East Midlands Crossroads-Caring For Carers

Havering

Inspection report

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Date of inspection visit:
27 December 2018

Date of publication:
12 February 2019

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 comprehensive inspection took place on 27 December 2018 and was announced.

This was the first inspection since the provider re-registered the service with the Care Quality Commission on 1 November 2017. We found the service compliant with health and social care regulations and have rated the service 'Good'.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

Not everyone using Havering (Carers Trust East Midlands) receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection, 115 people were using the service but not all received personal care. Most people using the service received respite care from staff. This meant the person's primary carer, who was usually a relative, took a short break while a member of staff looked after them. The provider employed 56 care staff, who visited people living in the local community.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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 received care that was safe. Safeguarding procedures were in place and staff knew how to protect people from abuse.

Risks to people were assessed and monitored so that these risks were mitigated against. The management team carried out regular checks on staff providing care in people's homes, to ensure they followed the correct procedures and people always received safe care.

There was an accident and incident procedure for reporting incidents. We have made a recommendation about reviewing incidents to minimise reoccurrence in future because some incident records did not detail how they would ensure incidents are not repeated.

When required, staff administered people's medicines and recorded medicines that they administered on people's Medicine Administration Records (MAR). They had received training on how to do this. Staff had received training in infection control and followed procedures when providing personal care.

The provider had sufficient numbers of staff available to provide care and support to people. Staff were

recruited appropriately and the necessary pre-employment background checks were undertaken to ensure they were suitable for the role and were safe to provide care to people.

Staff received support from the management team with regular supervision meetings to discuss any concerns or issues. Staff received training to ensure the care and support they provided to people was effective.

The provider was compliant with the principles of the Mental Capacity Act 2005 (MCA). People provided their consent to care.

Staff felt confident in approaching the management team with any issues that needed to be addressed.

People's care and support needs were assessed and reviewed regularly. People were registered with health care professionals, such as GPs and staff contacted them in emergencies or if there were concerns about people's health. Staff provided people with meals and drinks when they requested to maintain their health and nutrition.

People were treated with respect by staff and their privacy and dignity were maintained. They were listened to by staff and were involved in making decisions about their care and support.

Care plans were person centred. They provided staff with suitable and relevant information about each person's individual preferences and communication needs in order to obtain positive outcomes for each person.

A complaints procedure was in place but the service had not received any formal complaints. People and their relatives told us they knew how to complain and give feedback about their care.

Quality assurance procedures were in place to monitor the service. Feedback was received from people and relatives to check they were satisfied with the service and to help make improvements.

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.

Risks to people were identified and managed safely by staff. Staff understood how to safeguard people from abuse.

Accidents and incidents in the service were recorded. Staff followed infection control procedures.

Staff that were employed were checked and recruited safely. Staffing levels were sufficient to ensure people received support to meet their needs.

Medicines were managed safely by staff.

Is the service effective?

Good

The service was effective.

Staff received training and development for their roles.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005. People provided their consent to care.

Assessments of people's needs were carried out to ensure effective outcomes for their care.

People were supported to see health professionals when needed. People's nutritional requirements were met.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect by staff who understood their needs.

People and their relatives were involved in the decisions made about their care.

Staff were respectful of people's privacy and personal information.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and reflected each person's needs, and preferences.

There was procedure for complaints and people knew how to make a complaint about the service.

Is the service well-led?

Good

The service was well led.

There was strong oversight of the service.

Staff received support and guidance from the management team.

People and their relatives were satisfied with the management of the service and provided their feedback.

Havering

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 was 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 27 December 2018. This was an announced inspection, which meant the registered provider knew we would be visiting. We gave the provider 48 hours' notice. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to support us with our inspection. The inspection team consisted of one adult social care inspector and an expert by experience, who made telephone calls to people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. Before our inspection we reviewed information we held about the service. This included any concerns or notifications of incidents that the provider had sent us since the last inspection. We also spoke with commissioners to obtain their feedback about the service.

During the inspection, we spoke with the registered manager, a nominated individual (regional manager), a quality compliance officer, a care coordinator, a roster and referrals officer and four care staff. We spoke with six people who used the service and six relatives.

We looked at thirteen people's care records and other records relating to the management of the service. This included ten staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicine records.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe. One person said, "Yes, I do feel safe." Another person told us, "They are wonderful people, so I feel very safe." A relative said, "[Family member] feels very safe with them [care staff]."

