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Care for Independence

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 inspection took place on 25 and 27 January 2017. Care for Independence is a domiciliary care service which provides personal care and support to people in their own home.

At the time of our inspection Care for Independence offered support to eight people living in Derbyshire.

The service had a registered manager who was also the owner of the service. 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 person we spoke with felt safe. Staff were aware of the safeguarding adult procedures to protect people from avoidable harm and had received appropriate training. The registered manager told us there had been no safeguarding events in the last 12 months. Risks to people's health were known by staff but these were not reviewed regularly.

The registered manager told us there had been no accidents or incidents to people who used the service or staff within the previous 12 months. Any accidents that did occur would be formally recorded. People received their medicines as prescribed and these were managed correctly.

Safe recruitment practices were followed. Staff received an induction when they started. Staff supervision was not being carried out regularly. There were sufficient skilled and experienced staff available to meet people's needs.

The registered manager was aware of the Mental Capacity Act (2005). She said no one using the service was subject to any restrictions placed on them by the Court of Protection.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. People received appropriate choices and support with their meals. People's healthcare needs had been assessed and were regularly monitored.

Staff were kind, caring and compassionate towards the people they supported. Staff supported people with person centred care and support. The provider asked people and their relatives to share their experience about the service provided. However this was not recorded.

People and relatives told us they were involved as fully as possible in their care and support. However, records had not been always been regularly reviewed. There was a complaints policy and procedure available. No formal complaints received within the previous 12 months.

People we spoke with told us they had not raised any complaints and were happy with the service. Information was available to inform people of independent advocacy services in the service user guide.

The registered manager had carried out quality assurance audits to review the quality and safety of the service, but had not always been recorded..

People were positive about the service provided. People who used the service told us they were treated with compassion and kindness and that their privacy and dignity were respected.

People who used the service including staff felt the leadership of the service was caring and effective. Staff were able to explain the values of the service.

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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm. Risks to people's health and safety were managed. Care plans were in place to enable staff to support people safely but not always recorded as being reviewed regularly.

People told us they received their medicines as prescribed.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely.

Is the service effective?

Good ●

The service was effective.

People were able to make choices about their support. Staff told us how they respect people's choices.

Staff received an induction and appropriate training to carry out their roles effectively, but 1:1 staff supervision was not always carried out regularly.

No one using the service had any restrictions placed on them by the Court of Protection.

People were supported to eat and drink sufficient amounts to meet their nutritional needs. External professionals were involved in people's care as appropriate.

Is the service caring?

Good ●

The service was caring.

People, their relatives and health care professionals told us care staff were supportive, caring and compassionate towards people.

People or relative (where agreed) were always encouraged to make decisions relating to the care and support they received,

People and their relatives told us that that staff respected and supported people in a manner that promoted their privacy and dignity.

Information about advocacy was available to people.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that recognised and responded to their changing needs. People received a reliable and consistent service but records had not always been updated to confirm this.

People's feedback was used to make improvements to the service.

There had been no formal complaints in the previous 12 months. People said they had not raised any complaints and were happy with the service.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

People, their relatives and staff were extremely positive about the registered manager. They said they were always approachable, supportive and caring.

The registered manager had not been carrying out regular quality assurance audits of their service. The manager told us that the service was de-registering with CQC and clients were to be supported by another provider.

Care for Independence

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.

We visited the service on 25 and 27 January 2017, this was an announced inspection. We gave 48 hours' notice of the inspection as we needed to be sure that the registered manager would be available. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications about the provider. A notification is information about important events which the provider is required to send us by law.

Local commissioners of the service, Healthwatch Derbyshire and health professionals involved with the service were contacted to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with one person using the service, two relatives, two members of care staff and the registered manager. We looked at the care plans of three people who used the service and any associated daily records such as the daily log and medicine administration records (MAR). We looked at four staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

The person we spoke with and relatives told us they felt the care was safe. A relative said, "It's absolutely safe care." Another relative told us, "[My relative] feels safe; they [staff] let themselves in and lock up using the key safe; they are so reliable."

Staff we spoke with had good knowledge of the different types of abuse people could experience and explained what action they would take if they thought people were unsafe. Staff told us they would report it to the office or the on-call person. Further information on safeguarding including the contact details of local safeguarding authorities were available in the service user guide and staff handbooks. This meant people could access the information quickly and easily in the event they needed to raise a safeguarding concern.

