

Consummate Care Limited

Consummate Care Limited - Kettering

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 02 and 03 February 2016 and was announced. The service is registered to provide personal care to people living in their own homes or shared accommodation when they are unable to manage their own care. At the time of the inspection there were twelve people using the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe in their own home and we observed people to be happy and relaxed around the staff that supported them. All staff had completed the provider's mandatory training. Staffing levels ensured that people received the support they required at the times they needed. We observed that there was sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Support plans contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their support. People participated in a range of activities both in their own home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people they supported. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The management was approachable and had systems in place to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be 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.

People felt safe and comfortable with the care they received in their own home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good 

The service was effective.

People received care from staff that received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People received personalised care and support. People were supported appropriately and in a way which they preferred.

People's physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Is the service caring?

Good 

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and the staff supporting them.

Staff had a good understanding of people's needs and preferences and people felt that they had been listened to and their views respected.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good ●

The service was responsive.

Pre admission assessments were carried out to ensure the service was able to meet people's needs, as part of the assessment consideration was given to any equipment or needs that people may have.

Regular reviews were held to ensure the service provided continued to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The manager monitored the quality and culture of the service

and strived to lead a service which supported people to live their lives as they chose.

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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 over two days on 2 & 3 February 2016 and was announced and was undertaken by two inspectors. The provider was given 24 hours' notice of the inspection as we needed to be sure that when we inspected the manager was in the agency office. We do this because in some community based domiciliary care agencies the manager is often out of the office supporting staff or, in some smaller agencies, providing care.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people using the service that have information about the quality of the service.

During this inspection we visited the agency office. We met and spoke with eleven care staff, the registered manager and deputy manager. We reviewed the care records of four people who used the service. We looked at seven records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

We took into account people's experience of receiving care by listening to what they had to say. We visited three households with people's prior agreement. With people's permission, we looked at the care records maintained by the care staff that were kept in people's own homes. We also telephoned the relatives of two people to ask them about their family member's experience of using the service.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and the arrangements for managing complaints.

Is the service safe?

Our findings

People felt safe with the carers who supported them. One person said "I am safe [staff member] always makes sure I am." The service had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

Peoples' individual support plans contained risk assessments to reduce and manage the risks to people's safety; for example people had risk assessments around the management of their epilepsy which provided staff with instructions about what to look out for and what to do if a person had a seizure. Other people had risk assessments to assist staff with managing any behaviour that may challenge. Risk assessments were also in place to manage other risks within the environment including the risk of accessing cleaning products. One care staff said "Risk assessments are updated and all the staff read them and refer to them, it is key to preventing accidents or incidents from happening." The support plans were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. When accidents had occurred the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff had received health and safety and First Aid training. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

There was sufficient staff available to provide people's care and support. Most people received one to one support and this had the capacity to increase to two to one support at certain times of the day or if specific activities were planned. One person said "The staff are good; I always get my favourites working with me." One staff member said "The staffing ratio is good; people really do get the support they need." Staff told us there was enough staff to support people with their planned activities. We visited one person in their own home and they were planning on going out for the day and we saw that there were two staff to support as detailed in the care plan and risk assessment. We observed that there were enough staff to attend to people's needs and to be relaxed with them during our visits to people's homes.

People's medicines were safely managed. Staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice and staff were required to undertake regular competency assessments.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in the service. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Is the service effective?

Our findings

People were cared for by staff that had received training in the skills they required to meet people's needs. Staff told us that they felt confident in the skills they had learnt during face to face sessions. The provider recognised that the on-line training had not provided staff with all the skills, confidence and competence they required to meet people's needs, so they were in the process of changing the method of delivering the training to the more effective model of face to face."

New staff received a thorough induction which included some classroom based learning, on-line training and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on epilepsy, people's rights, choice and inclusion and person centred working. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us "We have an induction programme where we go through emergency procedures for people's home, policies and procedures, care plans and what standards are expected of us."

Staff we spoke with were positive about the training they received where it was specific to people's individual needs, was delivered at face to face workshop sessions and delivered by specialists in that area of care; for example epilepsy training, abdominal massage and working with people whose behaviours may challenge. One staff member gave us an example of how they had put in to practice what they had learnt from their training about managing behaviours; they told us "If I hadn't attended the training I think the situation would have escalated; but I used the tools that I learnt and we managed to diffuse the situation quicker." Training was also available from the Community Team for People with Learning Disabilities (CTPLD) for individual needs specific to learning disabilities. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF).

People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the service, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify ongoing support and training needs. Staff said "Supervision is great, I get feedback on my performance and we identify areas I need to develop on; but it is all positive and inclusive."

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of their responsibilities under the MCA. Capacity assessments had been undertaken and we observed staff seeking people's consent when supporting people with day to day tasks.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged around people's own daily activities. People were encouraged to have involvement in preparing and cooking their own meals. One person said "I don't really like cooking but I do help sometimes; I know I

should help because I learn new things." People were supported with menu planning using pictorial aids where appropriate and shopping for groceries and meal times were relaxed and inclusive. Care plans were focussed on enabling people and promoting their independence when shopping for groceries and the whole process of planning, shopping, paying for goods was all an integral part of people's growth and development.

Staff were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and, if required, referrals were made to the NHS Dietician. Care plans contained detailed instructions about people's individual dietary needs, including managing diabetes and dysphagia [swallowing difficulties].

People's assessed needs were safely met by experienced staff and referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it. Family members were also very complimentary about staff's awareness in any changing conditions. Timely action had been taken if there were concerns about people's wellbeing, raising these directly with family members or, where appropriate and with people's consent, to external professionals such as their GP, psychiatrist or community nurse.

