

Caerus Care Limited

# Caerus Care Limited

## Inspection report

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Date of inspection visit: 22 October 2015

Date of publication: 20/11/2015

### 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

Caerus Care is a community based adult social care service providing the regulated activity of personal care to people living in their own homes and in supported living accommodation. This was the first inspection since the service was re-registered on 3 August 2015 following their move to a new location in Wisbech. On the day of the inspection there were 29 people being supported by the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were supported safely as staff were knowledgeable about reporting any incidents of harm. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce these risks such as assisting

# Summary of findings

people with their medication and when supporting people when accessing the community.. Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. There was no person using the service who would require a DoLS to be in place at the time of this inspection.

People were supported to access a range of health care professionals and they were provided with opportunities to increase their levels of independence. Health assessments were in place to ensure that people were supported to maintain their health and wellbeing.

A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance. Staff were supported and trained to do their job.

Staff supported people with their individual nutritional and dietary requirements and meal planning.

People's privacy and dignity were respected and their care and support was provided in a caring and patient way

People's hobbies and interests had been identified and they were supported to take part in a range of activities that were meaningful to them.

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care provided.

There were strong links with the external community and healthcare professionals.

# 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.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's needs safely.

People were supported with their prescribed medication.

Good



### Is the service effective?

The service was effective.

People's rights and decision making processes had been protected in a lawful way.

Staff were supported to do their job and a training programme for their identified development was in place.

People were supported with their health and nutritional needs.

Good



### Is the service caring?

The service was caring.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and had access to advocacy services.

Good



### Is the service responsive?

The service was responsive.

People were actively involved in reviewing their care needs on a regular basis.

People were supported to pursue activities and interests that were important to them.

A procedure was in place to respond to people's concerns and complaints.

Good



### Is the service well-led?

The service was well-led.

Robust procedures were in place to monitor and review the safety and quality of people's care and support.

People who used the service, relatives and staff were involved in the development of the service, as there were arrangements in place to listen to what they had to say.

The service had effective audit and quality assurance procedures in place.

Good



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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 announced inspection took place on 22 October 2015. The provider was given 48 hours' notice. This was because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the service's office, spoke with eight people who used the service and two relatives. We also spoke with the registered manager, management staff, seven care staff and three healthcare professionals. We looked at five people's support plans and records in relation to the management of the service and the management of staff.

# Is the service safe?

## Our findings

People spoke with felt that staff assisted them safely. One person said, “They [the staff] know me really well and I feel safe when they [staff] help me.” Another person said, “They [the staff] are great and I would be lost without them.” A relative also said, “The staff are excellent and I feel that [family member] is in safe hands.”

We saw that risk assessments had been completed and updated regarding people’s individual needs. These risk assessments included areas such as communication guidance, nutrition and assisting people when out in the community.

Staff we spoke with told us that there was good information in place so that they could safely assist people with their daily needs. Staff said they were aware of and followed the information within people’s risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

The staff had access to the contact details of the local safeguarding team and safeguarding information was available in the service’s office. Safeguarding training had been provided for staff and refresher training had been given annually and staff and training records confirmed this to be the case. Staff we spoke with demonstrated that they were aware of their safeguarding responsibilities and would not hesitate in reporting any incident or allegation of abuse.

The registered manager was aware their responsibilities in reporting any safeguarding concerns to the local authority. We saw that safeguarding information was also included in people’s information packs so that they could contact the local authority and other external authorities if the need arose.

The level of assistance that people needed with their medication was recorded in their support plan. The

registered manager and locality managers regularly audited the medication administration records (MAR). This was to ensure records were being safely and accurately maintained. Medication administration training sessions were provided and refresher training was given annually and staff we spoke with confirmed this.

Staff had unannounced competency checks made by members of the management staff to ensure they safely administered medicine and accurately completed the accompanying records. Staff we spoke with and the records seen confirmed this to be the case.

Satisfactory recruitment checks were carried out by the provider’s personnel department in conjunction with the registered manager and locality managers. This was confirmed by records we saw and staff that we spoke with. Staff told us that their recruitment had been dealt with effectively.

We saw that there were sufficient numbers of staff to meet people’s needs. This included being able to assist people whilst at home and to accompany them, when needed, to attend appointments and be able to go shopping. Staff told us that there was sufficient staffing and time given so that they were able to safely and satisfactorily assist people with their care and support needs in their home and when accessing the community.

People we spoke with were satisfied with the amount of support time that they received from staff to meet their needs. We saw that the registered manager and deputy manager monitored staffing levels. Additional staff were rostered, where necessary, when people’s needs changed and to also cover periods of staff sickness and holidays. Staff we spoke with said that they were supported by the on call process [by members of the management team] outside of working hours if any concerns or incidents occurred. Staff also added that members of the management staff had been available to cover shifts when the need arose.

# Is the service effective?

## Our findings

Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. A member of staff said, "I love my job and all the different things I support people with and every day is different."

