

Completelink Limited

Prestwood Community Care

Inspection report

The Coach House
Cobden Street
Wollaston
West Midlands
DY8 3RU

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Tel: 01384440979

Website: www.prestwoodcare.co.uk

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

This inspection took place on 23 September 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could contact them.

The service is registered to provide personal care and support to people in their own homes. The service provides support to older people. At the time of the inspection the service was providing support and personal care to 28 people in their own homes.

There was a registered manager. 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 day to day running of the service was carried out by the care co-ordinator.

People felt safe when supported by staff in their own home and were confident that staff knew how to support them correctly and keep them safe from harm. Staff were aware of the risks to people on a daily basis and were kept informed of any changes to their needs in a timely manner. A number of staff had worked at the service for many years and which meant the provider was able to ensure people were supported consistently. People were supported safely with the medicines by staff who had been trained to do this.

Staff felt fully supported and well trained in their role. Additional training was sought by the provider to ensure staff had the skills to meet people's specific needs. Staff received an induction that prepared them for their role and additional support was available to be them to assist with their learning.

Staff routinely obtained people's consent prior to offering support and demonstrated a good working knowledge of the Mental Capacity Act 2005.

People were supported by staff who were aware of their healthcare needs and who liaised with healthcare professionals on their behalf.

People were supported by staff who were kind and caring and treated them with dignity and respect. People were involved in the planning of their care and told us staff encouraged and supported them to maintain their independence.

People were supported by staff who were knowledgeable about their likes, dislikes and how they wished to be supported. Regular reviews took place of people's care needs and any changes responded to in a timely

manner. People's feedback was regularly sought on the service through questionnaires and meetings with the quality lead.

There was a system in place for investigating and recording complaints and people were confident that if they did raise concerns, they would be listened to.

People were complimentary about the service they received, the care staff and the care co-ordinator. Staff felt supported in their role and enjoyed working for the service.

Audits were in place to assess the quality of the service provided and where issues were identified, they were acted upon and lessons were learnt.

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.

People were supported by staff who had been trained to recognise signs of abuse and knew what their responsibilities were with regard to keeping people safe. People were supported by sufficient numbers of safely recruited staff. People received support to take their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received an induction and training which equipped them to meet their needs. Staff routinely obtained people's consent prior to supporting them. Staff liaised with other professionals in order to meet people's healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were described as 'kind', 'caring' and 'compassionate' and who treated them with dignity and respect. People felt listened to, were supported to retain their independence and were involved in the planning of their care.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the review of their care and staff were aware of their preferences when it came to meeting their needs. People were confident that if they raised a complaint it would be dealt with appropriately. Systems were in place to obtain feedback from people on a regular basis.

Is the service well-led?

Good ●

The service was well led.

People were complimentary about the service they received and the abilities of the staff who supported them. Staff felt supported in their role and were clear on their roles and responsibilities. Regular audits were in place to assess the quality of the service provided.

Prestwood 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 inspection took place on 21 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one 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 services.

Before the inspection, the provider completed a Provider Information Return. (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. During the inspection at the provider's office base we spoke with the registered manager, care co-ordinator, the quality lead, and four members of care staff. Following the inspection we spoke with 12 people who used the service and six relatives by telephone.

We reviewed a range of documents and records including the care records of four people using the service, two medication administration records, two staff files, staff induction records, accident and incident records, complaints and compliments and quality audits.

We asked the provider to forward to us a copy of their medication policy following the inspection, which they did.

Is the service safe?

Our findings

People told us that they felt safe when supported by care staff in their own home. One person told us, "I feel safe because they leave my home clean and tidy and they make sure the front door is secure and they have left the key in the key safe for the next carer" and relative said, "I have no concerns about my relative's safety when the carers are doing their work, they are polite, caring and compassionate and I would recommend the service to anyone".

People were supported by staff who were aware of their responsibilities with regard to keeping people safe from harm. Staff told us they had received training in how to safeguard people and recognise any potential signs of abuse, for example, changes in behaviour. One member of staff told us, "I would have to report it [safeguarding concern] to the manager" and another provided us with an example of where they had raised concerns with the manager and the outcome of the safeguarding. All staff spoken with told us they were confident that if they did raise concerns, they would be dealt with appropriately. We saw where safeguarding concerns had been raised, they had been recorded and responded to appropriately.