There was a safeguarding procedure for staff to follow to ensure people were protected from abuse. Staff understood how to identify and report abuse, such as physical, financial or verbal abuse. One member of staff said, "I would report any abuse to the local authority and my manager straight away." Staff also had knowledge of the provider's whistleblowing policy, which enabled them to report any concerns they had about their employer to regulatory authorities, such as the police or the CQC. A staff member said, "If I have a concern about the service, I would go to the police or my union."

There was an accident and incident procedure and we saw records of incidents that happened in the service. The registered manager and staff were aware of what actions to take in the event of accidents or incidents occurring. We found from one incident record that a person had a fall while being transferred but the incident record did not highlight what actions were taken to minimise possible reoccurrence. The record stated that there was no further action required because it was a 'one-off and unforeseen' incident and a risk assessment was carried out. However, we saw a comment from the person's relative in the same record that the incident was preventable if staff had followed procedures to avoid the person slipping. There was also a section on the form to note any "corrective action taken by service to prevent recurrence" but this had been left blank by a senior member of staff. This meant there were actions and learning that could be taken from the incident but it was not recorded. This was because an isolated accident could potentially re-occur. We discussed this with the registered manager who told us they would review how incidents are recorded and learned from to ensure people remained safe.

We recommend the provider follows best practice guidance on learning lessons from accidents and incidents to minimise reoccurrence.

Risks to people were identified during assessments of people's needs and they contained guidance for staff on how to minimise these risks. The assessments identified what the risks might be to the person and what type of harm may occur. They included any risks and hazards in the person's home environment and risks relating to their health, their mobility, risk of behaviour that could challenge, risks around swallowing and any medicines they used. For example, one person's risk assessment stated, "[Person's] food needs to be cut up into pieces and wet to prevent [person] from choking. [Person] needs help to scoop up food." Staff told us the risk assessments were filed in people's care plans and they were easy to follow. One staff member said, "I know my clients well and the care plans have all the information I need to keep them safe." Another member of staff said, "One person is at risk of seizures and I know how to reduce the risk of them occurring because I have the risk assessment." This showed that risks to people and their health were assessed and monitored to help reduce these risks occurring.

There were enough staff working for the service to provide support to people. We looked at the electronic

call monitoring system that senior staff in the office used to check staff had logged in and out of calls to people's homes. Staff logged their calls using a smartphone. We looked at the system which showed that staff completed their tasks and calls at the times that they had been assessed for. We looked at rotas, which showed the days and times care was to be provided to people. Care and support staff contacted the office if they were running late for their calls, for example due to traffic.

Senior staff would then contact the person to update them on when to expect their care worker. Cover arrangements were in place for when staff were unavailable to provide care to people to ensure people continued to receive care. Staff told us they had enough time to travel between their visits and said they usually travelled by car. One staff member said, "I am very happy with my rota and I have plenty of work and people to see. I have enough time to get to them on time." A care coordinator said, "We allocate staff to people who live in the same borough so it is easier for travel. We make sure they have enough time in between visits for travel."

The service was monitored out of hours and at weekends when senior staff were on call in case of an emergency. People told us care staff arrived on time to provide care and support. One person told us, "Oh yes, they are very good like that." Another person said, "The carers are normally always on time and if they're going to be late they will let me know. I've never had any problems and they make me feel comfortable." A relative said, "Yes, they [care staff] are on time and [family member] is very happy with their carer."

There were safe recruitment procedures in place. The provider carried out criminal background checks to find out if the applicant had any convictions or were barred from working with people who use care services. We saw that new staff completed application forms and provided two references. Evidence that the applicant was legally entitled to work in the United Kingdom was also obtained, as well proof of their identity. Applicants were required to list their previous experience where applicable and their employment history.

Staff followed infection control procedures and used gloves and aprons when they provided personal care. This helped to minimise the risk of infections spreading. Staff were observed by senior staff during spot checks, which are observations of staff to ensure they followed safe and correct procedures when delivering care. We saw spot check records, which showed that staff were observed carrying out care safely and followed procedures.

