Care South

Care South Home Care Services Dorset

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 29 January and 3 and 4 February 2016. We told the provider two days before our visit that we would be coming to ensure that the people we needed to talk to would be available. At our last inspection in 2014 there were no breaches of legal requirements.

Care South Home Care Services Dorset provides personal care and support to people who live in their own homes. At the time of our inspection they were providing personal care and support to over 70 people.

The service had a registered manager, as the law requires. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People valued highly the service they received. They told us that staff were professional, caring and friendly, treating them as individuals and respecting their wishes regarding care. Without exception they said that staff understood and provided the care and support they needed.

People's care and support was planned proactively in partnership with them and, where appropriate, their families and representatives. Their care was personalised to meet their individual needs and their consent to care was sought. Staff had a good understanding of people's care plans, which were thorough but straightforward to follow.

The service was responsive to people's individual needs and preferences and found creative, innovative ways to support them to live as full a life as possible. The registered manager recognised the importance of providing meaningful activities and stimulation for people living with dementia. The service had obtained 'dementia boxes' for staff to use when working with people who live with dementia. The service had worked with a student from a local university to advise him in the development of a tool to remind people living with dementia to eat at regular intervals. Staff were encouraged to go above and beyond what was expected in care packages to work with people who need extra support. For example, two people living with mental health difficulties had become socially isolated. Care workers worked with them in a way that enhanced their sense of wellbeing and considerably improved their quality of life.

People received care and support from regular staff who were themselves well supported through supervision and training.

There were sufficient staff working for the service to provide the care people needed. People received rotas in advance so that they knew which staff would be visiting them. They said that staff stayed for the full length of the visit, if not longer, and that they were generally punctual.

The service responded promptly to changes in people's situations to ensure their needs were met, where

necessary linking with other services and support networks to do so. All the office staff were trained and skilled in providing care and support and covered calls at short notice if for any reason care workers were unable to attend.

Medicines were managed safely.

Staff had the knowledge and confidence to identify and report signs of abuse. Safe recruitment practices were followed before new staff were employed to work with people, including obtaining references and criminal records checks.

People were actively encouraged to give their views and the service was developing innovative ways of enabling them to do so. For example, the registered manager had recently established a regular 'coffee morning' focus group. This was open to all people who used the service and their families who wished to attend.

Concerns and complaints were taken seriously and used as an opportunity for learning, to improve the service.

Quality assurance systems, such as audits and surveys of people using the service, were in place to monitor the quality of care and support that people received. Learning from accidents, incidents and the results of audits was communicated to staff.

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 were supported by sufficient, safely recruited staff with the right skills and knowledge to meet their individual needs.

Risks to people's safety were assessed and managed effectively.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were supported to have the right skills, knowledge and attitudes for their work, through training and supervision meetings to reflect on their work.

People's consent was sought to their care and support.

People were supported to eat and drink, where this was required and their healthcare needs were kept under review.

Is the service caring?

Good

The service was caring.

People received care and support from staff who understood and respected their preferences.

People valued their relationship with staff, who treated them with dignity and respect.

People were encouraged to express their views and wishes, which were taken seriously and acted upon where possible.

Is the service responsive?

Good

The service was very responsive.

Without exception people said that staff understood and provided the care and support they needed.

People's care and support was planned proactively in partnership with them and, where appropriate, their family carers and representatives.

The service was flexible and responsive to people's needs and preferences, finding creative and innovative ways to enable them to live as full a life as possible. The service had resourced dementia boxes for use when visiting people in the community.

People were actively encouraged to give their views. The registered manager was seeking innovative ways of involving people and encouraging them to share their views, and had recently established a 'coffee morning' focus group.

Complaints and concerns were taken seriously and used as an opportunity to improve the service.

Is the service well-led?

Good

The service was well led.

People felt that the service was well run and had regular opportunities to feed their views back to the management team.

There was an emphasis on maintaining and improving the quality of the service. There was a quality assurance system in place to support this, and the registered manager was developing a new audit to further drive improvements.