Prior to people being supported by care staff, we saw that risks were identified and plans put in place to minimise these risks. One person told us, "I feel safe with the carers because they walk with me to the bathroom and make sure I don't trip or fall" and a relative said, "The carers are very good, we have two staff because of my relative's poor mobility and to make sure my relative remains safe". The care co-ordinator described how risks were assessed and provided us with a number of examples. For example, where one person was at high risk of developing pressure sores, plans were in place to reduce this risk. The care co-ordinator told us, "Creams are applied on each visit and [person] is encouraged to eat and drink well and sit out of her bed for a short while. In doing this, it gives her and her family peace of mind that her needs are being met". Staff spoken with confirmed they were kept up to date with any changes in people's care needs and understood the importance of reporting any new risks to people immediately. We saw that records were reflective of current risks and were reviewed and updated on a regular basis.

Staff were aware of their responsibilities in responding to emergencies. One member of staff told us, "If necessary I'd ring for an ambulance, and contact whoever is on call".

We saw that where accidents or incidents had taken place, they were recorded appropriately, evaluated and where necessary lessons learnt and risk assessments updated. For example, where one person had fallen and did not want to wear a telecare (telecare is a personal alarm system which people can wear and activate if they require emergency assistance in their own home) pendant around their neck, the service sourced a telecare bracelet for them to wear instead. This provided the person with the reassurance that they could alert people in an emergency.

People told us that care staff never missed a call and they were usually on time. One person told us, "They [care staff] are rarely late and if they are they will call me and say what time they will be with me" and another person said, "They [care staff] come at the time they are supposed to, stay for the allotted time and have never missed a call". The care co-ordinator told us, "If carers are running late we allow an half hour

flexibility either side of the call. We are honest with people, we are dealing with people's lives. There may be an emergency we have to deal with but we would ring people and let them know". Staff spoken with confirmed that they worked in geographical areas 'quite close together' that enabled them to arrive at their calls on time. One member of staff said, "If I'm running late I will ring the office or the person, someone is always available to cover for you if need be". The care co-ordinator told us that any staff absences were covered by their own staff. She told us, "The majority of the carers pick up extra shifts as well, we have quite a good structure with bank staff". [Bank staff are a group of staff known to the service, who provide cover for planned and unplanned shortfalls in staffing for short periods of time].

We saw that processes were in place to ensure suitable staff were recruited by the service. Staff told us that prior to commencing in post, the appropriate checks were made, including references and DBS [Disclosure and Barring Service]. The DBS check would show if a prospective member of staff had a criminal record or had been barred from working with adults. The providers processes decreased the risk of unsuitable staff being employed

For those people supported with their medication, they told us this was done to their satisfaction. A relative told us, "They prompt my relative with their medication". We saw that there were systems in place to manage people's medication safely. Staff were provided with medication risks assessments that detailed the medication, what it was for and the risks to people if they did not take it. A member of staff told us, "If people refuse their medication, it's their choice, but it would be reported and the appropriate action would be taken". Medication audits took place and where errors had been identified we saw that they had been highlighted immediately by staff, investigated and follow up guidance obtained where appropriate. We saw there were policies and procedures in place for staff to follow in respect of supporting people with their medication. However, there was no information available for staff to follow if medication had to be administered 'when required'. We discussed this with the co-ordinator and this was amended immediately and a copy of the new document forwarded to us. The provider told us in their PIR that lessons had been learnt following two medication errors which had been highlighted in the last year. We saw that policies and procedures had been updated in response to this and staff spoken with confirmed this.

Is the service effective?

Our findings

People spoke highly of the service they received and considered staff to be well trained in their role. One person told us, "I think the carers are really good at their job and they treat me very well". A relative told us, "The carers are thoughtful and well trained; they are competent in completing the tasks for my relative" and another relative said, "The carers are very good with my relative and they do all the things that need doing and even more. It's a first class service they provide".

People were supported by staff who benefitted from an induction that provided them with the necessary skills for their role. Staff told us they felt supported during this process. They said that a number of checks were in place to check on their learning and ensure they were confident to support people in their own home. The induction included the studying of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their working life. One member of staff told us, "I did manual handling, medication, safeguarding [training], we went through everything". We saw the induction process including spending time in the office, learning about the providers own policies and procedures. Staff told us that weekly support for learning was also provided. One member of staff told us, "Because you have back up in the office it really helps. You get an hour a week support in the office; you have to answer the questions in the workbook and then [care co-ordinator's name] goes through it with you and checks your learning". Staff told us that the care co-ordinator checked with them if they were ready to work on their own. A member of staff told us, "I did a week of shadowing others and I spoke to [care co-ordinator's name] and said I wasn't ready yet [to work independently] so someone came out with me and I felt a lot more confident. Then I was ok". We saw that the care co-ordinator reviewed staff progress at regular intervals to assess their learning and give them the opportunity to raise any concerns they may have. Staff confirmed that they were provided with the opportunity to discuss their knowledge and skills during regular supervision meetings with the care co-ordinator.

