Care Remedies Limited

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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

The inspection took place on 19 January 2017 and was announced.

Care Remedies is a family run, domiciliary care service providing support to 24 people living in their own homes who are in receipt of the regulated activity of personal care. The service supports older people and people who are living with dementia or other conditions, to enable them to continue living in their own homes. Some people privately funded their care whilst others had their care funded by the local authority. The service is based in Eastbourne, East Sussex. .

The service was owned by two providers, one of which was the 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.

People told us they felt safe. One person told us, "They're always careful with me I've never been hurt". Another person told us, "Oh yes I can trust them, there has never been any mishaps". Staff had received induction training and had access to on-going training to ensure their knowledge was current and that they had the relevant skills to meet peoples' needs. People were safeguarded from harm. Staff had received training in safeguarding adults at risk, they were aware of the policies and procedures in place in relation to safeguarding and knew how to raise concerns.

There were sufficient staff to meet peoples' needs and people told us that they were cared for by kind and caring staff. One person told us, "Very nice, helpful, I like them all. I've had them a long time". People confirmed that they were treated with respect and dignity and their privacy maintained. One person told us "They cover me with a towel, always clean up after themselves and leave everything tidy". Another person told us, "Always respectful, always nice, they don't treat you like an old person".

Risk assessments had been undertaken and were regularly reviewed. They considered peoples' physical and cognitive needs as well as hazards in the environment and provided guidance to staff in relation to how to support people safely. There were low incidences of accidents and incidents, those that had occurred had been recorded and were used to inform practice. People received their medicines on time, they were administered by staff that had undertaken relevant training and who had their competence assessed. People had access to relevant health professionals to maintain good health. People were supported with their hydration and nutrition and were offered support according to their needs and preferences.

Staff had undertaken essential training as well as training that was specific to peoples' needs and conditions. People felt that the staff were well trained and felt confident that they had the right skills to meet their needs. One person told us, "I've every confidence in them, no problems". People told us they were asked for their consent before being supported. For example, when being supported with their personal

hygiene or to take medicine. The providers and staff understood that people should be supported to make their own decisions, and when people had difficulty with this, had involved the relevant people to ensure any decisions made were in the person's best interests. People were involved in their care and decisions that related to this. People were asked their preferences when they first joined the service and these were respected and accommodated. Regular reviews ensured that peoples' care was current and appropriate for their needs.

There was a warm and friendly atmosphere within the service. People were complementary about the leadership and management. One member of staff told us, "Best company I've ever worked for, I'm supported, I'm really happy". Staff felt supported by the providers and were able to develop in their roles. Quality assurance processes were carried out to ensure that the quality of care provided, as well as the environment itself, was meeting the needs of people. The providers had good systems and processes in place to ensure that the service people received was effective.

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.

There were effective systems in place to ensure that people were cared for by staff that were suitable to work in the sector. Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

Risks to peoples' safety were assessed and appropriate action taken to ensure their safety.

People received their medicines on time, these were dispensed by staff that had undertaken relevant training and whose competence was assessed.

Is the service effective?

Good

The service was effective.

People were involved in day-to-day decisions that affected their care. The registered manager and staff had a good understanding of the legal requirements in relation to gaining consent for people who lacked capacity and had working in accordance with this.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to health care services to maintain their health and well-being.

People were able to choose what they had to eat and drink and were provided with support according to their needs.

Is the service caring?

Good

The service was caring.

People and relatives consistently commented on the kindness and caring nature of staff.

People were actively involved in the care that was provided to them. Staff had an awareness of peoples' individual needs and

independence was encouraged.

Peoples' privacy and dignity were promoted and maintained. There was consistent feedback regarding the respectful nature of staff.

Is the service responsive?

Good

The service was responsive.

People received a personalised service that was centred on them. Changes in peoples' needs were recognised and appropriate actions taken.

People were supported by staff to maintain their individuality and to participate and engage in pass times to reduce the risk of social isolation.

Feedback from people and their relatives was welcomed and encouraged. People felt that their views and opinions were listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the management and culture of the service.

Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the service and the delivery of the care they received.

Care Remedies Ltd

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.