A medicine policy and procedure was in place for staff to administer medicines safely when required. Most people using the service did not require support from staff with their medicines because they either managed them themselves or family members were responsible for them.
Where staff did support people, records showed that staff were assessed as competent to manage medicines. Staff recorded the medicines they administered on the Medicine Administration Record sheets (MARS), which contained details of people's medicines and their personal details. We saw that MAR charts were accurate and up to date.

People confirmed they received medicines from staff when required. One person told us, "Yes, they would at the moment but I do my own while I still can." Staff told us they were confident with administering medicines and had received training. One staff member said, "I have received training on medication and I record what I have done on MAR sheets." Some people self-administered or were provided their medicines by family members. One person told us, "No they [care staff] don't usually come at the time that I'm taking my medication." A relative said, "No I sort out the medication for [family member]."

Good

Is the service effective?

Our findings

People and relatives told us the service was able to meet their needs and care staff were competent. One person said, "Yes, the staff are very well trained and supportive." Another person told us, "The staff are trained well and I feel so at ease with them." A relative said, "The staff are very willing to help."

There was an induction programme for new starters which included shadowing more experienced staff members to learn about the requirements of their role, gain experience and get to know people who used the service. People and relatives confirmed this and one person said, "If a new carer comes, they will come with an established carer." A relative told us, "The company usually do a training session with a regular carer to introduce a new one." The induction took place over two weeks to incorporate training sessions, mentoring, role plays, reading policies and training on the electronic systems and applications that the service used.

Records showed that new staff undertook training in mandatory topics such as first aid, safeguarding children and adults, medicines, manual handling and infection control. All staff were provided with training needed to perform their roles effectively and we viewed a training matrix which showed when refresher training was due for all topics. This helped staff keep their knowledge and skills up to date in line with current guidance. Staff received a mixture of online and practical training. One member of staff told us, "The training was really good. I learned new things and I had an induction which took about a month."

New staff also completed the Care Certificate, which is a set of 15 standards that health and social care workers adhere to and work towards. Staff would complete these assessments in their own time over 12 weeks. We saw that staff had completed the Care Certificate. Specialised training was also provided to staff, when required, for example for people that required PEG (percutaneous endoscopic gastrostomy) feeding, through a tube. Records showed that training was evaluated each year through staff surveys to check how useful staff found the training. For example, we saw that staff preferred online training because it was easier for them to assess their knowledge and competence. A compliance officer told us, "We review our training and look at where it is most needed for staff. We are currently doing a skills gap analysis to see how we can support our staff." This meant the provider ensured staff received support and training to enable them to perform their roles as effectively as possible.

Staff felt supported by the management team and received regular supervision. Line managers use supervision to speak with staff on a one to one basis and discuss their development and training, review their work and talk about any concerns staff had. Records showed staff were supported with supervision and an annual appraisal, which reviewed the staff member's performance over the whole year and discussed their own reflections and set objectives for the following year. The compliance officer maintained a log to check when supervisions were next due and we saw that it was up to date. A member of staff said, "Yes I receive regular supervision and I feel very supported by the managers."

The provider was compliant with the Mental Capacity Act (2005). The 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.

Staff had a good understanding of the principles of the MCA and had received training. People's capacity was assessed and recorded at the pre-assessment stage. Where possible, people had signed consent to care forms, agreeing support and care from the service. One person said, "The staff ask my permission when they are supporting me." A staff member told us, "I ask for my client's consent before I support them."

Staff completed records of the care they provided and noted any concerns or issues. They communicated with each other and worked together. This ensured important information was shared and necessary follow up action was taken so that people received care and support when needed.

Senior staff carried out an assessment of the person's needs when a referral was received for a person that required additional support. Discussions were held with other health or social care professionals for further information. Assessments enabled the service to identify the type of support the person required and how to meet their needs and any outcomes they wished for their care. Assessments covered the person's current health and any specific conditions they had or equipment they used.

People were supported with food and drink of their choice by staff and told us that staff warmed ready prepared meals when they requested. This ensured people's health and nutrition was maintained. Care plans informed staff if they were to support people with meals or if the person's relatives were responsible for this. One person said, "Yes, I have meals delivered twice a week and they [care staff] help me prepare oven food." Another person told us, "No, my [relative] does that or if we're out we'll get something to eat out." A relative said, "They [carers] give [family member] breakfast and I do the rest."

