

The Greenwich Carers Centre

South Thames Carers Support

Inspection report

The Stables
76 Hornfair Road, Charlton
London
SE7 7BD

Tel: 03003002233
Website: www.greenwichcareerscentre.org

Date of inspection visit:
06 September 2016

Date of publication:
20 September 2016

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

South Thames Carers Support provides personal care and support for people living in their own homes. This was our first inspection at the service. At the time of the inspection the provider was providing person care services to five people.

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 providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People said they felt safe and staff treated them well. The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

The manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they were up to date with their training. People had access to health care professionals when they needed them.

The provider operated a 'Choose and book system' where people wishing to use the service advised the provider of their care and support needs and chose a member of staff to support them to meet these needs. Assessments were carried out with the person and a plan of care was drawn up and agreed. Plans of care provided information for staff on how to support people to meet their needs. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

Staff said they enjoyed working at the service and they received good support from the manager. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through satisfaction surveys. The registered manager carried out unannounced spot checks to make sure people were supported in line with their plans of care.

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 safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work.

Action was taken to assess any risks to people using the service.

People said there was always enough staff available to meet their needs.

People were supported, where required, to take their medicines as prescribed by health care professionals.

Is the service effective?

Good ●

The service was effective.

Staff had completed an induction when they started work and training relevant to the needs of people using the service.

The manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Where people required support with shopping for food and cooking meals we saw this was recorded in their plans of care.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People and their relatives said staff were kind and caring.

People using the service advised the provider of their care and

support needs and chose a member of staff to support them to meet these needs.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken to identify people's support needs when they started using the service. Plans of care were developed which included information and guidance for staff outlining how people's needs were to be met.

There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post.

The provider took into account the views of people using the service through satisfaction surveys.

The provider carried out unannounced spot checks to make sure people were supported in line with their plans of care.

Staff said they enjoyed working at the service and they received good support from the manager.

South Thames Carers Support

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.

Before our inspection we reviewed the information we held about the service which included any enquiries and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

This inspection took place on 6 September 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team comprised of one inspector. They attended the office and looked at the care records of three people who used the service, staff training and recruitment records and records relating to the management of the service. They also visited two people using the service at their home and spoke with four care staff and the relative of a person using the service on the telephone.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe with my care worker. I don't have any worries at all." Another person said, "I feel safe with the service I get. I have known my care worker for over a year now and I feel that I can trust them."

The service had policies for safeguarding adults from abuse. The registered manager was the safeguarding lead for the service. They and staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. One member of staff told us, "If I had any safeguarding concerns I would report them right away to the registered manager and they would inform the local authority safeguarding team and the CQC. I would also report my concerns to the safeguarding team and the CQC if I felt I needed to." The registered manager told us they and all staff had received training on safeguarding adults and training records confirmed this. Staff said they were aware of the organisation's whistle-blowing procedure and would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of four members of staff and saw completed application forms that included references to their previous health and social care work experience, their qualifications and employment history. The registered manager told us that any breaks in employment were discussed with staff during the recruitment process. Each file included two employment references, proof of identification and evidence that criminal record checks had been carried out.

People said there was always enough staff available to meet their needs. One person said, "I told the service what my needs were and I chose a carer to work with me. My carer is very rarely ever late, in fact most of the time they turn up early. I've never been left without staff." Another person told us, "My carer turns up when they are supposed to. If they are running late, which isn't very often, they call me and let me know." The registered manager said staffing levels were arranged by people using the service according to their needs and wishes. If extra support was needed to support people to attend social activities or health care appointments, additional staff cover was arranged. People could access support in an emergency. One person told us, "I have the services number so I can call the office if I need any help." Another person said, "I know how to contact the office if I need to."

Action was taken to assess any risks to people using the service. We saw that people's care records included risk assessments for example on moving and handling and medical conditions. The risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment.