The inspection took place on the 19 January 2017 and was announced. This meant that the provider and staff knew that we were coming. We did this, as the service is a domiciliary care agency and we wanted to ensure that appropriate staff were available to talk with us, and that people using the service were made aware that we may contact them to obtain their views. The inspection team consisted of 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 service.

Before the inspection we asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they planned to make. Before the inspection we checked the information that we held about the service and the service provider. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with 11 people, three relatives, four members of staff and the two providers, one of which was the registered manager. We reviewed a range of records about peoples' care and how the service was managed. These included the care records for four people, medicine administration record (MAR) sheets, four staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspection in 2013 and no areas of concern were found.

Good

Is the service safe?

Our findings

People and relatives told us that people received a good service that made them feel safe. Comments included, "I've every confidence in them, no problems", "They're always careful with me I've never been hurt" and "Oh yes I can trust them, there has never been any mishaps".

People were cared for by staff that had undertaken the relevant checks to ensure they were safe to work within the health and social care sector. Prior to their employment commencing, staffs' employment history and references from previous employers were gained. Appropriate checks with the Disclosure and Barring Service (DBS) were also undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. This ensured that people were protected against the risk of unsuitable staff being recruited. One member of staff told us, "They made sure I had my DBS before I was allowed 'out'".

The National Institute for Health and Care Excellence (NICE) Guidance for home care: delivering personal care and practical support to older people living in their own homes, state that visit times should allow home care workers enough time to talk to the person and their carer. That there should be sufficient travel time between appointments and ensure that the worker has enough time to do their job without being rushed or compromising the dignity or wellbeing of the person who uses the service. The registered manager had worked in accordance with this guidance. Records showed that the registered manager had liaised with people and the local authority, who in some cases funded peoples' care, to ensure people received appropriate length of calls to meet their needs. Travel time was taken into consideration as well as the geographical area that people lived in when allocating work to staff. Staff told us that this only became a problem when other staff were unwell and their own rotas had to been altered to ensure people continued to receive calls. People told us that staff spent the required time with them, were patient and that they never felt rushed. One person told us, "They are sometimes late but not frequently, if it's more than 20 minutes the office let me know. They stay over the time sometimes if there are things that need doing". Another person told us, "The time varies with the traffic but it's about the same time. They stay the full amount of time, sit and have a nice chat". There were sufficient staff to meet peoples' needs. Staff confirmed that they were allocated sufficient time to spend with people and that although there had been a period of staff sickness, they had worked together to ensure the calls were covered.

People were supported by staff that had undertaken safeguarding adults at risk training which was updated regularly. Staff were aware of the signs and symptoms of abuse and how to report their concerns using the providers' policies and procedures. One member of staff told us, "I'd contact the on-call service and document it. I could always contact adult social care services too". Staff told us that the management team operated an 'open door' policy and that they felt able to share any concerns they had in confidence.

Peoples' safety was maintained through the completion of risk assessments and the knowledge of staff. Records showed that risk assessments had been completed when people first joined the service and their care plan reviewed if there were any changes in their needs. Risk assessments recognised risks in the environment to both people and staff. There were mechanisms in place to ensure staffs' safety. For example,

the registered manager had an electronic system to monitor and track the whereabouts of staff who were encouraged to scan their phones against peoples' care plans to indicate when they had arrived at the call and when they were leaving. Staff told us that this was something that they valued. One member of staff told us, "I like the fact that I've got the phone, I feel safe". Risk assessments in relation to peoples' individual needs were also in place. For example, risks were managed for one person who had been assessed as being at high risk of falls. Records showed that staff were reminded to ensure that peoples' phones were charged and within reach and that they had their call bell pendants before leaving the calls. There were minimal accidents and incidents. Those that had occurred had been dealt with effectively and were used to change practice. For example, care plans were amended in response.