Care South Home Care Services Dorset

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector on 29 January and 3 and 4 February 2016. We told the provider two days before our visit that we would be coming to ensure that the people we needed to talk to would be available. At our last inspection in 2014 there were no breaches of legal requirements.

Before the inspection, we reviewed the information we held about the service; this included information we had received from third parties. We did not request a Provider Information Return (PIR) as we were inspecting sooner than expected to follow up some information from the local authority safeguarding team. The PIR 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 visited four people in their homes. We also talked with four members of staff. In addition we spoke with the registered manager and the nominated individual. We checked four people's care and medicine records in the office and the records in their homes, with their permission, of the people we visited. We also saw records about how the service was managed. These included four staff recruitment, monitoring, training and supervision files, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe with their care staff. For example, one person commented that, without reservation, all their staff were trustworthy.

People were protected against the risks of potential abuse. Staff received regular training in safeguarding and understood how to identify and report safeguarding concerns. There were policies and procedures in place to help keep people safe from abuse.

Risks to people's personal safety had been assessed and were addressed through people's care plans. Personal risk assessments covered areas such as moving and handling, skin integrity including pressure ulcers, malnutrition and dehydration, medicines, choking, falls and the use of bed rails. Environmental risks, such as fire hazards and the use of electrical appliances, had also been assessed and planned for. Where people used moving and handling equipment such as hoists or slide sheets, there were detailed instructions for staff available in people's care records.

People involved in accidents and incidents were supported to stay safe. When people had accidents, incidents or near misses these were recorded and reviewed by the management team for any action that could reduce risks to the person. There were only two accidents on file for 2015, both of which had been reviewed by the registered manager.

There were arrangements in place to enable the service to respond to emergencies. During our inspection there was a problem with the telephone landline that meant it would not receive incoming calls. The office staff responded to this calmly in line with their contingency procedures, redirecting the landline to the on-call mobile phone until the fault was rectified, to ensure that people could continue to contact the service. If staff were delayed, office staff arranged alternative cover if necessary; the office staff had up to date training so they could attend calls themselves if this were needed. There was a system for prioritising calls in event of severe weather, for example, for people who needed to take medicines at strict time intervals.

There was an out of hours on-call system for people who used the service and staff to use in emergencies or when they needed additional support. Staff and the people we spoke with confirmed the on-call system worked well if they had needed to use it.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The service was part of a local campaign to promote careers in home care. The registered manager and senior management team recognised that recruitment locally was challenging and only took on new care packages when they were certain there were sufficient staff to cover it. Rotas during the inspection for the people whose care we reviewed showed that all calls were covered by named care workers. The computer system during the inspection also showed that everyone had a named member of staff allocated. The system flagged which future calls needed covering due to staff annual leave or sickness. Staff were allocated travel time between visits.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Appropriate criminal records checks had been made with the Disclosure and Barring Service (formerly known as the Criminal Records Bureau). Staff files included details of the staff member's full employment history, confirmation of their identity, records of aptitude tests used as part of the selection process for more recently recruited staff, interview records, references and occupational health screening.

Peoples' medicines were managed and administered safely. People who were assisted with medicines told us they received their medicines as prescribed. Staff were trained in the administration of medicines and their competence in handling medicines was checked periodically. Care plans set out clearly the level of assistance people required with their medicines. Medicine administration records (MAR) contained details of any allergies and set out how and when medicines were to be administered. Completed MAR were returned to the office each month for auditing. The gaps we saw in MAR, where staff had not initialled to confirm they had administered a medicine and had not recorded a reason for omitting it, had been identified through the audit process and followed up with the staff concerned.

Good

Is the service effective?

