Carers' Support (Bexley)

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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?	Requires Improvement

Summary of findings

Overall summary

This announced inspection took place on 05 and 07 July 2017. Carers' Support (Bexley) provides respite breaks for family carers across the London boroughs of Bexley and Greenwich. At the time of the inspection 42 people were receiving personal care. We previously carried out an announced inspection of this service on 24 April 2015 and the service was rated good overall.

The service had a system and process to assess and monitor the quality of the care people received. The service carried out spot checks, conducted phone calls to people's homes and reviewed areas such as the administration of medicines, health and safety, care plans and risk assessments. The service sought the views of people and their relatives to improve the quality of the service.

However, at this inspection we identified some improvement was required in specific areas related to the management of the service. The provider's medicines policy was incomplete and they had not maintained a manual or electronic call monitoring (ECM) system to show that they had monitored visits to people's homes to ensure they received visits at the correct times and for the required duration. As a result of the inspection feedback the registered manager confirmed with us that they had arranged to review and update the medicines policy and said that they have now introduced a call monitoring log. We shall assess the impact of this at our next inspection.

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 2008 and associated Regulations about how the service is run. The registered manager demonstrated good knowledge of people's needs and the needs of the staff team. Staff described the leadership at the service positively.

People's relatives told us their family member's felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. Senior staff completed risk assessments for people who used the service which provided guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory recruitment checks before they started working. The service had an on call system to make sure staff had support outside the office working hours. Staff supported people so they took their medicines safely.
The service provided an induction and training, and supported staff through regular supervision to help them undertake their role.

People's consent was sought before care was provided. The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA). At the time of inspection they told us they were not supporting any people who did not have the capacity to make decisions for themselves. Care records we

saw confirmed this.

Staff supported people to eat and drink enough to meet their needs. People's relatives coordinated health care appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary.

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's relatives told us they felt safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the action to take if they suspected abuse had occurred.

Senior staff completed risk assessments and risk management plans to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks before they started working.

Staff supported people so they took their medicines safely.

Is the service effective?

Good

The service was effective.

People's relatives commented positively about staff and told us they supported them properly.

The service provided an induction and training for staff. Staff were supported through regular supervision to help them undertake their role.

Staff sought consent from people when offering them support. The provider and staff acted in accordance with the requirements of the Mental Capacity Act 2005.

Staff supported people to eat and drink enough to meet their needs. People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

Is the service caring?

Good

The service was caring.

People's relatives told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

Staff developed care plans with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

The provider's medicines policy was incomplete and they had not maintained a manual or electronic call monitoring (ECM) system record to show that they had monitored visits to people homes to ensure they received visits at the correct times and for the required duration.

Relatives commented positively about the management of the service. The service sought the views of people and their relatives to improve the quality of the service. The service had system and process to assess and monitor the quality of the care people received.

The service had a registered manager in post. Staff described the leadership at the service positively.

Carers' Support (Bexley)

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 the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law. The provider had sent us a completed 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 05 and 07 July 2017 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be available. The inspection was carried out by one inspector.

During the inspection we looked at five people's care records and five staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, quality assurance and monitoring. We spoke with six relatives of people about their experience of using the service. We also spoke with the registered manager and four members of staff.

Good

Is the service safe?

Our findings

Relatives gave us positive feedback about safety and told us that staff treated people well. One relative told us, "I feel safe completely, about my [loved one]." Another relative said, "Yes, I feel safe leaving my [loved one] with [staff]." A third relative commented, "I do feel safe, I go out and leave my [loved one] with volunteer [staff], not once I wondered if my [loved one] is ok."

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and all staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the registered manager. All staff told us they completed safeguarding training and their training records confirmed this. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to.

The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes of investigations when known. The service worked in cooperation with the local authority in relation to safeguarding investigations and they notified the CQC of these.

Staff completed a risk assessment for every person when they started using the service. Risk assessments covered areas including falls, moving and handling, any specific health conditions, accessing community, and home environment. Assessments included appropriate guidance for staff on how to reduce identified risks. For example, where a person had been identified as being at risk when moving, a risk management plan was put in place which identified the use of equipment and the level of support the person needed to reduce the risk. The registered manager told us that risk assessments were reviewed periodically and as and when people's needs changed. We reviewed five people's records and found all were up to date with detailed guidance for staff to reduce risks.

The service had a system to manage accidents and incidents to reduce the likelihood of them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond to and minimise future risks and who they notified, such as a relative or healthcare professional. A senior member of staff reviewed each incident and monitored them. The registered manager showed us examples of changes they made after incidents. For example, when a person had a fall, risk assessment was reviewed and new equipment was being used. The care plan was updated to reflect the change with adequate staff guidance.

