person's relative or GP.

## Are services responsive to people's needs?

The service was responsive to people's needs because people told us they were asked what was important to them and this was acted upon. One person told us, "I asked the agency to change a carer and they did." Another person told us, "Yes, the agency does listen to us."

Care plans recorded people's likes, dislikes and preferences. This meant that staff had information that enabled them to provide care in line with people's wishes.

The service responded quickly and appropriately when people's care needs changed. The registered manager told us, "A couple who like to go on an outing on weekday evenings requested support at this time so we changed support to accommodate this." People who used the service told us, "I should think the agency would accommodate whatever we might request." Staff told us that the service always tried their best to accommodate people's needs.

The service had an effective complaints procedure in place and we saw that complaints were received and responded to promptly.

## Are services well-led?

The service was well led because we found there was a positive and open working culture where staff felt protected and supported to raise concerns and question practice. The registered manager told

## Summary of findings

us, "I have an open door policy and staff can come and see me any time." One member of staff told us they would speak to the registered manager if they had any concerns and if the registered manager did not do anything they would go higher.

Care staff said the management team were approachable. One member of staff told us, "There is always someone I can talk to." Another member of staff told us, "I am happy here, I love my job and I have been here for 12 years - that speaks for itself."

People we spoke with said there were enough staff to meet their needs and that staff were competent and knowledgeable. One person told us, "Yes, the agency have been quite good and flexible."

The service had an effective system in place to learn from mistakes, incidents and complaints.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke with 10 people who used the service and were able to express their views. Most people told us the service was flexible and friendly and accommodated their needs. One person told us, "The carers are very competent, I can trust them."

People told us they felt staff were experienced and provided them with the care they needed. One person told us, "The carers are all mature and experienced. I am totally impressed with them. I have dealt with other agencies and was not so impressed. These are by far superior."

People told us they had their care reviewed regularly and felt they were listened to where their care was concerned. One person told us, "I have an assessor who comes quite regularly and goes through everything with me and makes sure I am happy. It is the senior member of the agency. They come every six months. If I do have a problem, I only have to ring the agency."

# Care South Home Care Services Dorset

## 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We visited the service on 13 May 2014. The inspection team consisted of a lead 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 service was last inspected on 25 and 26 November 2013. There were no concerns found at this inspection.

Before our inspection we reviewed the information we held about the service. We examined previous inspection reports and notifications received by the Care Quality Commission. We asked the provider to complete an information return and we used this to help us decide what areas to focus on during our inspection.

On the day we visited we spoke with four members of staff and 10 people who used the service. We also spoke with health professionals and the registered manager.

During the inspection visit we reviewed four care plans, three staff files, a selection of the service's policies and procedures and staff training records.

# Are services safe?

## Our findings

People were safe because they were protected from abuse and avoidable harm.

People who used the service told us they felt safe because their rights and dignity were respected. They were involved in making decisions about any risks they may take and these risks were managed appropriately with them. One person we spoke with told us, "I have an assessor who comes quite regularly and goes through everything with me and makes sure I am happy. They come every six months. If I do have a problem, I only have to ring the agency." Another person told us, "I have to sit on a walker and I am unsteady getting onto that. Just having someone around is great, especially with transferring. I don't think I have ever had a carer I don't know or haven't been introduced to." We saw there was a system in place to identify risks and protect people from harm. Each person's care file had a number of risk assessments completed. The assessments detailed what the activity was and the associated risk, who could be harmed, and action to minimise the risks. Our discussions with staff and people who used the service showed us that staff had understood and followed this guidance.

Staff had a clear understanding of what to do if safeguarding concerns were identified. We spoke with three members of staff and they could identify the various forms of abuse, the signs, and what they should do if they suspected abuse was taking place. We spoke with the registered manager who told us, "If staff have any issues at all they will report them to me or other senior members of staff. They will complete a form and an alert will be raised to the Local Authority social services department. If the concern is to do with our own member of staff they will be suspended pending an investigation or put on double up calls." All three members of staff we spoke with told us they would pass any safeguarding concerns on to the manager. One member of staff told us, "I would speak with my manager and then contact social services and report." People who used the service told us they felt safe and one

person told us, "I feel safe in every way, physically, psychologically, financially etc." This meant that people were safe because staff knew what to do when safeguarding concerns were raised and effective policies and procedures were followed

Staff had an understanding of the Mental Capacity Act 2005, and what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life. One member of staff told us, "I always assume someone has capacity unless all steps have been taken to prove otherwise." Another member of staff told us, "If someone lacked capacity we must always act in their best interest."