People received support with their medicines according to their needs and preferences. Staff received training in medicine administration and had their competency assessed before being able to administer medicines on their own. People, who were able, were encouraged to self-administer their own medicines and care plans had assessed peoples' abilities to ensure their safety. People were happy with the support staff provided. One person told us "I get my tablets every morning, never any problems with that". Medicine Administration Records (MAR) showed that staff were provided with appropriate information on the administration of medicines, they detailed the type of medicine, dose, route and frequency. Body map charts had been completed for people who required topical creams, clearly showing staff where to apply these. Records for one person stated, 'Please watch X take their medicine to ensure that they don't drop or miss any'. People received their medicines on time. The management team monitored the administration of medicines during regular observations of staffs' practice and MARs were also regularly collected and analysed to identify if there were any errors or areas of concern.

Good

Is the service effective?

Our findings

People told us that they were cared for by competent, skilled and experienced staff. That they had regular carers, who they knew and who knew their needs well and that the service they received was effective. Comments within peoples' care plan reviews included, 'My carer is very helpful and keen to meet my needs' and 'Your service is impeccable, I cannot recommend you highly enough'.

The providers understood the importance of workforce development and was committed to this from the outset of staffs' employment. They ensured that staff had access to learning and development opportunities to ensure that they were able to deliver care that was consistent with the providers' aims and vision for the service. New members of staff had completed the care certificate as part of their induction. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. Staff told us that they were happy with the training and development that was offered and told us about their experience of undertaking the induction process, one member of staff told us, "It was good, I answered questions, watched videos, completed the care certificate and the on-line training. I like it because you can complete the on-line training on your phone, so you don't get interrupted like you do if you attend training sessions". Another member of staff told us, "It was very thorough, although they knew I'd had training from my previous employer they made sure I'd done all my training with them again and I did shadow shifts with other staff". A person confirmed this and told us, "They usually shadow one of the older ones (staff) first when training and they introduce them to you before they start on their own".

People were cared for by staff that had undertaken essential training, as well as training that was specific to the needs of the people that they were supporting, such as diabetes awareness and falls prevention. In addition to the training the registered manager also sent our memos to staff that provided them with guidance about certain conditions to enable them to support people effectively, these included catheter care and administering eye drops. Regular observations were also conducted so that the management team could monitor staffs' competence and interaction with people. Regular supervision meetings were conducted to review staffs' performance and identify further areas of learning and development. Staff told us that they were supported well within their roles. A majority of staff had undertaken diplomas in health and social care or were working towards them.

People told us that they had access to relevant healthcare professionals to ensure their health and well-being. Records showed that staff had contacted peoples' GP or their relatives if there were concerns about a person's well-being. People, who required assistance with their communication, were provided with appropriate support. Records provided guidance to staff with regard to how to support a person who had impaired sight. It advised staff of the communication aids that the person used and staff demonstrated an awareness of how to support the person effectively. One member of staff told us, "X is often bumping into things and when they try to put something on the table they often miss. We help by using different coloured coasters so that they can see the difference". Care was adapted to meet peoples' specific needs. One person, who was living with dementia, had a lasting power of attorney (LPoA), they told us that the person often forgot who was visiting them. In response, the providers had provided photographs of the staff team

and had also asked staff to record their names in the person's diary so that they knew who to expect and when they would be visiting.

Effective communication continued amongst the staff team. The registered manager ensured that staff were kept up to date and provided with information about peoples' changing needs, as well as the running of the service. Staff were required to visit the office once per week to collect their rotas and observations showed that this enabled staff to discuss issues of concern and receive updated information. Regular telephone calls and texts were sent to staff as well as information sheets and memos. Staff told us that they were able to raise and discuss issues of importance in an open way and our observations confirmed this.

Records showed that people who required support to maintain their nutrition and hydration received appropriate support according to their needs. For example, records for one person stated, 'Leave out snacks for the afternoon so that X sees it as a visual prompt. It is important to encourage X to eat regularly as they are prone to forget'. One person's LPoA told us, "They have been proactive in sorting out problems and have come up with alternative solutions. It has been really good the way that they have got calories into X and tempted X to start eating again".

People told us that they were asked for their consent and were involved in day-to-day decisions that affected their care. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the registered manager was working within the principles of the MCA. People and records confirmed that the registered manager was following legislative requirements. For example, when people lacked capacity to make certain decisions the registered manager had ensured that the relevant people were involved to ensure that any decisions made were in the person's best interests. Staff had a good understanding of MCA and told us about the importance of involving people in decisions.