We were told that care staff had not received any refresher training since January 2015. Plans for this to take place in August 2015 were cancelled when staffing levels changed. The care co-ordinator told us this was something that was currently being looked into and that she ensured that staff were competent in their role through supervision and spot checks on practice. Despite the lack of refresher training, staff told us they felt well trained and told us they were also offered additional training in other specialist areas in order to meet the needs of the people they supported, for example, diabetes, end of life care and Parkinson's disease. One member of staff told us, "We get regular training: from time to time we go on specialist training as well, like dementia care. It's definitely made a difference to how I support people". The care co-ordinator told us she was considering rolling out the Care Certificate training to all staff to address this issue regarding refresher training and to ensure all staff were trained to the same standard.

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. People can only be deprived of their liberty so that they can receive care and treatment when this

is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were.

People told us that staff respected their right to make their own decisions and choices. People told us that staff routinely asked for their consent before supporting them. A relative told us, "They [care staff] gain consent from my relative when they are helping them". We found that staff had received training on this subject and had a good understanding of supporting people to make their own decisions. Staff described to us how they obtained people's consent before supporting them. One member of staff told us, "I usually introduce myself and take it from there; I get a feel for how they are and then ask how I can support them" and another member of staff said, "You ask people, you can't take away their choices".

For those people who required assistance at mealtimes, support was provided. One person told us, "They give me breakfast of my choice and make sure I have taken my medication. During the evening they come back and help me back into bed, again they make sure I have something to drink in case I get thirsty during the night" and another person said, "They cook all my meals for me once I have chosen what I want to eat, if I change my mind they will do something else for me". People told us staff ensured before leaving, that they had what they needed close to hand, including any drinks and snacks they may like. One member of staff described how they had noticed a person wasn't eating well. They told us, "I asked her what do you fancy and she said 'poached egg on toast', I made this for her and she did eat it. I made a note for the next carer to keep an eye on her and that if all else fails, offer poached egg on toast".

People were supported by staff who were aware of their healthcare needs and supported them to maintain good health. One person told us, "They [care staff] will arrange for the district nurse to call and see me if they have any concerns about my health and well being" and another person said, ""If I'm not well they will call the office and someone would call the doctor if I couldn't do this myself". A relative told us, "If they [care staff] have any concerns regarding my relative's health then they will talk to me about it then if necessary I will call the doctor". Staff were knowledgeable regarding people's particular healthcare needs and were able to provide us with a number of examples that demonstrated this. We saw where particular concerns were highlighted, the service liaised with other agencies to ensure people received the support they required. For example, we saw for one person, staff identified that equipment was required to support the person with their mobility. A member of staff told us, "We contacted the moving and handling team, explained what the problem was and they came out with the equipment to try".

Is the service caring?

Our findings

A number of staff had worked at the service for many years. One person said, "They [care staff] provide me with a wonderful service and nothing is too much trouble for them. They have been coming for many years and it's mainly the same carer except when she is on holiday or day off but I know most of them anyway so it doesn't matter" and a relative told us, "The carers have been coming for over 13 years and they are very good. You might get the odd one who is not as good as the others but we are not complaining". This meant that people received support from a consistent group of staff who knew them well and what was important to them.

People spoke positively about the care staff who supported them and it was evident that they had developed caring relationships with them. One person told us, "They are caring and will do anything for me". Other comments we received from people were, "The girls [care staff] are very kind, thoughtful and considerate" and, "They [care staff] talk to me making sure that everything is okay. If I'm not hearing very well they are patient and sit and talk and listen to what I'm saying. They sometimes ask if the care that I get is alright for me. It's given with compassion and love, very nice". A relative told us, "The carers are caring, compassionate and make my relative feel like a person, not a client". Staff spoke warmly of the people they supported. One member of staff said, "I like helping people. Getting to know different people and their needs".