Our findings

People all complimented the staff who worked with them and said they had the skills to meet their needs. For example, a person commented, "I think the carers do a good job".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. A care worker told us, "You are able to better yourself if you want to. They will help you to do that". New staff had five days' training that covered core areas such as moving and handling people, safeguarding adults, health and safety, food hygiene, medicines, first aid and infection prevention and control. During their induction they shadowed other staff and did not work alone until they and the management team were satisfied they were competent to do so. Those who did not have previous experience of care work worked towards the care certificate, a nationally recognised set of standards to be covered as part of induction training. Core training was refreshed every year or two depending on the topic. Staff also completed training in areas of interest and relevance to their work, such as caring for people with diabetes, and had the opportunity to obtain qualifications appropriate to their role. Training needs were reviewed at annual performance appraisals and through regular supervisions.

Staff were also supported through regular supervision meetings with a member of senior staff. One of the office staff, who was experienced in care work, had recently been recruited to oversee staff supervision and training requirements and ensure this was kept up to date. Staff told us they had regular supervision meetings at which they were able to discuss any training needs or concerns they had about their work. They also said that the registered manager and office team were supportive. For example, a care worker commented, "I don't hesitate to phone – I always get the support I need".

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 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.

People's rights were protected because the staff acted in accordance with the MCA. People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. People told us staff respected their wishes regarding their care. Care records contained details of people's consent to their care. Where there were grounds to doubt people's capacity to make particular decisions because of their mental health, there were procedures for undertaking and recording mental capacity assessments and best interests decisions. The registered manager understood how the MCA applied to the service and staff received training about the requirements of the MCA. The MCA had been discussed in some depth at a recent staff meeting.

Where care packages included meal preparation and support with eating and drinking, people confirmed they received the support they needed and were happy with this. A person told us how they tended not to be

interested in food and that staff did their best to prepare meals that would tempt them to eat. Staff recorded in the person's daily records where they had provided assistance with preparing or eating a meal.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Good

Is the service caring?

Our findings

The relationships between staff and people receiving support demonstrated dignity and respect. People all spoke highly of the way staff treated them, respecting them as individuals. For example, one person told us the best thing about the service was the staff, commenting, "Their kindness, nothing's too much trouble… They never go without saying, 'Are you sure there's nothing else I can do?' and that's a nice feeling". Another person remarked on how staff were always cheerful and professional, despite maybe having had an upsetting call beforehand. Office staff had a kind and professional manner when speaking with people on the telephone, and discussed people with each other in a respectful way. The staff we spoke with emphasised the importance of treating people kindly and respectfully.

People received care and support from staff who had got to know them well. People talked about their care workers by name and felt they knew them. For example, a person commented, "You build a rapport with people… We always find a lot to talk about and we always have a laugh. You're set up for the day then". Another person described a regular care worker as "good company" and said, "You couldn't get better staff. You can talk with them, joke with them as well as be serious… I can be free, relaxed".

People were consulted and kept informed about their care. They said that they were involved in making decisions about their care and that these were respected. Their records included information about their personal circumstances and how they wished to be supported, and office staff and care workers were knowledgeable about this. People confirmed they always received a rota in advance to tell them which staff would be visiting and when and that someone usually telephoned them if there were any changes.

People were encouraged to express their views and wishes, which were taken seriously and acted upon where possible. For example, a regular staff member on one person's care team was due to go on maternity leave. The person had requested one of the office staff for a final visit from this worker. The member of office staff checked the rota after she had received this request and confirmed that the care worker had been allocated.

Good

Is the service responsive?

Our findings

Without exception people said that staff understood and provided the care and support they needed. Comments included, "They all know exactly what I need and where everything is" and "They know what they've got to do". One person asked us to emphasise "how much I appreciate the service – I honestly don't know what I'd do without them". People told us they had a regular staff member or team of staff. They confirmed that staff arrived on time and stayed for the full length of the visit, if not slightly longer. One person commented, "If I need an earlier call I've only got to pick up the phone and that will be changed".