People were supported, where required, to take their medicines as prescribed by health care professionals. The registered manager told us that most people using the service or their family members looked after their own medicines. At the time of the inspection two people required support from staff to administer their

medicines and this was recorded in their care records. We saw medicine administration records (MAR) were being completed by staff confirming that the person had taken their medicines. A member of staff said, "I have had training on administering medicines to people. Whenever I administer medicines I record this in the MAR in the person's home." We saw records confirming that the registered manager had assessed this member of staff's competence in administering medicines during a supervision session. Another member of staff told us, "I don't currently support anyone to take medicines but I have had training on administering medicines. I might need to support people to take medicines in the future. So at least I will be prepared." Training records confirmed that all staff had received training on the safe administration of medicines. This ensured that staff had the necessary skills to safely administer medicines.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, "My carer understands what I need help with. They have had training on using the equipment I need for my medical condition."

Staff had the knowledge and skills required to meet the needs of people who used the service. The registered manager showed us a training matrix which confirmed that staff had completed training that the provider considered mandatory. This training included health and safety, food safety, first aid, fire safety, safeguarding adults, infection control, moving and handling, the administration of medicines and the Mental Capacity Act 2005 (MCA). Staff had also completed training relevant to the needs of people using the service, for example, dementia awareness, autism and epilepsy.

Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. We saw completed induction records in all of the staff personnel files we looked at. The registered manager told us that all new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers. One member of staff told us, "I had a good induction when I started work. I am always encouraged to complete my training. I have had all the training I need to do my job with confidence." Staff told us they received regular supervision from the registered manager. Records confirmed that staff were receiving regular supervision. The registered manager told us the service was in the process of introducing an appraisal system where staff performance, training and career development would be assessed on an annual basis. We were not able to assess the impact of the appraisal system as no appraisals had been completed at the time of this inspection.

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 service was working within the principles of the MCA. The registered manager demonstrated a good understanding of the MCA. They said that most people using the service had the capacity to make decisions about their own care and treatment. If they had any concerns regarding any person's ability to make decisions they would work with them, their relatives, if appropriate, and any relevant healthcare professionals to make sure mental capacity assessments were undertaken and that any decisions made for them was in their 'best interests' in line with the Mental Capacity Act 2005.

Where people required support with shopping for food and cooking meals we saw this was recorded in their plans of care. One person using the service said, "My carer cooks meals for me on Sundays. They are well aware of my dietary needs and requirements." A member of staff told us, "I don't support my client to cook

meals because they can do that for themselves. However I know they are not supposed to eat certain foods because of a medical condition so I help them to buy the right things when I go shopping with them."

People had access to a GP and other healthcare professionals when needed. One person told us, "I see my GP or the dentist if I need to. If I was unwell my carer would know what to do for me. They would make appointments with the relevant people and come with me to help if I need them to." Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One member of staff told us, "If I noticed the person I was supporting wasn't well I would call their GP or an ambulance if I needed to. I would also inform their relative and the registered manager and record everything in their care notes."

Is the service caring?

Our findings

People and their relatives said staff were kind and caring. One person told us, "My carer is kind, caring, thorough and particular. They help me with my personal care and my medicines. I am very happy with all the support I get from them. I wouldn't change them for the world." Another person said, "My carer will do anything I ask them to. They sometimes go out of their way to do extra things for me. I am very happy with them." A relative told us, "The carer is very respectful towards my relative, they are caring and my relative is always very happy when the carer comes to support them."

People had been consulted about their care and support needs. The registered manager told us that people wishing to receive support from the service in their homes accessed the 'Choose and book service' on the provider's website. They completed a personal profile which included their care and support needs. They then selected a member of staff who best met their or their relative's needs. An assessment of the persons care and support needs was carried out with the person wishing to use the service and a plan of care was drawn up and agreed.

One person told us, "This service is very different. It lets me tell them what my needs are and what I want from them. I chose a carer who I thought could meet my needs and they are doing a great job. If I need to make any changes to my care profile or plan of care I discuss it with my carer and it is all updated." A relative told us they chose a carer from the providers choose and book booklet. They said, "I met with the carer and thought they would be really good at supporting my relative. They have been supporting my relative for the last twelve months and everything has worked out really well so far."

People were treated with dignity and respect. One person said, "My carer is always respectful towards me. They also make sure my privacy is maintained when they help me with washing and getting dressed." A relative told us, "Communication with my relative's carer is very good. I have weekly contact with them and they tell me how things are progressing with my relative." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. A staff member told us that maintaining people's privacy and dignity was a very important part of their job.