People's care was planned and delivered to maintain their health. Care records included the contact details of people's GP and other health professionals, so staff could contact them if they had concerns about a person's health. Records confirmed that staff took action when they had concerns about people's wellbeing or noticed any deterioration in their health. Staff knew how to respond to any concerns they had about a person's health and told us they would call emergency services or a health professional. One relative said, "Yes, they [carers] are brilliant they step up. Once [family member] broke her tooth and the staff called a dentist and just got on with it." Another relative told us, "The staff are wonderful. They go to the doctors and dentist with [family member] and they will even split shifts to accommodate." Another relative told us staff acted quickly when their family member needed support and said, "They [carers] were very good with the way they treated [person] and they knew exactly how to support [person]." This meant the service supported people to access health services to ensure people were in the best of health.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring, respectful and kind. One person said, "Very, very, very caring. That's all I can say. They [care staff] are wonderful." Another person told us, "They [care staff] are very good and decent." A relative said, "Totally caring. Puts me to shame as the staff are so encouraging to [family member]." Another person said, "When you have to rely on someone it's a wonderful feeling that they are really caring. They help keep my place very clean; it's wonderful."

Staff told us they cared for the people they supported. A staff member said, "I know people very well and have supported some of them for many years. We have to get to know people's personalities and have compassion and understanding."

People and relatives told us they received support and care from staff who they were familiar with. They confirmed they were provided care from the same staff, which gave them consistency of care. This led to people developing a positive relationship with their care staff. People and relatives told us they felt comfortable with staff who visited them regularly and enjoyed their company. One person said, "They are all very friendly and they talk to me like a normal person. We have a chat." A relative told us, "The staff [family member] has now are absolutely lovely, they know how to act and respond to [family member]. They are wonderful people."

Staff had a good understanding of all people's care needs and personal preferences. They respected people's privacy and provided them with care and support that was dignified. One person said, "Yes, they respect my privacy at all times." A relative told us, "[Family member] is happy to see the staff and I think there is a good level of respect." A staff member said, "If I am giving a full body wash, I make sure doors are closed, blinds are down and there is a towel covering the person."

People's care records identified their specific needs and how they were met. People were supported to remain as independent as possible by staff. They required assistance from staff for most of their needs but staff encouraged them to do things for themselves, where they were able. One relative told us, "The staff are all working towards [family member's] independence. They are very good and allow them to make their own decisions about their support."

Staff were respectful when entering people's homes. They told us they would ring the doorbell or use a keysafe that they were authorised to use before announcing themselves and greeting the person or their relatives. A relative said, "Yes, they use the key safe. The staff wear a t-shirt with the company logo and they do wear a badge." Staff also told us they respected people's confidential information and did not share it with people that were not authorised to see it.

Staff had received training in equality and diversity. This helped staff understand how to treat people equally, irrespective of their race, sexuality or gender and respect their human rights. Staff we spoke with had a good understanding and were respectful of all people's care needs, personal preferences and their religious beliefs. A staff member told us, "We see a diverse range of clients and we have to respect their

beliefs, methods and cultural diets."

People and their relatives told us they were involved in making decisions about the person's care plan when it was reviewed and updated. They signed the plans to evidence that the details within the care plan were discussed and agreed with them, as well as provide their consent to care being delivered. People told us they had seen their care plan and agreed its contents. One person said, "Yes, I have a copy and every year they meet with me to see if anything has changed over the year." A relative told us, "Yes we were involved. It's just been reviewed and it went very well. Everything was OK. They [staff] looked at the equipment and were very thorough."

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive and said they were happy with their regular carers and arrangements. They told us staff listened to them and understood their preferences. One person said, "The staff are a God send and they are pretty good to me really. When we chat, it takes the strain off." A relative said, "The staff are always quick to help and I feel very confident to leave [family member] in their care."

Each person had a copy of their care plan in their home, which contained details of what support people required. People confirmed that they had a care plan and they had seen it. The provider produced their own care plan based on the person's assessed requirements for care. The plans were person centred and contained information on the person's like, dislikes, interests, hobbies and any religious or cultural requirements. One person's care plan stated, "[Person] likes to spend ten minutes in their wheelchair with their sensory toys before breakfast on their own. Staff to join [person] if they indicate." This meant people were provided care in a way that was important to them and staff understood their preferences. Staff completed daily records of the care and support that had been provided to each person and highlighted any issues. This helped to monitor people's wellbeing and respond to any concerns.