People's care and support was planned proactively in partnership with them and, where appropriate, their families and representatives. People were involved to the extent they wished in planning their care and support; indeed, one person had written their own care plan. Staff had a clear understanding of people's care plans. Assessments and risk assessments had been undertaken, with the involvement of family carers, before people began to receive a service. They covered areas such as mobility, moving and handling, eating and drinking, medicines, physical health, mental health and emotional wellbeing, personal care and handling money. Information had been sought from the person, their relatives and other professionals involved in their care. The needs identified in the assessment informed the plan of care. The care plans seen were personalised, reflecting people's individual needs and preferences. They were thorough, clearly setting out the care that was needed during each call and how staff were to assist people with this. Where people needed support with moving and handling there were detailed instructions for care staff that set out what equipment should be used and how. Care records also contained information for staff about people's physical and mental health conditions.

People's needs were reviewed regularly and care plans were kept up to date. Those we saw had all been reviewed during 2015 and were up to date. The care supervisor, a member of the office staff, had particular responsibility for writing and reviewing care plans with people. This person knew people well and had a clear understanding of their needs. The updated care plans were then approved by the registered manager.

People were supported to maintain their independence as far as possible. People we spoke with confirmed that care workers provided the level of assistance they needed, respecting what they were able to do for themselves. Care plans made clear what people could do independently and the extent of the support they needed where assistance was required.

People received a weekly rota in advance of their visits, setting out which staff would visit them and at what time. A member of office staff was dedicated to organising visit timetables taking into account people's needs and preferences. They showed us their system for planning visits to minimise travel time, thus reducing the likelihood that staff would be delayed. People told us they had a regular team of workers, who arrived promptly and stayed for the full length of the visit. The care records we viewed confirmed this, showing that visits lasted for the right time, if not longer, and started close to the scheduled time.

The service was responsive to people's individual needs and preferences and found creative ways to support them to live as full a life as possible. Staff had worked with two people over and above the hours funded in

their care packages. Both people had mental health needs that had made it difficult for them to leave their houses and go into the wider community, and they had become socially isolated. It was difficult for them to get to know new people and one of them had been particularly reluctant to accept outside support. With the encouragement of the registered manager, care staff had taken time to get to know these people, learning about things they would like to achieve and exploring things they might like to try but had not considered. Both people had things they needed or wanted to do in the wider community. They each came to trust the care staff who visited them and when ready, accepted support to go out and attend to things they needed to do or take part in activities they enjoyed. A staff member told us about a further person they supported who lived with enduring mental health difficulties, explaining that they had had to spend time building trust before the person would allow them to stay and provide all the assistance they needed. These people's sense of wellbeing and quality of life had been enhanced by the additional support they had received from the service.

The service responded promptly to changes in people's situations to ensure their needs were met, where necessary linking with other services and support networks to do so. All the office staff were trained and skilled in providing care and support and covered calls at short notice if for any reason care workers were unable to attend. The care supervisor also sorted out any issues that arose for people, for example queries regarding medication or equipment. For example, one person cancelled a visit because they were in too much pain to get up and open their front door. Staff kept in contact with the person by phone, and established that they had had taken pain relief medication and had had something to eat and drink. They suggested the person considered having a keysafe, to ensure that staff could always gain access. The person agreed with this and the service arranged with a local voluntary sector organisation to install a keysafe.

The registered manager recognised the importance of providing meaningful activities and stimulation for people who live with dementia. The service had obtained 'dementia boxes' for staff to use when working with people who live with dementia. These contained items such as jigsaw puzzles, 1950s picture cards and holiday and seaside picture books. They were available for staff to promote meaningful activity and conversation with people they cared for who were living with dementia. The service had also been involved in a project to provide hand-knitted 'twiddle muffs' to provide tactile stimulation for people living with advancing dementia. These are knitted mitts with objects such as beads, buckles and lace attached that a person can handle.

