Candid Care Services

Candid Care Service (Branch Agency)

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

Overall summary

This inspection took place on 20 March 2015 and was unannounced. At our previous inspection of this service on 12 February 2014 we found they were not meeting the legal requirement relating to supporting staff. At this inspection they had met the legal requirement relating to supporting staff through appraisals and supervision.

Candid Care provides personal care for over 40 older adults in the London borough of Havering.

The service had 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.

Summary of findings

Risks to people and the environment were assessed and reviewed as and when people's condition changed. Staff were aware of the accident and incident reporting procedures. Incidents were reviewed to identify patterns and provide the right support to people.

People were supported to understand how to stay safe. Staff told us that they always left the alarm pendants within reach of people so they could call for help when needed. Staff demonstrated that they understood how to recognise abuse and how to help protect people from the risk of abuse. Safeguarding procedures had been followed to keep people safe as evidenced by the notifications we received and the outcomes after investigation by the local authority.

Recruitment procedures were effective ensuring only staff who were suitable worked with people who used the service. Staff were supported through induction, supervision and training.

Medicines were handled and administered appropriately by staff who had been trained and assessed as competent to administer medicines.

Staff understood the Mental Capacity Act 2005 and could describe instances were decisions were made in people's best interests.

People told us staff were kind and treated them with dignity and respect. Care plans reflected people's preferences on how they wanted their care to be delivered.

The registered manager and staff understood their roles well. The quality of care delivered was monitored monthly and any issues raised were dealt with immediately. People were aware of how to make a complaint and told us that the complaints process was within the care record.

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?

Good

The service was safe. People told us they felt safe. Staff understood how to recognise and report abuse. When allegations of abuse were made action was taken in line with procedures to keep people safe.

There were enough staff to meet people's needs. Appropriate checks were completed before staff were employed and allowed to work with vulnerable people.

Medicines management was safe and only staff assessed as competent administered medicines.

Staffing levels were monitored daily and there was a pool of staff to cover for sickness and other absences. Risk assessments for people were updated regularly.

Is the service effective?

Good

The service was effective. People told us that they were satisfied with the knowledge of staff who looked after them. Staff were supported by regular training, annual appraisals and regular supervision.

Staff had knowledge about the Mental Capacity Act 2005 and directed people and their relatives to other agencies when they needed support.

People were supported to eat and drink sufficient amounts to meet their needs. Where extra support was needed other professionals such as dietitian and GP's were notified.

Is the service caring?

Good

The service was caring. People told us they were treated with dignity and respect and that staff took time to listen to them.

Staff demonstrated how they took account of people's religious and cultural preferences.

Is the service responsive?

Good

The service was responsive. People told us that their needs and preferences were understood by staff.

There was a complaints system which ensured complaints were investigated and responded to within defined timescales.

Is the service well-led?

Good

The service was well-led. People and staff told us that there was an open and honest culture within the service and that they could voice any concerns at any time.

The quality of care delivered was monitored regularly. Annual satisfaction surveys were sent out in order to obtain and act on people's views and suggestions.

Candid Care Service (Branch Agency)

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 20 March 2015 and was unannounced. It was undertaken by a single inspector and an expert by experience made calls to people who used the service.

Before the inspection we reviewed information we held about the service and the provider. This included details of statutory notifications, safeguarding concerns, previous inspection reports and the registration details of the service. We also contacted the local authority and the local Healthwatch in order to get their perspective of the quality of care provided.

We spoke with 12 people who used the service over the telephone, the registered manager, administrator, team leader (senior staff who supervised staff and carried out monitoring visits) and four care staff. We also received feedback from six relatives over the telephone. We looked at six people's care records, six staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People said they felt safe when care staff visited. One person said, "I feel very safe because I know my care worker very well and she knows me." Another person told us "Yes I feel safe because my door is locked and she can let herself in with a key", and a third person said "I feel safe because she makes sure I take my tablets on time."

People were safeguarded because the service responded appropriately to allegations of abuse. Staff attended training on how to safeguard people as part of their induction and annual training. We saw evidence of this in the records we reviewed. Staff we spoke with demonstrated knowledge of the different types of abuse and how to report it. There had been two recent safeguarding cases at the service. The service had referred them to the local authority, the police where appropriate and to the Care Quality Commission (CQC).

People, staff and relatives told us there were enough staff to meet people's needs. One person said, "They haven't arrived once or twice, but they have rung me to say someone would be with me." Another person said, "They quite often don't arrive on time, but I understand they may have been held up at their last call." There were no complaints of care staff not staying for the allocated time. We asked for and found that although some visits were late due to last minute cancellations, there were no occasions were visits had been missed in the last six months. This showed that were adequate systems in place to ensure that people received their care according to their package.

The service had a robust recruitment plan to ensure that there were always enough staff to meet the needs of new people and to cover for sickness and any other absences. Recruitment practices ensured that necessary checks were carried out so only staff members deemed suitable to work with vulnerable people were employed. These checks included proof of identity, work history, references, criminal records checks and right to work in the UK.