Staff confirmed that they had undertaken training and had an understanding about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. The Care Quality Commission (CQC) monitors the operation of Deprivation of Liberty Safeguards which applies to care services. The registered manager had a good understanding of when an application was needed to deprive someone of their liberty and who to contact in the local authority when the need arose. The registered manager told us that there were currently no applications in place to deprive any person of their liberty. We found that people were supported in a way which was lawful.

Staff confirmed that they had received an induction and had completed a range of ongoing training since starting their job role. Staff said that they enjoyed and benefited from the variety of training sessions. One member of staff told us that the training regarding Asperger's syndrome and autism had been useful in improving their skills when supporting people. Staff told us that they were supported to gain further qualifications. One member of staff told us that they were completing a diploma in health and social care to expand on their skills and knowledge of people and their care needs.

Staff said that they received additional training regarding specific care issues to meet people's needs. Examples included autism, epilepsy and mental health awareness. We also saw that the service was enrolling and supporting new care staff on the newly implemented Care Certificate (a nationally recognised qualification for care staff).

Training was monitored by the management team and registered manager. The staff we spoke with confirmed that they were informed of dates when they would need to refresh or update their training.

Staff confirmed that they received regular supervision sessions and told us that they felt well supported by the registered manager, senior staff and their staff colleagues. Staff also confirmed that they received an annual appraisal to monitor their performance and work practices and identify areas for further training and development.

People's dietary needs were assessed and any associated risks were incorporated into their care plan. One person we spoke with said, "It's brilliant and I am really happy with the staff who help me sorting out my meals and cooking." People told us they were assisted by staff with the preparation of drinks and meals where required. Staff told us that people were assisted with healthy eating options and to seek advice from nutritionists and dieticians whenever their dietary needs changed.

Care records showed that people's health care needs were documented and monitored including information from medical appointments. Where necessary, referrals were made to relevant health care professionals if there were any medical/health concerns. People told us that staff had supported and assisted them to attend their medical appointments.

. One relative told us that, "The staff will assist [family member] to contact a doctor if they are unwell." We saw a document in people's care plans which gave essential support and healthcare information which accompanied people should they require treatment or a hospital admission.

We spoke with two care managers from the local authority and they were positive about the support being provided by the service. They told us that they worked closely with the registered manager and staff teams and regularly reviewed and discussed changes and issues regarding people's care and support. This showed us that people's healthcare needs were supported.

# Is the service caring?

## Our findings

People we spoke with were positive about the care they received and one person said, “The staff are really helpful and assist me in my flat and help me with budgeting and cooking.” Another person said, “The staff are excellent and kind and I could not do without them.” One relative told us that, “The support my [family member] receives is brilliant – the staff are really kind and caring.”

Relatives of people we spoke also told us that they were encouraged to be involved in reviews of their family members care and support where appropriate. Relatives said that communication was very good with staff at the service. They told us that they felt involved, where appropriate, in their family members care and were always kept informed of any changes or events by the registered manager and members of care staff.

We met two people who were visiting the service’s office and they were seen to be comfortable and at ease with the staff who supported them. We saw that staff spoke with people in a kind and friendly way. People that we spoke with by telephone also confirmed that they had a friendly and supportive relationship with staff who supported them. People said they were encouraged by staff to undertake tasks independently such as tidying their home and to organise shopping trips for their meals. People said that assistance was given in a fun and caring way. One person said, “I really look forward to the staff coming to help me and we have laugh and a joke together.” A relative said, “Staff have been really excellent and I am really happy with the level of support [family member] receives.”

Staff we spoke with talked with a great deal of warmth and affection about the people they were supporting. One member of staff, “I really love my job and every day is different.” We saw that staff positively promoted people’s choices and independence so that they could successfully maintain their life in the community. People also told us that staff always preserved their privacy and dignity. One person said, “They [the staff] always treat me with respect and kindness.”

People’s future goals and aspirations were recorded and regularly reviewed so that plans to achieve them were in place. We saw that one person had been supported to achieve a lifelong ambition to visit their favourite football team’s shop and museum with the assistance of staff.

Staff helped to assist and monitor the person’s care needs on a daily basis. Daily records showed that people’s support needs were monitored and that any significant events that occurred were recorded. Some documents in support plans we looked at had been produced in a pictorial format where required. This showed us that the provider gave people information in appropriate formats to aid their understanding.

The registered manager told us that local advocacy services were available to people as required. People had family members who acted in their best interest. Relatives that we spoke with said that they had regular contact with the service and had been involved in the planning and reviewing of their family members care and support.



# Is the service responsive?

## Our findings

People we spoke with told us that they were assisted by staff to take part in their chosen hobbies and interests. This included, swimming going out for meals and visiting shops in local towns. One person told us that, “I go out a lot during the week and enjoy going shopping.” We saw that people had been going for walks and shopping in local towns. There were sufficient numbers of staff to be able to provide both support to people in their own homes and to be able to accompany people in attending their hobbies and interests in the local community. One person told us that, “I go out with staff to visit cafes, shops and other places I like.” This showed us that people had opportunities to go out in the community and take part in their social interests.