The service had enough staff to support people safely. The registered manager told us they organised staffing levels according to the needs of the people who used the service. One relative told us, "They [staff] come on time and they will stay extra time if need be, they are really good." Another relative said, "They [staff] come on time and once when they were late office staff informed us to let us know they will be late due to buses." Staff we spoke with told us they had enough time to meet people's needs. Staff rostering records showed that they were allowed enough time to travel between calls. The service had an on call system to make sure staff had support outside the office working hours. Staff confirmed this was available to them when required.

The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks, a health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Staff supported people so they took their medicines safely. One relative told us, "They [staff] give lunch time medicine to my [loved one], I'm grateful for the service." Another relative said, "My [loved one] is getting medicines, they [staff] complete a form after giving medicine, which has listed all the medicines." The service trained and assessed the competency of staff authorised to administer medicines. People's Medicines Administration Records (MAR) were up to date and the MAR we reviewed showed that people had received their medicines as prescribed. There were also protocols for dealing with medicines incidents. Staff had a clear understanding of these protocols. However, we found some information missing in the provider's medicine's policy. We have reported the details under the Well-led section of this report.

Good

Is the service effective?

Our findings

Relatives of people told us they were satisfied with the way staff looked after them and that staff were knowledgeable about their roles. One relative told us, "I think [staff] is given enough training, [staff] is excellent, absolutely first class." Another relative said, "From my observations at the person's home, I can say [staff] had the training necessary for their role."

The provider trained staff to support people appropriately. Staff completed an induction when they started work and a period of shadowing an experienced member of staff. Records showed induction training was completed in line with the Care Certificate which is a nationally recognised way of training staff new to social care work. One member of staff told us that they were introduced to people by a senior member of staff which helped them to get to know and understand the person they were supporting and how to support them with their needs. The registered manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, health and safety in people's homes, moving and handling, administration of medicines, and the Mental Capacity Act 2005 (MCA). Staff told us the training programmes enabled them to deliver the care and support people needed.

Records showed the service supported staff through regular supervision and onsite observation visits. Areas discussed during supervision included staff wellbeing and leave, their roles and responsibilities, and their training and development plans. Staff told us they worked as a team and were able to approach their line manager and the registered manager at any time for support. For example, one member of staff told us, "I can call the office anytime for support, one day I gave medicine to a person but could not find the Medicine Administration Record in their home. I called the out of hour's number and they advised me what to do."

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. We checked whether the service was working within the principles of the MCA.

The service had systems to assess and record whether people had the capacity to consent to care. Staff confirmed they sought verbal consent from people whenever they offered them support. Staff also recorded people's choices and preferences about their care and support needs. At the time of the inspection the registered manager told us they were not providing care or support to any people who did not have capacity to make decisions for themselves and no one was deprived of their liberty. However, they further told us that they were coordinating with the local authority about a person, to determine, if they required a Court of Protection authorisation in relation to their safety at home. Care records we saw confirmed this.

Staff supported people to eat and drink enough to meet their needs. People's care plans included a section on their diet and nutritional needs. One relative told us, "I leave food outside for them [staff] to cook; they make tea and cook lunch." A member of staff told us, "The family member show me different food items before they go out, I ask the person what they want to eat and prepare meals of their choice." Another

relative said, "They [staff] make lunch for my [loved one] and sometime they go out to buy lunch. We are pleased with them [staff], couldn't be better."

People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and their GP in every person's care record. Staff told us they would notify the office if people's needs changed and if they required the input of a health professional such as a GP or a hospital appointment.

Good

Is the service caring?

Our findings

Relatives of people told us they were happy with the service and staff were caring. One relative told us, "My [loved one] is not communicative, but communicates with the [staff]. I'm over the moon, they [staff] connected with me and my [loved one], and we have been very pleased since then." Another relative said, "My [loved one] is really happy with the [staff]." A third relative commented, "The [staff] is caring and lovely."

Staff involved people using the service and their relatives where appropriate in the assessment, planning and review of their care. One relative told us, "I'm involved in the support plan and we do not need any change in the plan." We saw people had signed a care agreement with the provider, which detailed what care people needed and how this would be delivered.

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in relation to how they liked to be supported. For example, one relative told us, "The [staff] is polite, very caring and I'm very delightful that they come here." One staff member said, "I respect the person's preferences, I always ask and give them a choice of clothes, food and drinks." Another member of staff said, "I take one person to a hydrotherapy session, and another person to the library and shopping, and they prefer it."

People were supported to be as independent in their care as possible. One relative told us, "The staff promotes my [loved one's] independence, and my [loved one] is happy about it." Another relative said, "The staff prompt and watch my [loved one] take their medicines." Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. For example, one member of staff told us, "I promote their independence according to their ability."

Staff described how they respected people's dignity and privacy, and acted in accordance with their wishes. For example, staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good working relationships with people they cared for. Staff explained to us how they kept all the information they knew about people confidential, to respect their privacy. The service had policies, procedures and staff received training which promoted the protection of people's privacy and dignity.

Staff showed an understanding of equality and diversity. The service completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. For example, people were supported by staff to visit their local place of worship, as this fulfilled their spiritual needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Records we looked at confirmed this.