Medicines were appropriately managed by staff who had been trained to handle medicines. We spoke to staff and they said that they received training on medicine administration and were aware of how to report if a person was refusing medicine or if they found any medicine errors. We looked at staff files and saw that staff who gave medicine had received training and had been assessed as competent. Staff told us the procedure they followed if they found that a person's medicine had run out. Support plans also detailed why people were on medicines and included the GP and pharmacist's contact details. People were protected from the risks associated with improper medicine administration because appropriate guidance was followed.

Arrangements were in place for reviewing accidents and incidents. Staff were aware of when to fill these in and told us they would call the office as soon as possible. Accident and incident reports were reviewed by the manager and appropriate referrals were made where support from other professionals was identified. People's medical history and any allergies were documented and made known to staff. We saw that risks to the people's home environment were assessed annually and reassessed as and when people's conditions changed. Other risks such as reduced mobility, falls and skin integrity were also assessed and reviewed and made known to staff when they started to care for the person. People were protected from further risks as risks were regularly assessed. Where incidents had occurred improvements had been made to reduce the risk of reoccurrence.

The service followed clear staff disciplinary procedures when it identified staff were responsible for unsafe practice. We reviewed records and found that when allegations against staff were made they were removed from the workplace to protect people, and themselves from further allegations. Investigations were completed and disciplinary action taken where necessary in order to protect people from abuse.

Good

Is the service effective?

Our findings

People told us that they were cared for by staff who understood their needs. One person said, "I am happy with the staff that help me." Another person said, "I get the same person all the time. Excluding weekends of course. I am very happy with them as they know me very well. I don't even have to tell them much."

People were happy with the times of their visits and with their usual care workers. People said they acknowledged the need for different staff to cover sickness and holidays. Most people were very happy with the staff. One person said, "The staff are very good", whilst another said, "I get on very well with my care workers". A third person described staff who attended to them as "excellent".

At our previous inspection in February 2014 we had concerns about supporting staff as there was no record of supervision and appraisal. At this inspection we found that staff had received appropriate support by means of supervision during monitoring visits and appraisals. We reviewed ten staff appraisal records and found that each staff had a personal development plan. We spoke to a member of staff who had progressed from a care worker to a team leader and was now in the process of training to become the registered manager.

We saw evidence that staff had completed an induction program and received mandatory training which included infection control, health and safety, dementia care and administration of medicines. Specialist training was also available for staff who delivered end of life care or staff who cared for people who used colostomy bags and people who had catheters. This showed that people were cared for by staff who had been trained to effectively meet their needs

Staff demonstrated an understanding of the Mental Capacity Act (2005). People's capacity to consent to care or treatment was assessed and recorded where necessary. Staff knew the need to involve advocates where people had been assessed as having no capacity. Best interests decisions were made when people were assessed to lack capacity to make certain decisions and these were recorded. People were supported by staff who could recognise and escalate any observations that indicated that people may lack capacity to make certain decisions.

People were cared for by staff who understood their needs. Staff were able to demonstrate how they communicated effectively with a range of people including those who were confused and those who were hard of hearing. They told us how they prompted and persuaded people to take their medicine or to take a shower. One staff member said, "It sometimes take longer to persuade people to eat to wash, but we try all we can and sometimes go back just to make sure."

People's nutritional needs, including those relating to culture and religion, were taken into account when care was delivered. Staff were able to tell us the steps they would take if they noticed that a person's eating habits had changed. People were supported to eat and drink sufficient amounts to meet their needs. Where extra support was needed other professionals such as dietitian and GP's were notified.

Good

Is the service caring?

Our findings

People told us that staff were kind, compassionate, very helpful and caring. One person said "she is very caring and will do anything to help" and another "I get on very well with them. They always have a laugh and a joke and ask me how I am." A third person told us, "She will do anything she can to help me."

People were involved in making decisions about their care. One person said "yes I am involved as my care plan has just been altered because of a recent hospital assessment" and another said "my social worker comes and we talk about my plan". Staff told us how they involved people at every stage of their care and how sometimes they had referred people to other professionals such as the GP and the district nurses.

People felt listened to and had their views taken into account. We reviewed telephone logs and monitoring visit logs and found that where people had complained about an aspect of their care such as punctuality or the care staff, documented action had been taken to improve this. We also saw evidence of involvement of relatives and palliative care when looking after people on an end of life pathway. Staff demonstrated how they spoke with and encouraged family and people on an end of life pathway during the night care service offered by the service.

People said they felt respected and treated with dignity and said that staff asked for permission and explained what they were doing before delivering care. One person said, "My carer talks to me whilst assisting me with my wash and makes me feel at ease." People said staff addressed them by their preferred name. Staff told us that they made sure people with hearing aids had them in before leaving and that panic alarms were with people who needed them before they left.

People were encouraged to be as independent as they wanted to be. One person said they were encouraged to do what they could including washing their face and putting on their clothes. Another person said they were encouraged to walk with their walking frame from their room to the lounge whilst another person said they sometimes went out to do their shopping with staff.