Staff had a good understanding of the whistle blowing policy and said they would use it if necessary. A member of staff told us, "If the manager did not respond to my concerns I would not hesitate to whistle blow." A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they would be confident to raise any issues, concerns or suggestions about people's safety.

Staff confirmed they had received safeguarding training and records viewed confirmed this. The service had a safeguarding policy and related procedures with regard to safeguarding people who used the service from abuse.

Staff that we spoke with were familiar with people's needs and knew how to manage the associated risks. Staff confirmed risk assessments were in place in people's care records and these were available in people's homes. Risk assessments provided staff with the required information about how risks should be managed. External healthcare professionals such as occupational therapists and GPs had also been involved in discussions and decisions about managing known risks. However these were not always reviewed regularly. Some records were last reviewed over 12 months ago. This meant there was a risk that they may not have provided up to date information in relation to people's care.

People told us they were offered choices and did not feel restricted by staff. Relatives told us they had no concerns about people being supported safely and effectively. This was further supported by the person who was receiving a service. People who used the service had care plans in place, but these were not always regularly reviewed.

The registered manager told us there had been no accidents or incidents to people who used the service or staff within the previous 12 months. The registered manager said any accidents that did occur would be formally recorded.

We saw the service had plans in place in the event of an emergency. This meant that the service for people could continue even if there was, for example, a loss of power at the main office.

We checked the recruitment files of four staff members. The files were clear and well maintained. The files contained the relevant documentation required to enable the provider to make safe recruitment choices. Each file contained references, proof of identity and the relevant checks for each member of staff. Prior to starting employment, new employees were also required to undergo a Disclosure and Barring Service (DBS) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

There were sufficient staff available to meet the needs of people receiving a service. Staff rotas that we checked confirmed this.

We looked at people's medication administration records (MAR). All had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency the medicines should be administered. Some people were supported by their relative to manage their own medicines, others required regular daily support from staff. Records checked confirmed medicines had been given appropriately and there were policies and procedures in place for staff to follow.

Staff had medication training as part of their induction and their competency assessed before they were able to support people with their medication. Records we checked confirmed this.

Is the service effective?

Our findings

People received effective care from staff that met their needs. A relative said, "I phone every morning for a report; they tell me everything - they can't be more helpful."

Staff had received an induction which included going through the staff handbook which covered policies and procedures that all staff needed to be aware of for their roles.

Staff training was up-to-date. Training was completed either online or subjects like moving and handling were delivered over a two-day practical course. Other training completed included safeguarding, dementia care, health and safety and the Mental Capacity Act.

Staff had received opportunities to meet on a one to one basis with the registered manager to review their work, training and development needs. However within the last 12 months this was not being carried out regularly. The provider's policy stated staff being supported three times a year. From our discussions with staff all felt the registered manager was effective and supportive when they contacted her.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Application procedures for this in domiciliary care services must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was not supporting anyone at the time of our inspection that required an application to be made to the Court of Protection. The service was aware of the MCA and staff had some understanding of it.

The registered manager had a good understanding of who could give consent to care and treatment for people who were assessed as not having mental capacity to do so. The registered manager sought clarification from third parties that they had got legal authority to act on behalf of the person who was supported by Care for Independence.

We asked staff how they gained consent from people with communication difficulties. Staff were able to explain how they did this and they told us this information was also in people's care plans which were kept in their homes.

People were satisfied with the support received at mealtimes. A relative told us, "They will make [my relative] a cup of tea before they leave and make sure they leave a cold drink and top it up at lunchtime."

Records we checked showed staff did record what people had eaten or drank in their daily logs which were completed by staff at each visit. This meant people were supported to maintain good nutrition and hydration.

People were supported to maintain good health by contacting healthcare services when required. A relative told us, "They get involved with the district nurse or ring the GP up and make me aware." The registered manager and staff confirmed they supported people with this when required.

Is the service caring?

Our findings

People we spoke with told us they were very happy with the care they received. Staff were kind, caring and compassionate when supporting people. A person told us, "I love them; I'm so, so sad [because the service is closing]." Another person said, "They are such a happy bunch, always a smile and a chat."

People told us staff were friendly and respectful. One relative said, "How can I speak more highly of them? They are dedicated, professional and they go above and beyond." A staff member told us they liked to take time to, "Be chatty and have a laugh with people."

The staff team that support people were knowledgeable about people's needs. Many staff had been supporting the same people for several years. Relatives told us their family members were content and a relative said, "They are lovely girls; they've been with [relatives] so long."