People told us they were involved in their own care planning and were supported to make their own decisions regarding this. One person commented, "The manager comes every now and again to discuss my care and if things are what I want them to be". A member of staff told us, "Families are involved, but you have to speak to the person receiving the care, they are the most important, you have to make sure they are happy with what is being offered to them". Another member of staff said, "You build up a rapport and you get to know people, you always ask how they would like us to do something, or what they would like us to do; you always offer choices".

One person told us, "I feel the carers treat me with dignity and respect but can also have a laugh and a joke too". Other comments made were; "The carers are respectful of my privacy and it's dignified for me" and "The carers are very good with me and they chat away while doing their work. They do it in a very pleasant and dignified way which is nice for me".

Staff spoken with knew the importance of treating people with dignity and respect. One member of staff told us, when describing how they supported people with their personal care, "I put a towel across them, wash the top half first. I try and make light of the situation". Another member of staff said, "You are in people's own homes, you have to be aware of this and be respectful". People told us that staff treated them with dignity and respect when supporting them.

People told us that staff listened to them and supported them to retain their independence. One person told us, "They [care staff] will only wash the parts that I can't reach like my feet and back, they tell me what they would like to do and was that alright with me?" and another person said, "I am quite independent so everything is as I want it but if it wasn't I would call the office and discuss the situation". A member of staff

said, "Sometimes you'll try and encourage someone to do something, like suggest to them, 'would you like to brush your hair?'"

We were told that no one using the service used an advocate at the present time, but management were aware of how to access these services. An advocate can be used when people have difficulty making decisions and require independent advice or support to voice their views and wishes.

Is the service responsive?

Our findings

People told us they were involved in and contributed to the assessment and planning of their care. They told us their care was regularly reviewed to ensure it was up to date and met their needs. One person told us, "I have my care plan reviewed on a regular basis with staff from the office". A relative told us, "Only yesterday did we have a review of the care plan and I felt listened to and my views were taken into account" and another relative said, "I have an excellent relationship with the management team and we frequently discuss my relative's care and if necessary we will review the care plan on a needs basis".

We saw that people's care plans held detailed information regarding how they liked to be supported, their likes, dislikes and what was important to them. We saw that efforts were made to obtain as much information as possible about people; this was then recorded and shared with staff. Staff spoken with were knowledgeable about the people they supported and were able to provide us with a number of examples to evidence this. One member of staff told us, "I've had some lovely conversations with people and the life stories I've heard are wonderful". Another member of staff told us, "You have to make sure the person is happy with what is being offered to them, we have regular reviews and if something changes in between it's taken on board".

People told us that if they need to alter the times of their calls or make changes to their care needs, then the service was very responsive to these requests. One person told us, "If I need to change my times I call the office and they are helpful and mostly do what I need if they can". A relative told us, "Occasionally, if I go out the carers will do a spot of lunch for my relative". The care co-ordinator told us, "If there is a gap of more than four weeks between someone being assessed and receiving care, say in they went into hospital, then we will do a complete review and start the package again".

People told us that if they had any concerns, they would not hesitate to raise them with management and were confident that they would be dealt with. One person told us, "If I was worried about anything I would talk to the carers and they would help me I know, also if I needed to complain, I would call the office". Other comments we received from people were, "I have never complained and there's no need to as it's a great service they provide for me" and "If I have any concerns I call the office and they are very helpful". A relative told us, "If I needed to raise a concern or complaint I know they would listen to what I was saying and together we would put things right". We saw where complaints had been raised they were investigated, dealt with appropriately and lessons were learnt. A member of staff told us, "If there is a complaint it's dealt with correctly, you learn from it, it doesn't take much to put something right".

The provider told us in their PIR that quality assurance visits would be taking place with each person who was supported by the service. We discussed this with the quality lead for the service, who confirmed that her main role was to carry out quality assurance visits to people who the service supported. We saw that the quality lead made appointments to visit people twice a year. She told us, "I ask if people are happy with the support, if staff are punctual and polite and show respect and if there is anything else we can do for people. I make sure they have everything they need to know about the service". We saw evidence of this and how this information was assessed and shared with the care co-ordinator. Where action was required, it was

recorded and acted on.

Is the service well-led?

Our findings

People told us they were very happy with the care and support they received from the service and spoke positively about the care co-ordinator and care staff. One person told us, "I am pleased with the service and nothing needs changing. Yes, a lovely service" and another person said, "No, there's nothing that they can improve on and nothing I want to change". We received many positive comments from relatives regarding the service, such as, "The carers are like members of our family, but always remain professional", "It's a brilliant, caring organisation so I don't have any worries or concerns. I would recommend the organisation to anyone who asked me" and "This really is an excellent service that can't be faulted".