People had an information page at the end of their notes with all the service's contact details plus the complaints procedure so that they could refer to it if they needed to contact the office. These were kept in people's homes. Some people had their staff member's contact details as well and said they usually called if they were running late. People and their relatives told us that they were aware of the contracted hours and said they had received written confirmation at the start of the care package. People were given information relating to their care which enabled them to contact staff when required in order to communicate changes or verify visit times.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed with care plans developed to address specific support needs. One person said, "I was asked what I wanted when I started with Candid Care and I receive what I signed up for." We saw in some care plans we reviewed that some people were offered early morning and late night visits as it was their choice. Staff and people using the service confirmed that they would get visits as early as 6 am and as late as 9 pm if they wanted and were happy that this was delivered. Care plans included people's personal history and specified whether a person needed prompting to eat or dress or whether they required support with all tasks of daily living. The level of family support was also documented and staff we spoke with knew people's histories and the level of family involvement.

Team leaders assessed people before they began to use the service including a risk assessment of their home. Home risk assessments were updated regularly and care plans were updated every few weeks as some of the people were on short term packages which reduced over time as they recovered from ill health. Staff were able to tell us the support needs of the people they looked after and told us they always referred to the care plans and escalated any changes to the office. They gave examples of where a care package had been increased in order to meet the needs of an individual and another example of when a person had been reassessed and placed into a care home setting as their level of need had increased. This showed that there were procedures in place to ensure that people's care was reassessed regularly and care plans were updated to reflect people's current needs.

People's religious and cultural backgrounds were also taken into account when matching people with staff. For example, where same gender staff were requested this was honoured. Staff told us and we saw evidence to support that where language barriers were present staff who spoke the same language where made available. People's diversity was respected and considered when assessing and planning care.

People's likes and dislikes were clearly documented in the support plans and the staff told us they read about these and also asked people about their preferences when delivering care. Staff told us they would always take on board what people wanted on a daily basis. One staff gave an example of a person who sometimes changed their mind about whether they wanted a shower or a wash although their usual preference was a shower. They had then suggested amending the care plan to reflect this. This showed that staff understood the need to listen to people and the need to update care plans when they noticed any changes to people's needs or preferences.

People using the service and their relatives told us they were not aware of the formal complaint procedure, but that they knew that the complaints procedure was located at the back of the care records kept in each person's home. People told us they felt comfortable ringing the office if they had any concerns. We saw the service's complaints process was included in information given to people when they started to use the service. At the time of our inspection the service had not received any complaints. We saw that complaints that had been made at the beginning of 2014 had been investigated and written responses had been sent. People's complaints were responded to and resolved and people had access to the complaints procedure to enable them to express concerns.

Good

Is the service well-led?

Our findings

People told us they could approach staff and the manager about any concerns they had. Staff told us they could speak to the manager or the administrator at any time and that there was an open approach and a no blame culture. Staff said they could also express their views during quarterly staff meetings, annual appraisals or during supervision. We were told by the manager and staff about a new programme implemented where staff could meet the manager every last Thursday of the month. We saw that staff could call or book in to do this via a diary kept by the administrator.

The manager was on site on the day of the inspection and told us that they were about to register one of the team leaders as the registered manager as well as change to a limited company. We received confirmation of this from our registration department. The manager had notified us of all notifications relating to any safeguarding concerns and other incidents affecting the service.

Staff were aware of their roles and responsibilities. There were clear leadership structures and reporting procedures and staff were able to progress within the service. For example one staff member had progressed from care worker to team leader and was now going to be the registered manager. Team leaders went out monthly to carry out monitoring visits and actioned any negative feedback immediately. We saw evidence that further training had been provided when needed and care had been adjusted where necessary to suit the individual's needs. There were effective systems in place to ensure that staff were supported to progress and to ensure that people's views were listened to and acted upon.

Staff were aware of the reporting process for any accidents or incidents that occurred. We reviewed recent incidents and found these were reported directly to the manager so that appropriate action could be taken. This included one incident where a person's mental health had deteriorated and an ambulance had to be called to get urgent treatment. There were systems in place to ensure that incidents were analysed and preventative measures put in place to avoid or minimise repeat incidents.

The service monitored the quality of the care delivered by regularly speaking with people to ensure they were happy with the service they received. We reviewed monitoring visit records and found that team leaders completed regular unannounced monitoring visits to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from people using the service. The monitoring visits ranged from four to six weekly for each person and also included reviewing the care records kept at the person's home to ensure they were appropriately completed. The administrator also made monitoring calls which were recorded in a log book. Completed MARs sheets and records were kept at the office and audited. Any gaps identified were taken up with the individual staff.

We saw evidence of partnership working. This was evidenced in people's records where records of discussions with pharmacists GP's and other health care professionals. We also saw evidence of joint working with district nurses, dieticians, and physiotherapists in order to improve people's health and wellbeing.