

Carestaff North West Limited

Carestaff Northwest

Inspection report

73 Pope Lane
Penwortham
Preston
Lancashire
PR1 9BY

Tel: 01772 752100

Website: www.carestaffsolutions.co.uk

Date of inspection visit: 01, 05 and 23 October 2015

Date of publication: 02/12/2015

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 

Overall summary

This inspection took place on 01, 05 and 23 October 2015.

The last inspection of Carestaff Northwest took place on 31 July 2013. At that time we found that the provider was fully compliant with all the regulations assessed.

Carestaff Northwest provides domiciliary care for people in their own homes. Carestaff Northwest offer services for people with learning disabilities, physical disabilities, mental health, dementia, sensory impairments and people transitioning from hospital back to home.

Carestaff Northwest, as a condition of its registration, should have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a full time registered manager at the service. The registered manager was available throughout the

Summary of findings

inspection. We found that the registered manager was fully committed to their role and demonstrated a full understanding of people's needs who were receiving services from Carestaff Northwest.

At the time of the inspection Carestaff Northwest was providing outreach services for two people. We spoke with people who received services and, or their representatives. People told us that they felt safe when being supported and said that staff were kind and caring.

The service had systems in place for reporting accidents and incidents. Staff told us that they felt confident to raise concerns.

People who used the service were provided with personalised care which was based on their individual needs, wishes and goals.

We looked at staff recruitment and training files. We found that systems were in place to ensure that staff were safely recruited. Criminal record checks and employment references were obtained prior to staff being offered work.

We spoke with staff and they told us that they enjoyed working at Carestaff Northwest. Staff told us that they felt supported and had been suitably trained to allow them to provide safe and effective support for people who accessed the service.

People who used the service told us they felt involved in care decisions and we saw that service users and, or their relatives had been involved in care plan review meetings.

We found that people were happy with the service they were provided and saw that care plans had been written with full consideration for the person's individual needs, preferences and wishes.

People were allocated support workers and we could see that the service adhered to providing consistency. One person told us that they had raised concerns about lack of support worker consistency; however this issue had been resolved.

We found that people were able to interview staff before a care package was agreed. This meant that people felt fully involved in staff selection and this facilitated person centred support.

The provider had systems in place to access, monitor and evaluate the quality of care and support provided for people who accessed the service. Auditing systems were used for quality assurance and we found that actions were taken when needed.

Summary of findings

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 was safe.

People told us they felt safe and were able to raise any concerns.

People were protected against avoidable harm and abuse. The provider had systems in place for reporting and monitoring accidents and incidents.

Systems were in place to assess the risk to individuals. Risk assessments were personalised.

The service did not support anyone with medicine management at the time of inspection. However systems were in place should this be required.

Staff were deployed in agreement with people who received care. People who accessed the service were able to interview/meet staff before it was agreed that the staff member was the right person to support them.

Good



Is the service effective?

The service was effective.

People were supported by staff who received induction and training suitable for their roles.

People received effective care and support which enabled them to experience positive outcomes.

Staff promoted and encouraged people's rights to make their own decisions.

The provider had recently developed a tool for assessing people's capacity prior to requesting their consent or agreement. Staff had received training in principles of the Mental Capacity Act 2005 and next steps were being developed to ensure that a person's capacity was assessed prior to requesting consent when it was appropriate.

Good



Is the service caring?

The service was caring.

People who used the service and or their representatives told us that they were satisfied with the standard of care they received.

We observed kind and considerate care interventions.

People felt they were treated with kindness and respect and said that their privacy and dignity was always respected.

People who accessed the service had established trusting relationships with staff and this helped them to feel safe.

Good



Is the service responsive?

The service was responsive.

People received care that was tailored to their individual needs and preferences.

An embedded ethos of person centred care was found throughout the service.

Good



Summary of findings

People felt confident to raise their concerns and felt that action was taken when needed by the registered manager.

People and or their representative were involved in the review of their care.

Is the service well-led?

The service was well led.

We found the service had systems in place to monitor and review the quality of care and support being provided.

There was an open culture that enabled people who accessed the service and staff to feel involved in the running of the service.

The management team undertook audits on a regular basis to assess safety, quality of care and support and record keeping.

Good



Carestaff Northwest

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 on 01, 05 and 23 October 2015 and was announced.