Good

Is the service caring?

Our findings

People and relatives told us that people were supported by kind, caring and compassionate staff. People were extremely happy with the care they received and consistently told us that staff were kind and caring. Comments included, "I generally have the same person, she's lovely, a real poppet, I really like her. Cheerful, kind, always asks if I'm ok. I like to see her, have a chat about TV or what's going on in our lives", They do everything we want of them I save my problems until they arrive and tell them, they're always sympathetic" and "Very nice, helpful, I like them all. I've had them a long time, I'm satisfied, otherwise I would have changed them". A relative told us, "Very caring, very professional and efficient. I'm impressed with the attitude of the carers who look after my relative and with the people who own the company".

The service was family run and it was evident that a caring attitude was at the core of the service provided and that this was cascaded to staff and people using the service. New members of staff or staff that had not supported a person before were formally introduced to people by familiar members of staff before being allocated to support them. This demonstrated respect for people, enabling them to meet staff before they provided support to them. One person told us, "My usual lady is very kind and I've got to know her really well." People told us that members of staff were rarely late for their visits. However, when this did occur they received a telephone call advising them of the reasons for this and of the time to expect the member of staff to arrive. This demonstrated respect for peoples' time and acknowledged the anxieties and disruption that a late call might create for people. Records showed that staff were encouraged to ensure that people had all the assistance they needed. For example, records for one person stated, 'Don't forget to ask if there is anything else you can do to help X today'.

People told us that they were happy with the caring approach of staff and that staff appeared happy in their work. People and relatives were able to express their needs and wishes and were fully involved in peoples' care. Records showed that meetings with the person and their relative, if appropriate, took place and provided an opportunity for people to comment on the care they received and suggest areas that they wanted changed. For people who were unable to express their wishes, referrals to advocacy services could be made to enable them to access additional support to express their needs and wishes. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' differences were respected and support was adapted to meet their needs. People used the service for various reasons, some requiring minimal support, receiving a visit twice per week whereas others had several calls each day. The registered manager ensured that the support provided to people was person-centred and enabled them to receive the type of support they chose. Diversity with regard to peoples' religion was also respected. Records showed that staff were informed of peoples' religion. Records for one person stated, 'X attends church, make sure the time of the service is recorded'.

Peoples' privacy and dignity was respected. People consistently told us how staff maintained their privacy and dignity. Comments included, "Always respectful, always nice, they don't treat you like an old person" and "They cover me with a towel, always clean up after themselves and leave everything tidy". Observations

of interactions between staff, handing over information about people, further demonstrated that staff had a respectful attitude and people were treated in a dignified way. Confidentiality was promoted and records were stored in locked cabinets within the office.

People were encouraged to be as independent as possible. Care plans showed that people were asked what they needed support with and that they were able to continue to be as independent as possible, to enable them to retain their skills and abilities. One member of staff told us, "I always include X, if I'm dusting I'll help move the ornaments so that X can dust. Sometimes we change the bed together and I lay out all the sheets and pillowcases so that X can do it themselves".

Good

Is the service responsive?

Our findings

People told us that they received a service that was responsive to their needs and that if they needed assistance this was provided. One person told us, "If I'm in a panic I can get them if I need them. Something was wrong with my phone and someone was here in 5 minutes". A relative told us, "They have come out in an emergency a couple of times, if I can't cope on my own they come out to help".

Records showed and people and relatives confirmed that peoples' care was person-centred and specific to them. People told us that when they first joined the service their needs and preferences were discussed and respected. Records showed that an initial assessment of peoples' needs was conducted and this was used to devise the person's individual plan of care. The assessment was enabling and person-centred, encouraging the person to discuss their preferences and identify areas that were important to them. It recognised the skills and abilities that people had, whilst also identifying aspects of peoples' lives that they required further support with. Peoples' needs were assessed holistically. Peoples' emotional, social and physical needs were taken into consideration and risk assessments had been completed to ensure that people were supported in a safe manner. Care records provided comprehensive, pertinent information that provided staff with guidance as to how the person liked to be supported.