Some people were supported with palliative care, which meant they had a terminal illness and were reaching the end of their life. Staff told us they ensured people were comfortable, were cared for and regularly checked. Support was received from health professionals, such as nurses, who provided advice to staff on managing people's end of life care sensitively and in accordance with their wishes.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. People's communication needs were identified and recorded in their care plans with guidance on how to meet those needs. For example, for one person who was 'non-verbal', staff were advised that they "understood short sentences and instructions". Staff told us they were able to communicate with people by speaking slowly and clearly. The service was able to allocate care and support staff to people that they felt comfortable with, for example staff who spoke the same language, practiced the same religion or had similar interests. A roster officer said, "The more information we get, the better we can allocate a suitable worker. We can match people based on personality, age, gender, language religion. Whatever their preference is for a worker, if they have a preference."

The was a procedure for complaints about the service. Where people were unhappy with the service, they or their relatives would contact the office or complete a complaint form. The complaints procedure was provided to people and they told us they were aware of the procedure and knew how to make a complaint. One person said, "Yes, there is a book on the table with all the numbers that I can call if I want to complain." Another person told us, "Yes I know how to complain." We saw that no complaints about the service had been received since the service registered with the CQC. A third person told us, "Yes, I suppose I would know how to complain, but I've never had a complaint." A relative said, "The carers are very good I really can't fault

them. I have no complaints and my family member is very happy and comfortable."

Good

Is the service well-led?

Our findings

People told us the service was well managed and said they and were happy with the service. One person said, "All the staff are very well trained and easy to get on with. The office is quite good as well and they call me back when I call them." Relatives who were the primary carers for their family members who required support, received respite care from the service. This meant staff were able to relieve the pressure of providing care from relatives. A relative told us, "The carers have a very high standard, their attitude they are very understanding, and I don't think they could get any better." Another relative said, "The staff are covering what we need and we are all happy."

The provider was a large nationwide organisation. The Havering branch of the service was one of a number of branches that came under the provider's East Midlands umbrella. Each branch was overseen locally by a regional manager, as well as the registered manager. We saw that there was an effective system in place to monitor the service. Records showed the registered manager checked the service was operating effectively and was supported by senior staff, including a care manager who was unavailable on the day of our inspection. The registered manager also discussed the wider work of the provider and said, "We have had an operational review to look at best practice and making sure our staff feel valued. We aim to recruit and also develop our academy to continue growing as an organisation."

Staff said they were happy with the management of the service and were confident they could approach the management team with any concerns. We found there was a positive culture in the service between staff and managers. One member of staff said, "Carers Trust is a really good company and they are well managed. There is good teamwork." Another staff member said, "I love working for this company. Absolutely fantastic. There are no issues at all. The managers are all nice."

People and relatives confirmed they had been visited by senior staff to check they were receiving a service that was meeting their needs. One person said, "Yes, once a year they come but if I had a problem I could arrange a meeting." Another person told us, "Yes someone did come a few weeks ago." This ensured that care was being delivered and people were satisfied with the service and their care worker. The management team also carried out spot checks on staff to observe them in practice and made telephone monitoring calls to gain people's views about their care and support. We saw records of assessments and observations of staff who provided personal care to people.

The registered manager told us the provider was investing in technology to help improve the efficiency of the service. For example, in addition to the electronic call monitoring system to log calls, they were developing an application to record tasks completed by care and support workers. The registered manager said, "We are in development and hope to implement in the next 12 months." Documents were also transferring from being paper based records to electronic records and information.

Staff attended meetings to discuss the organisation's policies, procedures and other topics to keep them informed and share important information, such as ensuring their personal safety when lone working. Staff and managers also discussed documentation, communication and good news stories.

The registered manager notified us of incidents that took place in the service, which providers registered with the CQC must do by law. There were quality assurance systems in place to monitor and improve the service. The local authority had undertaken a recent quality visit and they were satisfied with the quality of the service.

The provider sent out annual questionnaires and surveys to stakeholders including people, carers, staff and relatives. Surveys helped to ensure people were satisfied with the care and support that was delivered. We found that feedback received was positive and indicated people were happy with the service provided. Feedback from returned surveys were analysed and any shortfalls were identified by the management team to drive continued improvements in the service. The provider was in the process of sending out questionnaires for the current year.