24 hours' notice of the inspection was given to ensure that the registered manager was available.

The inspection was undertaken by the lead inspector for the service.

Prior to this inspection we looked at the information we held about the service. We reviewed notifications submitted by the provider and other information received from Lancashire County Council.

We contacted Lancashire County Council and requested feedback; we were informed that Carestaff Northwest were not monitored by the council due to not being under contractual agreement at the time of inspection. People accessed the service by direct payment (independent choice) or private agreements.

At the time of inspection there were two people receiving support from the service. We visited one person and spoke with another person's representative.

We looked at both people's care records.

Carestaff Northwest employed five people that worked within the domiciliary/outreach service. We spoke with four support workers, the registered manager and nominated individual.

The nominated individual must be employed as a director, manager or secretary of the organisation [i.e. they should be a senior person, with authority to speak on behalf of the organisation]. They must also be in a position which carries responsibility for supervising the management of the carrying on of the regulated activity [i.e. they must be in a position to speak, authoritatively, on behalf of the organisation, about the way that the regulated activity is provided].

We also looked at a wide range of records. These included; the personnel records of five staff members, a variety of policies and procedures, training records and quality monitoring systems.

Is the service safe?

Our findings

Due to the number of people who used the service at the time of inspection we have summarised any comments made to us to protect people's identity, although we have a record of their exact words.

People we spoke with expressed confidence in the service and felt they were provided with safe, effective support. People felt care workers understood their needs and any risks to their safety or wellbeing, and took the time to provide support in a safe manner.

Typical comments included "Carestaff Northwest provide a good service". "The carers are very good", "Yes I always feel safe".

We found that people were protected against abuse. We looked at the provider's safeguarding policy and procedure and found that staff had access to information that told them how to make a safeguarding referral and how to recognise signs of abuse.

We asked staff if they had received training in safeguarding people from abuse and they told us; "I did safeguarding training as one of the first training courses when I joined Carestaff Northwest, I understand about signs of abuse and I feel confident to report anything I am concerned about". "The manager is always there if I need to raise a concern", "I know I will be supported if I tell the manager any concerns".

We looked at a safeguarding investigation's undertaken by the registered manager in line with the local safeguarding authority protocols and guidance. We found that comprehensive investigation processes and records had been maintained. We saw that the service had worked in partnership with the local safeguarding authority.

We looked at people's care records and found that risk assessments had been undertaken on an individual basis. One person had a risk assessment for when they were escorted in a support workers car; the risk assessment was reviewed on a regular basis and had been agreed by the person receiving support.

People who engaged with outreach support services mainly received support in attending social events on a weekly or monthly basis. We looked at people's care records and found that risk assessments were needs based. People who engaged with services did not require risk

assessments for health needs. However we saw that the service had risk assessment policies in place should people need them, for example weight management, risk of pressure sores and moving and handling.

We asked the registered manager if any accident or incident reports had been made. The registered manager explained the no accidents or incidents had been reported. We looked at people's care records and did not find evidence of unreported incidents. The service had a policy and procedure that directed staff in how to manage, report and document accidents and incidents. Staff told us that they were aware of this policy and procedure.

People told us that they had raised concerns about consistency in staffing with the registered manager. The registered manager was aware of this and showed us what actions had been taken to ensure that staffing consistency and reliability was reinstated. People told us that the situation had improved.

Systems were in place to ensure that people who engaged with the service were involved in staff recruitment and selection. One person told us that they had the opportunity to meet with support worker's before support services were agreed.

A support worker told us, "I was glad to meet the person I support before it was agreed that I was their support worker, it meant that we knew we could get on and had things in common".

We viewed five staff personnel files during the inspection. These records demonstrated that robust and thorough recruitment procedures were carried out, which helped protect the safety and wellbeing of people who used the service.

All care worker applicants were required to undergo a formal recruitment process, which included interviews and a number of background checks. Records of background checks, such as full employment history, previous employment references and DBS [Disclosure and Barring Service] checks, which would show if the person had any criminal convictions or had ever been barred from working with vulnerable people, were present in all the files we viewed. Carrying out thorough checks such as these, helped to protect people from the risk of receiving their support from staff of unsuitable character.

Is the service safe?