Is the service responsive?

Our findings

People using the service told us the service met their care and support needs. One person said, "The staff know me very well and they know what they need to do to support me."

The provider operated a 'Choose and book system' where people wishing to use the service advised the provider of their care and support needs and chose a member of staff to support them to meet these needs. We saw that needs assessments were carried out with people using the service and plans of care were drawn up and agreed. These assessments covered areas such as moving and handling, medical conditions, eating and drinking and the support people required with medicines and health and safety around the their homes. The plans of care included detailed guidance for staff about how people using the service should be supported to meet their needs.

A relative told us, "When we decided we wanted to use the service the provider carried out an assessment of my relatives needs and I was able to tell them what my relative needed help with in terms of his care and support." A member of staff told us, "The care profiles and plans of care include information about the people we support and what we need to do for them. They are simple, straight forward and easy to understand." We saw that care records were kept up to date to make sure they met people's changing needs. We also saw records were kept in people's homes and recorded the care and support that staff had delivered to people.

The registered manager told us there was a matching process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. They told us; for example, where people using the service had specific medical conditions staff had received training on the topic. Staff told us that before they started providing care to people they visited them to get to know them. They discussed the persons care needs and read their care profile and plan of care and received training relating to the persons individual support needs. One member of staff said they would not be expected to support people with specific care needs unless they had received the appropriate training. They said, "The registered manager always make sure I understand people's needs and that I know what I'm doing otherwise I would not be allowed to support that person. I have had lots of training around the particular needs of the person I support. I feel well equipped to do my job."

People using the service were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary. One person said, "I know all about the complaints procedure but I have never needed to complain about anything. I would call the office or the registered manager if I needed to." Another person said, "I would just ring the office and complain if I needed to." The registered manager showed us a complaints log. The log showed that when concerns had been raised these were investigated and responded to and where necessary meetings were held with the complainant to resolve their concerns.

Is the service well-led?

Our findings

People using the service and their relatives spoke positively about the service. One person said, "I am more than happy with this service and the staff. Everything runs smoothly, there are never any problems or hiccups. They are a very good team." A relative said, "I think the support my relative receives from the service is very good. Communication is good and they consistently meet my relative's care and support needs."

The service had a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

Throughout our inspection it was clear from the registered manager, staff, people using the service and relatives we spoke with that the purpose of the service was to provide people with a bespoke service that fully met their needs and wishes. One member of staff said, "What we do is different from most other care providers. The people who use the service are in control from start to finish. They chose me to work with them and I enjoy doing what they want me to do." Another member of staff told, "This is a fantastic place to work. It's really all about the people using the service and what they want. That's what I like about it."

Staff said they enjoyed working at the service and they received good support from the manager. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. Staff team meetings were held on a three monthly basis and provided staff with the opportunity to discuss issues relating to the people using the service. One member of staff told us, "I attend team meetings every three months. These are very useful, it's great to see other staff, share our learning and talk about how we are doing with the people we support." Another member of staff said, "I like the meetings, I have worked at the service for a long time so the meetings give me a chance to pass on my experience to new staff."

The provider recognised the importance of regularly monitoring the quality of the service. We saw that people's care records were kept under regular review and where people were supported to take their medicines we saw that medicines audits had been completed. Complaints, accidents and incidents and staff training and the frequency of supervision were also recorded and monitored. The registered manager told us that complaints and incidents and accidents were discussed with individual staff whenever they occurred and during team meetings to reduce the likelihood of the same things happening again.

The provider took into account the views of people using the service through annual satisfaction surveys. We saw completed surveys and a record of actions taken by the provider following the last survey in June 2015. Actions taken included inviting people using the service to a Carers Forum and reviewing staff training needs during supervision sessions. One person using the service told us, "They do surveys with us to find out if we are happy with the service and they do spot checks on the care staff to make sure they are doing everything right." We saw records of unannounced spot checks carried out by the registered manager on care staff to make sure they turned up on time, wore their identification cards and supported people in line with their

care profiles. A member of staff told us, "The spot checks are unannounced so we don't know when they are going to happen. The registered manager comes to check what I am doing, that I am following my client's plan of care and that I am wearing my identification. They also checked with the person that I am doing things right."