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. One family member said "[My relative] is supported really well; the staff have got to know her and know how to respond to her when she has some behaviour issues." Relatives praised the caring nature of the staff. One relative said "The girls are really good, they always support [my relative] really well, I couldn't speak more highly of them."

During visits to people's homes we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. People were listened to and their views were acted upon and conversations were not rushed. Staff spent time with people making plans for the day and talking about plans for other days.

Care plans included people's preferences and choices about how they wanted their care to be given and we saw this was respected. Care plans were detailed and covered every aspect of a person's life and the care they required. Staff understood the importance of respecting people's rights and people were supported to dress in their personal style. One person was keen to bring our attention to the particular style of clothes they were wearing which then developed into a good conversation about all the different places they are supported to purchase their clothes.

People and their families were fully involved in making decisions about people's care and helped to put together a support package that was personalised to them. One family member told us they were fully involved with setting up a whole support package for their relative and the provider worked closely with them ensure the care plan contained everything that staff would need to know to support the person appropriately and to the standard expected by the person and their family. One relative said "I was fully involved in all of the care planning; they [staff] listened to me and my opinions and that was really reassuring."

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. People's privacy and dignity were respected by the care staff. Staff demonstrated how they would protect people's privacy and dignity while being supported in the community and undertaking leisure activities. For example; when people were struggling to manage their emotions and anxiety in a public place staff were confident in supporting the person and redirecting them to focus on something different. The provider sought consent from people before we visited their homes and on the day of the inspection staff explained to people using the service the purpose of our visit and ensured they consented to us being there.

Some people who used the service were supported by independent advocates and independent mental capacity advocates; we saw that advocates were invited to people's reviews of their assessed needs and were involved in supporting people to make decisions about their future.

One staff member told us how caring the director of the service was and said "He [the director] pays for everybody [people who use services] to have a Christmas meal; that's when you know you are working for a

good company."

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis for individual plans of care to be developed with the person and their family and these contained information about their previous lifestyle so that their values and interests could be supported. Care plans contained detailed information for staff about how people liked to be supported and how to meet people's assessed needs. People's daily records and feedback from commissioners demonstrated that staff provided the support according to the care plan and people's wishes.

People had 'how to help me in hospital' communication passports which detailed things that were important to know about each person. For example; what people's interests were, likes and dislikes, how they communicated and what communication tools they used and what was important to them. This information enabled care staff and any other health professionals to deliver personalised support individual to each person. Care plans were detailed and included how people displayed their emotions, what this meant to the individual and how best to support them.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw. People also had reviews of their assessed needs on an annual basis or as people's needs changed and this documented in people's personal care files.

People were encouraged and supported to follow their interests and people had a variety of social opportunities that they were involved with including; swimming, massages, farm visits, hydrotherapy, sailing, disco's and meals out. One person we visited was going out for the day to a trampoline session; another person told us they had been to visit a zoo the previous day. It was clear through talking to people and staff that people had a variety of opportunities that they were supported with.

Staff spent time with people and responded quickly if people needed any support. They were always on hand to speak and interact with people and we observed them checking that people were comfortable and asking if they wanted any assistance. Where appropriate, staff used pictorial aids to communicate with people to help them to express their needs.

When people started using the service they and their representatives, were provided with the information they needed about what to do if they had a complaint. The provider had also developed an easy read complaints procedure. There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. We saw the provider had completed full investigations of any complaints that had been made and they had followed their own policy and processes. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. One family member told us "There were some teething problems at the beginning but all of the issues I discuss were dealt with in a timely manner and the manager

always responded to my concerns."

Is the service well-led?

Our findings

People, staff and families told us the registered manager and the director were passionate about ensuring people could live the life they wanted to live which empowered them and gave people control and choices in their life. It was clear to see that this value was a theme throughout the whole team and staff embraced giving people support to be in control of their lives.

Part of the aim and vision of the service was 'To recognise and celebrate the uniqueness of every individual by ensuring a person centred approach is adopted'. This vision was shared by the whole team, staff spoke about person centred ways of working, demonstrated ways of being inclusive, empowering people and people owning and having control of their own life and aspirations. Staff were motivated and engaged to provide care and support that was based on a person's goals and achievements.

Communication between people, families and staff was encouraged in an open way. Relative's told us that they worked with the provider to ensure everyone was working for the best outcome for people who use services. One family member said "I worked really hard to find the right service for [my relative]; and I know I have found it." The registered manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the service as much as possible. Staff said the registered manager was very approachable and proactive and considered best outcomes for people in everything they did.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Where required people were provided with an easy read format of the questionnaire to ensure they could be fully involved in providing feedback. In a recent staff survey the staff team said they felt consulted and involved in decisions about future plans for the service. One staff member said "It is a good company to work for, we are all supported really well and people are at the heart of everything we do. Coming to work doesn't feel like work; it feels like I'm making a difference to someone's life." Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. People and their families were happy and content with the service they or their relative had received and we saw feedback from people's relatives that complimented the standard of care that had been provided.

Staff worked well together and as a team were focused on ensuring that each person's needs were met. Staff clearly enjoyed their work and enjoyed empowering people and told us that they received excellent support from their manager and the registered manager. One staff member said "I never have concerns about going to my manager or the registered manager with any issues; we are all clear it is about wanting the best for people." Staff meetings took place on a monthly basis and minutes of these meetings were kept and referred to. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team.

The registered manager and senior care staff regularly worked alongside staff, they were able to observe staff practice and monitor their attitudes, values and behaviour. Feedback was provided through

supervisions and through team meetings and good practice was shared.

Quality assurance audits were completed by the manager and senior members of the team to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them. The registered manager acknowledged that these audits had not been as thorough as they would normally be in previous months due to changes in staffing structure; but there was a clear action plan developed to ensure that the quality of the audits were improved and the registered manager had a clearer oversight of the auditing process.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training or were taking a qualification in care work.