Peoples' needs were regularly reviewed and support was adapted in response to peoples' changing needs. Records showed that people, or their relatives, if appropriate, were also involved in regular reviews to ensure they were happy with the care being delivered. Peoples' support requirements were monitored on a daily basis. Records showed staff passing on information to one another about any changes in the person's needs or condition. There were also regular texts sent to all staff if they needed to be alerted to any changes in peoples' condition.

People were able to choose, as much as possible, what times they had their visits and if they received support from a male or female member of staff. Peoples' social needs were taken into consideration to reduce the risk of social isolation. The provider and staff ensured that, even when this type of support was not included in their care package, people had access to the community. For example, records for one person stated, 'If time allows ask X if they would like to go for a walk along the seafront. If X would like to go'. Records for another person informed staff that the person enjoyed listening to their talking books.

The providers had a complaints policy which was provided to people when they first joined the service. There had been no formal complaints since the previous inspection. People told us that they were happy with the service they received. One person told us, "I've no complaints they're very pleasant people". Another person told us, "Very, very good people, no complaints what so ever".

Good

Is the service well-led?

Our findings

People, staff and relatives were complimentary about the leadership and management of the service. One member of staff told us, "It's the best company I've ever worked for, I'm so supported and I'm really happy". A relative told us, "They're very communicative, always keep me up to date if there are any concerns and are flexible and resourceful in solving problems".

The service had two providers, one of which was the registered manager. As well as managing the service both of the providers continued to provide care to people. Staff told us that this was something they valued. A member of staff told us, "It's nice because the managers get involved and they do the calls and see the clients. Because they do the job they know what we're talking about".

The providers told us that they had opened the service as they had both worked in various services in the past and had wanted to create a unique service that, in their opinion, better met peoples' needs. The providers had aims and objectives, these stated, 'We established to create a comprehensive home care service for residents in Eastbourne. Our aim is to provide the highest level of care and assistance to the needs of our clients, allowing as much participation, choice and independence as possible. It was evident that this was embedded in the culture of the organisation, through the attitudes of staff, documentation of peoples' needs and in the delivery of care.

The office had a warm, friendly and welcoming atmosphere. Staff were welcomed and took time to spend with the providers, who took time to communicate with them about their learning and development. Observations of telephone conversations demonstrated that it was apparent that this warm and friendly approach also extended to the people who used the service. People were involved in their care. People were able to contact the providers and discuss their care needs and make their opinions known. Staff told us that they were treated with respect and that their suggestions and input was valued. One member of staff told us, "I feel really valued and you're treated with trust". Staff told us that when they raised concerns and issues that these were dealt with effectively and promptly One member of staff told us, "Everything I seem to raise, like maintenance issues in peoples' houses, is resolved very quickly".

There were good systems in place to ensure that the service was able to operate effectively and to ensure that the practices of staff were meeting peoples' needs. Electronic systems enabled the providers to allocate staff to people, for the relevant tasks and at the necessary times. These were monitored as each member of staff had been provided with a mobile phone that was also used as a tracking device. Staff were encouraged to scan their phones against peoples' care plans to indicate when they had arrived at the call and when they were leaving. This enabled the providers to monitor calls and the system would also indicate when staff were late for a call or if a call had been missed.

There were quality assurance processes such as surveys that were sent to gain feedback as well as regular observations of staffs' practice and interactions with people. The registered manager explained that any areas of concern were addressed with members of staff through the supervision process and access to further learning and development opportunities were provided. In addition to this the registered manager

had conducted an audit to ensure that the systems and processes used at the service were aligned to the regulations. Periodic health and safety audits were conducted by an external consultant who also provided advice to the providers with regard to issues related to health and safety, such as organisational policies and risk assessments, to ensure that they reflected current good practice guidance. Regular audits of care plans, medication records, accidents and incidents and daily notes were conducted, providing the registered manager with an oversight and awareness of the service and to ensure that people were receiving the quality of service they had a right to expect.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They kept their knowledge and skills up to date by undertaking essential training and liaising with external consultants. The providers had signed up to the social care commitment. The Social Care Commitment is a Department of Health initiative that is the adult social care sectors' promise to provide people who need care and support with high quality services.