At the time of inspection both people who engaged with the service did not require support with medicines management. The service had systems in place to facilitate medicines management however we did not see these in practice.

We looked at staff training records and found that staff were trained in medicine awareness and as required advanced medicine management training was available as well as competency assessments.

Is the service effective?

Our findings

We spoke with people, or their representative, about the support they received to maintain good health. Positive feedback was received.

A support worker told us “whilst the support I provide is mainly social and activity based, I know it is also my role to protect [name] and if I notice any changes I will report it to their parents and to my manager.

We looked in people’s care records and could see that medical, psychological and social history information had been collated and recorded.

One person’s care records showed that the service had contacted other involved agencies to discuss when something did not go well for them. We found clear records that identified what concern was raised by the individual and how the registered manager had liaised with other involved agencies to ensure that services were improved.

We looked at training records for five support workers. We found that the service provided comprehensive training for all staff members.

We saw that staff were provided detailed induction training over a period of six months; the provider had implemented 'The Care Certificate' as induction training, this covered; Understand your role. Your personal development. Duty of care. Equality and diversity. Work in a person centred way. Communication. Privacy and dignity. Fluids and nutrition. Awareness of mental health, dementia and learning disabilities. Safeguarding adults. Safeguarding children. Health and safety. Handling information and Infection prevention and control.

A support worker told us; “I really enjoyed the training for managing violence and aggression”. The registered manager told us that although this training was not currently required, the service felt this level of training gave staff additional skills. This would allow trained staff to understand why some people with learning disabilities and mental health needs may become distressed. It would give staff an understanding of how to effectively support people with such needs.

We saw that staff were provided opportunity on a regular basis to have one to one supervision time with the registered manager.

The Care Quality Commission [CQC] is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act [MCA] 2005 and the associated Deprivation of Liberty Safeguards [DoLS], with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

Whilst the DoLS procedures do not currently apply to people living in their own homes, the providers understanding of the MCA and DoLS allowed staff to be able to identify if people were unlawfully restricted by their care plans. The provider could then inform the relevant authorities.

We looked in people’s care records and found that people were involved in care reviews on an annual basis. Care review records allowed people to sign in agreement with their care plan and services being provided. The registered manager showed us how the service had developed a mental capacity assessment document; the document was due to be rolled out on a needs basis and was in line with principles outlined by the Mental Capacity Act 2005.

We saw that the service had a policy and procedure that covered principles of the Mental Capacity Act 2005 this included DoLS. We asked staff if they had received training in this area and they told us, “Yes I have done a course on capacity and DoLS”. And “Yes I did capacity training in my induction, it was interesting”. We looked at training records for five support workers and found that training around the Mental Capacity Act 2005 had been provided.

We looked at people’s care records and found that they did not require nutritional monitoring as part of the care package tailored by Carestaff Northwest Limited. However care records provided people’s preferences. For example one person’s care plan showed, “I like eating out for meals”.

The service had policies and procedures in place that showed systems available for assessing, monitoring and supporting people with nutritional and hydration needs.

Is the service caring?

Our findings

Due to the number of people who used the service at the time of inspection we have summarised any comments made to us to protect people's identity, although we have a record of their exact words.

We asked people that accessed the service or their representative if they found the service provided to be kind and caring. People told us; "The carers are nice" and "There are some really good people who work for Carestaff Northwest".

We found that people had formed trusting relationships with care workers and the management team. We observed positive interactions between the registered manager and a person who accessed the service.

When we spoke with staff they spoke with great consideration for people they supported. Staff told us, "I love my job, I thoroughly enjoy supporting [name]. "It isn't like going to work, it is never mundane". And "When I support [name] it is really enjoyable, I get so much from it".

We found that the service had an ethos of providing care that mattered; this was embedded throughout the management team and cascaded throughout support workers. One support worker told us; "I help with staff interviews, it is so important to get staff that care".

We looked at the service user guide and found that Carestaff Northwest mission statement was reflected in the feedback from people that accessed the service; 'to provide a flexible high quality service that will improve and sustain the user's overall quality of life by recognising their differing needs'.

We looked at people's care files and found that they, or their representatives were involved in the care planning process.

The service promoted people's independence, privacy and dignity. People's care plans showed how they preferred care, at what time and in what routine.