We saw records were kept of accidents and incidents. These contained detailed information about what had happened, and the action that had been taken as a result. We saw that the registered manager completed an investigation following an incident that had occurred on 31 January 2014 and the outcome of the investigation and actions to be taken were communicated to staff. This meant that learning from incidents and accidents took place so they were less likely to happen again.

The equipment people and staff used was safe and well maintained. The registered manager told us in the information they sent us before the inspection, "Staff are trained on how to use equipment and how to carry out visual observations before embarking on any procedure." We spoke with three members of staff and they told us that an equipment check had just been implemented for staff to write down when a service was done or due on a person's equipment. The senior member of staff told us, "I will contact the relevant professionals to ask them to come and complete a service of the person's equipment." One person who used the service told us, "The hoist and electric bed are checked annually." Another person told us, "The bath lift is serviced". This meant that people were safe because the service made sure people's equipment was safely used, maintained, tested, serviced and was suitable for its purpose.



# Are services effective?

(for example, treatment is effective)

## Our findings

The service was effective because people's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on the best available information.

People told us they had been involved in the planning and review of their care. One person told us, "Someone came to see me to assess me and update the care plan. I feel I can express my views." This meant that people could express their views and these were taken into account in the assessment of their needs and the planning of the service.

Before people commenced with the service a detailed assessment had been completed by a senior member of staff. We saw that people's preferences and views on what they wanted from the service had been recorded. For example; one person's desired outcome was to remain living safely and as independently as possible in their own home with their dog. We saw the assessment included personal care tasks and additional tasks to support the person with caring for their dog. From the records we saw that the people who used the service and those important to them, such as relatives, had been involved in assessments. This meant people were involved in the assessment of their needs and their views about their quality of life outcomes were taken into account.

People had up to date care plans which recorded information that was important to them. This included information about their health and support needs, as well as a clear description of their family and medical history, desired outcomes and how staff could meet these outcomes. The plans were very detailed and gave good guidance to staff on how to support each person with their personal care needs. Details of specific choices and preferences made by the person had been recorded. For example; one person's care plan stated, "I remain very independent and will manage most aspects of my wash, but please offer your support and assist me in areas I cannot reach. Please assist me to get dressed into clothing of my choice." This meant care plans reflected people's current individual needs, preferences and choices.

The registered manager was aware of advocacy services such as Independent Mental Capacity Advocates (IMCA), but explained that most people were able to contact the

service themselves and some people had relatives who acted as an advocate if they needed them. Where decisions had needed to be made in a person's best interests, the person, their family, and healthcare professionals had been involved in the process. This meant people, and others that were important to them, were involved in decisions around their care to make sure it was in their best interest.

There was an induction programme in place which gave the staff the skills to meet the needs of the people who used the service. We saw there was a training plan that detailed all the training staff had completed and when a refresher, or new training, was due. The induction training covered areas such as medicines, safeguarding, manual handling, first aid and introduction to work in social care. Where a need for further training had been identified, we saw the training plan included this information. For example a need had been identified to build on staff's understanding of palliative care, dementia awareness and Huntington's disease. We spoke with three members of staff and they told us they could request any training that would help them care for people they looked after. One member of staff told us, "We get very good training here, I can email head office and ask what is available." Another member of staff told us, "We discuss further training in my supervision to see if I would benefit from additional training." We spoke with people who used the

service and one person told us, "They have quite a lot of training I think. The new carers shadow an experienced carer." Another person told us, "The carers are all mature and experienced. I am totally impressed with them and have dealt with other agencies and was not so impressed. These are by far superior."

Staff had regular supervision and appraisal meetings with the registered manager to discuss their performance. Staff told us they found them useful as they were able to discuss any issues they may have, and get feedback on how well they were performing. The registered manager told us, "Staff have a three monthly supervision and a yearly appraisal." We looked at four members of staff supervision records and found supervision and appraisals were received in accordance with what the registered manager told us. This meant the service had a system to review the training needs of staff so that people's support needs were effectively met.

# Are services caring?

## Our findings

The service was caring because staff involved people in their care and treated people with compassion, kindness, dignity and respect.

The people who we spoke with were very positive about the service when we asked them if they felt it was caring. One told us, "Oh yes, they are lovely, they really are. My regular carer is wonderful, when they are away; the others come and are all lovely." Another person commented, "Yes, very kind, compassionate and caring. I would rate the care outstanding, without a shadow of a doubt." A third person told us, "They are extraordinarily kind at helping me."

We asked staff about the people who they supported. They were able to tell us about the person, their likes and dislikes, personal interests and what was important to them. The information they gave us matched with what was in the care plan. This meant that staff treated the person as an individual and understood how to meet the person's specific needs.