Good

Is the service responsive?

Our findings

The service carried out a pre-admission assessment for people to see if the service was suitable to meet their needs. Where appropriate, staff involved relatives in this assessment. Assessments were used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs.

Care plans contained information about people's personal life and social history, their physical and mental health needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. Staff told us, that before they went to people's homes, they looked at their care plan to see what they could do for themselves, and what support they needed.

Care plans were reviewed regularly and were up to date. Staff discussed any changes to people's conditions with their line manager to ensure any changing needs were identified and met. The senior staff updated care plans when people's needs changed and included clear guidance for staff. For example in relation to the need for a wheel chair and meeting nutritional needs for specific health conditions. Care plans we reviewed were all up to date.

Staff completed daily care records to show what support and care they provided to people. Staff told us that they ensured people's needs were met according to their care plan. Care records showed staff provided support to people in line with their care plan. For example, a member of the staff explained how they supported people to access their local place of worship, the park and shops.

Relatives told us they knew how to complain and would do so if necessary. One relative told us, "We never complained, the [service] is very responsible, very proactive, and always helpful. So no need to complain, but I know how and who to complain to." Another relative said, "My [loved one] is very happy and we have no complaints about the service."

The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints and how to escalate if they remained unhappy with the outcome. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. For example, one relative told us, "When a member of staff was on phone at the home, I flagged it with office, and they [staff] immediately stopped and this never happened again." The service had maintained a complaints log, which showed when concerns had been raised senior staff had investigated and responded in a timely manner to the complainant and where necessary they held meetings with the complainant to resolve the concerns.

Requires Improvement

Is the service well-led?

Our findings

Relatives commented positively about the management of the service. One relative told us, "The management is very helpful, I'm quite happy with them, we want to keep it going. I think they do a good job." Another relative said, "They [management] are on the ball. I can't speak highly enough of them. This is a heaven when compared to other agencies." A third relative commented, "The management is very good, we have very good communication with them."

The service had a system and process to assess and monitor the quality of the care people received. For example, one relative told us, "They [office] call us to check every couple of months to find out how things are going. At the moment everything is fine." The service carried out spot checks, phone calls to people's homes and reviewed areas such as the administration of medicine, health and safety, care plans and risk assessments. As a result of these interventions the service had made improvements, which included updating risk management plans and care plans to reflect people's changing needs.

However, at this inspection we identified some improvement was required in specific areas related to the management of the service. The provider's medicines policy was incomplete and required improvement. For example, information related to controlled drugs and PRN (when required) medicines protocols did not advise staff when and under what circumstances individuals should receive their PRN medicine. In addition, the medicines management audits were not reflected in the policy to advise staff when and how the audits were to be carried out. We brought this to the attention of the registered manager, they told us that this was an oversight and that they had scheduled a management meeting on the 20 July 2017 to review and update the medicines policy and said the revised medicines policy would be ratified in the Trustee Board meeting scheduled for 4 September 2017.

Call monitoring required some improvements. There was no manual or electronic call monitoring (ECM) system in place to monitor visits to people homes, to ensure they received visits at the correct times and for the required duration. The registered manager explained that when staff were running late they would inform the office and the office staff followed up by calling people using the service to ensure the visits had been made. However, because no information regarding these calls had been recorded, we could not be assured that each call where staff were running late had been followed up effectively. This meant that staff may not have visited people's homes as scheduled to provide care although we confirmed through our discussions with staff and people using the service there had been no missed calls to people. As a result of the inspection feedback the registered manager confirmed with us that they have now introduced a call monitoring log. We shall assess the impact of this at our next inspection.

Although the registered manager understood most of their responsibilities as a registered manager, they failed to notify to the Care Quality Commission (CQC) as required, of one safeguarding referral. When asked, the registered manager told us this has been an oversight, and in future they would notify CQC in a timely manner. As a result of the inspection feedback, the registered manager had notified CQC during the inspection. Records we saw further confirmed this.

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 2008 and associated Regulations about how the service is run. Staff described the leadership at the service positively. One member of staff told us, "The manager is like my mum, when I had problems with clients or any other problem they helped me, and I felt happy." Another member of staff said, "I get timely advice when required. It is mostly about clients." We observed the registered manager interacting with staff in a positive and supportive manner throughout the time of our inspection.

The provider used staff induction and training to explain their values to staff. The service had a positive culture, where staff felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching their line manager and their conversations were friendly and open.

The provider sought people's views about the service through the use of satisfaction surveys. The survey covered areas including the quality of the care provided, the quality of staff interactions with people and their relatives, and how the person's family carer was benefitted. The survey was completed in October 2016; overall the results had been positive. For example, 97% of them said that the care plans were written in a person centred way and the other three percent had not answered this question. In relation to whether their dignity was respected at all times, 100% of them said yes, and 100% of them felt safe with staff and the service.