The deputy manager told us that detailed assessments were carried out prior to commencing support to ensure that the service could meet the individual’s needs. Assessments included the person’s background, care needs, their likes and dislikes, weekly/daily routines and significant family and professional contacts. The service also received detailed assessments from the local authority.

We saw copies of detailed assessments in a sample of care plans. A healthcare professional we spoke with was positive about the way that the service tailored their support in a very ‘person centred’ way to meet individual’s particular needs. The registered manager told us that they provided care only where the staff could do this reliably and effectively to ensure people’s needs were met. This was confirmed by healthcare professionals who commissioned care from the service.

People said they were able to choose the staff who provided their support, their preferred time of care and what was important to them, including their preference for a male or female staff to be provided. People told us that on the majority of occasions their requests were met. One person said “The staff are very good and arrive on time and they let me know if they are running late”

We saw that the care plans and accompanying risk assessments gave staff detailed information to enable them to provide people with their required individualised care and support. Staff we spoke with confirmed this to be the case. Examples included assistance with personal care,

social activities, daily living routines, assistance with medication and preparation of meals. People were supported with daily living tasks and planning trips to places they wished to visit in the local community and helped to reduce the possibility of a person becoming socially isolated. One person said, “The staff have really helped me to go out more and this has improved my confidence.”

Care plans were up to date and had been regularly reviewed and highlighted where care and support needs had changed. Staff confirmed that the care plans gave them sufficient information so that they could provide the required care and support. Updates in people’s support were given to staff via communication books and at handover meetings to ensure they were aware of the most up to date information and any changes that had been made. Staff completed daily notes which described the care and support that had been provided and noted any significant events that had occurred. The daily notes were monitored on a regular basis by the registered manager to evaluate care practices and identify areas for improvement and development.

Relatives we spoke with confirmed that they were asked to be involved in reviews, where appropriate. So that they had an opportunity to comment on the current care and support that their family member was receiving. One relative said “They [management staff] regularly contact me regarding any changes to [family member] care and support needs.

The services complaints procedure, including timescales for responding to complaints, was also displayed in a pictorial version to aid people’s understanding where appropriate. A copy of the service’s complaints procedure was included in people’s information pack. One person told us that “I can always talk to the staff if I ever have any worries.”

Relatives we spoke with said that they knew how to raise concerns and that staff were always willing to listen to their views and responded to any concerns they raised. One relative said, “I can always raise any issues and I feel listened to.” We saw the complaints log and there was evidence of correspondence in place which had thoroughly investigated a recent complaint and was now resolved to the complainant’s satisfaction.



# Is the service well-led?

## Our findings

People told us that their views were considered at all times. One person said, “The staff are really good and assist me with what I want to do. We get on very well.” People who used the service and their relatives were asked for their views about their care and support and their views were acted on. People told us that they had regular contact with members of the services’ management team. People we spoke with expressed their satisfaction with the service and did not raise any concerns about the care and support that was provided to them. One person said that, “I can always speak to the staff and they ask me if I am satisfied and help me with any worries I have.”

There was an open team work culture within the service. Staff told us they enjoyed their work and working for the service. Staff told us that they felt the service was well managed and that they were well supported by the registered manager, management team and staff colleagues. One member of staff said that, “We work really well as a team and I am kept informed of any changes in people’s support.”

Staff told us that they were confident that if ever they identified or suspected any instances of poor care or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff said that they felt confident that they would be supported by the registered manager to raise their concerns. One staff member said, “We are a good team and if there was any bad practice this would be reported to the manager and I am confident that it would be acted upon without any hesitation or delay.”

The provider regularly considered the quality of care it provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals and their views were sought regularly. We saw records of unannounced checks of staff’s competence that were undertaken by management staff to ensure that the quality of care was monitored. This was confirmed by staff that we spoke with.

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. People and staff told us that they had received a survey so that they were able to have their say about the service and the support and services that were provided.

We saw the summary report of the annual survey from 2015 included positive comments about the care and support being provided. We also saw a recent health and safety audit that had been completed by a member of the management staff to ensure safe working practices were in place. This showed us that the service and its staff monitored health and safety and considered opportunities for improvement.

Completed incident forms were reviewed by the registered manager and the management team. Any actions taken as a result of incidents were documented as part of the service’s on-going quality monitoring process to reduce the risk of the incident reoccurring. This showed us that the provider had proactive systems in place to monitor the quality of the services being provided.

The office based staff and care staff worked in partnership with other organisations and this was confirmed by comments from health care professionals we spoke with. Comments were positive and they felt that any concerns and issues were dealt with and that communication with the service was responsive and promptly and efficiently dealt with.

The registered manager and management staff undertook audits regarding people’s financial records and medication administration. Regular audits of the service included; care and support, staffing and records to ensure that people were receiving an effective and safe service. We saw any areas for action were highlighted and an agreed action plan was put in place to deal with any identified concerns or shortfalls. Examples including updates regarding; risk assessments, staff training and policy updates.