Although there was a registered manager in post, the service was run on a daily basis by the care co-ordinator, who had worked for the service for 12 years. We observed the care co-ordinator [whilst on the phone] reassuring people [people who use the service and staff], laughing and joking with them and offering them additional support. It was clear from the conversations that she knew people well..

The registered manager told us she had only limited involvement with the service since September 2015 as she was also the registered manager for another service. She told us that the day to day running of the service was down to the care co-ordinator. The registered manager was complimentary regarding the skills and abilities of the care co-ordinator and told us she had no concerns with how the service was run on a daily basis. The care co-ordinator told us she felt supported by the registered manager and although she did not see her often, she was able to speak to her on a daily basis. She told us, "I've learnt so much from [registered manager's name]. I am very passionate about what I do and take on board any advice, I know we are there for each other". We were told there were plans in place for the service to be run from one the provider's care homes to offer additional support to staff during out of office hours. The registered manager was aware of their responsibilities with regard to informing CQC of this change.

Staff told us they felt fully supported in their role and that the management were approachable and receptive to any concerns they may have. One member of staff said, "[Care co-ordinator's name] is a hard worker, she is approachable, supportive and always there, you've always got her support". We saw this support was reciprocated, the care co-ordinator told us, "I've had nothing but support from the carers" [when talking about a covering a staff absence]. We saw that there was a culture of teamwork and working together, care staff were valued and the care co-ordinator spoke highly of them. Staff meetings took place twice a year and were held at different times to give all staff the opportunity to attend. A member of staff told us, "We get compliments passed on" and the care co-ordinator said, "I think we offer an excellent service, we have got some really good carers". We saw the care co-ordinator had ensured that staff received the support they needed to complete their care certificate training and had provided additional support for each individual on a weekly basis.

Staff were aware of their roles and responsibilities and felt confident that if they had any concerns they would be listened to. One member of staff told us, "We get good support from management and they have time to listen to you, there's an open door policy". We saw that calls were analysed to check that staff were arriving on time and staying with the person for the correct amount of time. One member of staff described

to us how one particular call always went over time due to the changing needs of the person. They told us, "It was picked up in the analysis fairly quickly and the package of care was increased". We saw there were systems in place to ensure staff had the most up to date information they required regarding the people they supported.

The care co-ordinator told us that the service had chosen not to re-tender with the Local Authority in the last year due to costs and the requests for 15 minute calls. They told us, "We downsized considerably, but feedback from carers has been great because they have more time to spend with people". Staff spoken with confirmed this. They told us that since the service had taken on longer calls, it meant they could build relationships with the people they supported and they enjoyed spending the extra time with them which they felt made a difference to their day. We saw that staff were motivated and told us they enjoyed their work. A member of staff said, "It's a good company to work for".

We saw there was a system in place to obtain people's feedback and assess the quality of the service provided. This information was provided by the quality lead and then passed onto the care co-ordinator to assess if any action was required. There were also a number of spot checks in place to observe staff practice. The care co-ordinator told us, "We also do 'post call visits' and will visit people after their call and check things are ok", adding, "If we do see something, we will conduct an unscheduled supervision; we'd follow this up with further spot checks on their practice as well".

Quality surveys were completed every 12 months and analysed by the head office. One person told us, "Sometime ago I had a letter from them asking me to fill in a questionnaire to find out what I thought of the service, I made sure they knew I was happy with what they do for me". We were told the last survey was completed in April this year, but the care co-ordinator was still awaiting the analysis of this. She agreed to chase up this to establish if there were any actions required on her part.

We saw there was an on-call service available for people and staff to use if they required support out of office hours. One person told us, "All the information is in the folder for me if I need to contact anyone" and a relative said, "In the folder is all the contact details that I need should I want to call the office. Each time I have called, the staff in the office have been polite and very helpful".

We saw there were a number of audits in place to assess the quality of the service received, including medication and care plan records. The care co-ordinator shared with us the continuous improvement plan that was in place. She told us, "If you see things need improvement, they are added on and when completed we move onto something else".

We asked the provider to complete a Provider Information Return (PIR). The provider completed and returned this to us within the timescales given. We used the information provided in the PIR to form part of our planning and where the provider had informed us of their plans for improving the delivery of the service, we found evidence of this.

We found that the care co-ordinator knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required by the law.