All people we spoke with confirmed they felt staff respected their privacy and treated them with dignity and respect at

all times. One person said, "Carers never come into the bathroom when I am in there, only when I have finished. I call them in to do my back or whatever." Another person told us, "Yes they do because if I happen to be not too good and am late showering, they will call out and will usually ask if I need help to rub my back and if I say no, they won't bother. They never barge into the bathroom." We spoke with three members of staff who told us they always asked people how they wanted support. One member of staff told us, "I always ask if they want me in the room when they are washing."

The service had a clear set of values. The registered manager told us, "Staff are trained to a high standard encompassing our values, honesty, excellence, approach, respect, trust (HEART). These values are at the centre of what we do and we are currently reminding staff of these during supervisions and team meetings." We spoke with four members of staff. Three out of the four members of staff were able to describe the values of the organisation when we asked and people who used the service told us staff followed this practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The service was responsive because the service was organised so they met people's needs.

People told us they were supported to express their views and be actively involved in making decisions about their care. The registered manager and four members of care staff told us they encouraged people to attend a service user focus group every four to six months, reviewed each person's care regularly and sought feedback by sending out quality questionnaires. We saw minutes of a service user focus group meeting that took place on 31 October 2013 and people's care records showed they had been updated regularly.

The registered manager told us, "I have just introduced a stamped addressed postcard to help obtain people's views about the quality of service. I will send a random sample out to service users each month and the service user can fill them in and send them straight to our head office for collation." We saw evidence of this. This meant that staff actively sought people's views about their care.

The registered manager told us people who needed an assessment around mental capacity would receive one. The registered manager told us, "If someone is deemed not to have capacity this would be recorded on their care plan along with who will make decisions in their best interest. We do not assume people cannot make decisions unless the contrary is established." This meant that a person's capacity was considered under the Mental Capacity Act 2005 and when a person did not have capacity, decisions were made in their best interests.

The service had a complaints policy in place. This detailed how complaints would be dealt with by the organisation. This included the timescales that the organisation would respond by. People told us the staff did listen and one person said, "I asked the agency to change a carer and they did." We saw that information about how to make a complaint, or to give comments on the service, was available in the service user guide. We saw details of a complaint dated 23 April 2014, how it was responded to, and the action taken. This showed people were confident to express any concerns or complaints about the service they received and concerns and complaints were explored and responded to in good time.

# Are services well-led?

## Our findings

The service was well led because we saw the registered manager was supportive of staff during the day of our visit, taking time to speak with them and ask how they were. Members of staff told us the registered manager was friendly and approachable and one member of staff told us, "I can go to them with all my concerns." Another member of staff told us, "I feel that there is a real involvement of everybody here." This meant that there was an emphasis on support and sharing knowledge.

The staff we spoke with had a clear understanding of their responsibilities around reporting poor practice, for example where abuse was suspected. They also knew about the service's whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns. This meant that staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

We saw records of audits and meetings had taken place which showed that management were aware of the positive culture of the service. The service held staff forum meetings and we saw the minutes of the last meetings held in March 2014 and April 2014. The minutes recorded that a discussion was held around care practice and training.

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the service had completed a detailed investigation. The registered manager told us they sent weekly newsletters to staff to update them on any changes with people who used the service. We saw copies of the newsletters were sent to staff on 16 December 2013 and 17 February 2014 which included information on service users and information

shared on learning from an accident that had happened. This showed us that the service learned from mistakes and took action to minimise the chance of them happening again.

There were sufficient numbers of suitably skilled staff to meet people's needs. We saw from staff rotas, and our observations, that there were enough staff employed by the service to meet the needs of people who used the service. We saw from staff rotas people had regular members of staff and one person who used the service told us, "I always have the same ones, weekends as well." Another person told us, "Yes, pretty much. We have got into a set routine. We have the same carer six days a week and then in the evening, the same carer for six evenings a week."

The provider completed a number of checks to ensure they provided a good quality service. For example, a senior member of staff carried out regular visits to people's homes to speak with them, their relatives, observe the staff, and check records were completed correctly. Where issues had been identified, action plans were generated. These were monitored at follow up visits to check they had been completed. This ensured people had the opportunity to talk about what they thought of the service and the provider listened and took action.

The staff we spoke with were complimentary about the service and the support they received. One member of staff told us, "I love this team, there's lots of respect and lots of support." Another member of staff said, "Very much so, the office staff are very good." We saw there was an annual 'Care South Stars Award' that recognised excellence and celebrated staff achievements. The registered manager told us, "Staff and service users can nominate staff for this award." This meant that people benefited from being supported by motivated, well trained and caring staff.