People were actively encouraged to give their views. The registered manager recognised the importance of supporting people to share their views by holding regular coffee mornings. This provided an opportunity for people who use the service and those close to them to hear about and be involved in service developments. Ten people attended the meeting in October 2015, at which there had been guest speakers from a local health and social care charity and a local NHS organisation. Other topics discussed included Care South's links with organisations such as the town's premiership football team and nationally recognised induction standards for new staff. The care supervisor or registered manager contacted people every few months to ask people about their views of the service. They did this by visiting or telephoning them, according to people's communication needs and preferences. The results of this monitoring for the people whose files we saw were positive, and action, such as changing visit times, had been taken if people identified issues.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People told us that if ever there was something they were not happy with they would be confident to contact the service. Information about how to make a complaint was given to people when they started to receive a service. There had been five complaints during 2015 and 2016. These had been responded to promptly and investigated thoroughly. People and their relatives were satisfied with their responses. Complaints were reviewed by the registered manager for possible learning opportunities, which were communicated to staff

through team meetings, individual staff supervision and the service's staff newsletter.

Good

Is the service well-led?

Our findings

Everyone we spoke with, both people using services and staff, was positive about how the service was organised. For example, a person commented that someone from the office often came to visit and check that they were happy with their care package. They were confident that the office team kept an eye on how things were. Another person said, "I'm certainly satisfied with everything, absolutely… I wouldn't want to change [to another provider]".

The service promoted a positive, person-centred, supportive, open culture. Information about the Care South organisational values of honesty, excellence, individualised approach, respect and teamwork were displayed prominently around the office. These values had been communicated to people using the service and were reflected throughout the inspection in the way the management team and other staff spoke about their work. People and staff were confident the management team would listen to their concerns and that these would be received openly and dealt with appropriately. Staff were aware of how to raise concerns as whistleblowers within Care South and to external organisations such as the Care Quality Commission.

Staff were motivated to perform their roles well and morale was good. Staff turnover was very low and whilst a couple of staff had been recruited since the last inspection, most of the 25 staff had worked at the service for years.

There was a registered manager in post, as the law requires. 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 notified the Commission of significant events such as deaths and serious injuries. We use this information to monitor services and ensure they respond appropriately to keep people safe.

Monthly newsletters had been introduced for people, containing current news about the service. Weekly newsletters to staff also contained details of the service's 'employee of the month', a new scheme for staff to nominate a colleague each month. Compliments from care staff towards each other had been published in the newsletter and reflected the organisational values.

Staff meetings were also held periodically and gave staff an opportunity to raise concerns or queries. The most recent meeting in September/October 2015 had been timetabled for three separate dates and times to give all staff an opportunity to attend. It considered individual people's care and ideas staff members had to encourage a particular person to eat more, and there was information and discussion about the Mental Capacity Act 2005 and deprivation of liberty.

People and those important to them had opportunities to give feedback about the quality of the service they received. This happened through care plan monitoring and through quality assurance questionnaires that were sent out by the office but then returned to an external company to collate the results. The last batch of questionnaires had been sent out in October 2015. Those returned were published on the NHS

Choices website and were all positive.

There were systems in place to monitor the quality of service being delivered and ensure this continued to be of a high standard. The computer system flagged up issues that needed immediate attention, such as forthcoming calls to be covered because a worker was ill or had been delayed. Office staff monitored this throughout the day. Routine checks included monthly audits of medicines administration records that had been returned to the office, and checks that care records were up to date and contained the required information. Any discrepancies were followed up with the care worker concerned. Staff performance was monitored through regular supervision and observation of their practice. Strengths and areas for development that were identified were discussed with the worker concerned. Falls, other accidents and incidents and the results of audits were reviewed for possible learning opportunities. Learning was shared with staff through supervision, staff meetings and the staff newsletter.

The registered manager was introducing a new peer audit system with the Care South sister services in the south west, where the office was audited by a registered manager from another Care South Home Care Services office on a regular basis. The audit document was aligned with key questions that the Care Quality Commission ask when inspecting services. As well as reviewing paperwork, the audits would focus on people's experiences of the service, interviews with staff and observations of communication within the office.

The service worked with outside organisations to keep up to date with legislation and good practice, and to improve the delivery of care. The nominated individual was involved with a national organisation that promotes quality care in the home care sector. There were links with a local university to develop good practice for people living with dementia. For example, the service had worked with a university student to advise him in the development of a tool to remind people living with dementia to eat at regular intervals.