The registered manager told us that people would be provided advocacy information if the service thought this was needed or if it was requested. The registered manager told us that they had contact details for advocacy services linked with each local authority. For example advocacy agencies such as mental health charity [MIND] and British Institute of learning disability [BILD].

Is the service responsive?

Our findings

We received feedback from people and their representatives that told us Carestaff Northwest was responsive to people's needs.

People told us that the registered manager responded to their concerns and was pro-active in resolving problems.

We looked at the providers records for managing complaints and saw that the registered manager maintained robust records that showed acknowledgment of people's complaint, investigation and official responses.

We saw that the service had a complaints policy and procedure. We looked at the services 'Guide to your services' booklet. The registered manager told us that this was issued to all people who accessed the service. The booklet identified how people can make a complaint and was written in easy read format with pictures.

As part of people's annual care plan review the service issued evaluation records that asked people for feedback on their experience of support provided. We saw that the provider had made the evaluation record easy read to facilitate people with learning disabilities. We looked at one person's care records and found that the evaluation from 2015 scored the service as 'excellent'. Another person's care records showed that they scored the service 'very good'. Both evaluations showed positive comments about the service people were being provided.

People's care plans were person centred. We found that care plans focused on people's strengths, preferences and wishes.

For example one person's care plan told us about their life history, what was important to them, things they like, things they do not like, and how best to support them.

We saw that people's needs and preferences were care planned, one person's care plan showed 'escort [name] to functions such as the pub, quiz night and theatre'. Another person's care plan stated, 'I like being out and about; I like my family time and drama activities'.

There was detailed information in people's care plans about their individual methods of communication and any support they required in this area. For instance one person's care plan showed the person's abilities and limitations; the care plan enabled the reader to understand how best to communicate with the person. We saw that the provider adapted care records and information documents for people that required basic explanation or use of pictorial design.

There were processes in place to ensure that people were contacted by the registered manager on a regular basis. One person told us that the manager contacts them after every support session to check that everything went ok.

Is the service well-led?

Our findings

There was a registered manager who had been in post for several years. In addition, there was a service director [nominated individual] who was closely involved in the day to day running of the service.

The registered manager held a management qualification [The Registered Managers Award] and had maintained up to date mandatory training as well as train the trainer courses to facilitate staff learning throughout the business.

Due to the number of people who used the service at the time of inspection we have summarised any comments made to us to protect people's identity, although we have a record of their exact words.

People we spoke with were aware of the management structure and lines of accountability within the service. This meant people knew who to speak to if they wished to raise any issues or obtain advice. A person told us that for a period of time when the registered manager was on leave they felt communication at the service deteriorated. The registered manager and nominated individual were aware of this and had taken steps to look at developing the management structure to ensure that there was always a person to contact in the registered managers absence.

Carestaff Northwest Limited is a small service that provided outreach services for two people. The registered manager told us that Carestaff Northwest was a small segment of the larger business [Carestaff solutions] that provided care and nursing staff to care and hospital settings; however future developments for growing the outreach service were being considered.

We found that a positive culture had been embedded throughout the small staff team allocated to outreach services. Staff told us that they felt supported and involved

in the running of the service. One support worker told us, "I really enjoy being on the interview panel, I feel very involved". Another support work told us, "The manager is always asking my opinion; I feel involved and enjoy my job".

Staff told us they found their managers to be approachable and supportive. Their comments included "the manager is very approachable". "The manager and director are available anytime I need them". And "I have always found the manager to be a good listener".

We looked at auditing systems and found that the registered manager maintained systematic reviews of care records, learning logs [record of support provided on each visit], enquiries, accidents and incidents, staff training, staff personal files and complaints.

The registered manager demonstrated very good understanding of people's needs and preferences and showed us how they maintained communication with people who accessed the service by contacting them on a regular basis.

We looked at staff meeting minutes from May 2015. The registered manager told us that staff are in regular contact with the office however meetings were challenging to organise due to limited staff availability. Staff told us that they felt the meeting schedule was satisfactory and they were assured that they could contact the registered manager at any time.

The registered manager told us that they envisage meetings to be held more frequently once the number of client's increases and this will increase working hours for staff.

The registered manager and nominated individual told us that they attended provider meetings with the local authority and maintained links with agencies such as Lancashire Workforce Development Project [social care staff training project] and a Care Act Support group.