Staff told us care plans were written with people's involvement and that of their representatives if appropriate. A relative said, "We've been very much involved with [planning] the care." The registered manager told us they visited people to discuss their preferences and support needs when first writing care plans. Reviews had been carried out but more recent care plan reviews had not. This meant any changes in people support needs might not be met because care plans were not up to date. People we spoke with had no concerns about the care they received. We were told staff and the registered manager were always knowledgeable about people's care needs.

The service user guide gave information about how to access local independent advocacy services. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority. The registered manager agreed to add this to the guide.

People's care plans contained information about the ways in which care should be provided in order to protect people's privacy and dignity. Staff respected people's privacy and dignity. Relatives spoke highly of the level of care offered and one relative said, "They know [relative's] preferences and [relative] loves them."

Is the service responsive?

Our findings

People and their relatives felt staff were responsive to their needs. One relative said, "They've adapted to any changes in my [relative]. They know how to talk to them and when to leave them alone. They understand them and know them so well."

Prior to receiving support people had an assessment of their needs and support plans were then developed. Care records showed details about people's involvement, or where agreed, their relatives or representative in developing care plans.

We saw care plans contained details about people's personal histories, interests, and personal preferences. Relatives confirmed staff were aware of people's personal preferences and had supported people over many years which was reassuring for them and their family member.

A relative told us the service had responded to changes in support and they were always kept involved. A member of staff told us, "Care plans were always up to date and all information was always passed over [to the registered manager]." However not all records reviewed showed this had been recorded. The registered manager also told us formal reviews of care had not always been carried out regularly over the last 12 months. The registered manager said because the service was small she knew most of the people who were supported and was aware of their changing needs. This meant there was a risk that information in care files was not up to date and new employees reading care plans may not know of these changes. However the registered manager confirmed all new staff would shadow and work alongside an experienced worker to get to know the person and their needs. All the staff we spoke to were able to clearly explain the needs of people they supported. People we spoke with told us staff were always responsive to their [or relative's] needs and flexible when calls needs to be changed at short notice.

The registered manager said she would often review people's care as she went about her care visits or as she visited people as part of her other duties. We saw copies of the service's team meeting. We saw that although not formally reviewing care plans, staff raised any care issues in these meetings. We saw evidence of people's changing care needs were discussed, whether they had improved or seemed to be requiring additional support. The registered manager told us that if they did have any concerns about the level of care needed they would immediately speak with the family or the person's care manager. The person we spoke with and relatives confirmed they were able to contact the registered manager if there were any changes needed in relation to their care.

One member of staff gave an example of how she supported a person living with dementia. She said, "I'm always reading to them, watching them and diverting them when needed. I will give them their tea and they will say they don't want it. So I sit down and chat, do a few other things and then there they are eating their tea. I'm forever getting them to eat."

There was a complaints policy available to people in their service user guide. People we spoke with told us they knew who to make a complaint or raise a concern, but had not had cause to do so. Staff were clear

about how they would manage concerns or complaints. They said they would refer any complaints to the registered manager. A staff member said, "We'd always acknowledge a problem." The registered manager told us there had been no formal complaints in the previous 12 months. The service had received a number of letters and cards with compliments about the support and care they had provided.

Is the service well-led?

Our findings

The registered manager who was also the owner of the service was in the process of closing the service down. All people who used the service and the local authority commissioners had been informed of this and steps were being taken to transfer people and staff to other agencies. The commissioners and the registered manager wanted to make sure any transfer to other agencies was done so with minimal disruption and change to current support teams.

We asked the registered manager if she undertook spot checks on care delivery to ensure staff were carrying out care correctly and adhering to the care delivery plans. The registered manager told us she did carry out spot checks and spoke with people when she carried out care visits or popped in to see them. This meant the registered manager was monitoring the service received by people.

We found regular reviews of care plans and risk assessments were taking place but not always documented. However, the person we spoke with and the relatives were all positive about the support given and had no concerns about people's needs not being met. Quality assurance audits of the service had not been carried out which would have highlighted that people's care records may no longer reflect their needs. The registered manager acknowledged documentation should be kept up to date but as the service was to close down she was not going to take any further action to resolve these matters.

People, relatives, staff and health care professionals told us they felt the service was well led and that the registered manager promoted positive outcomes for people. One relative said, "I've seen [the registered manager] many times. She's lovely, spot on; she'll always contact me."

Regular staff meetings took place and records reviewed confirmed this. One staff member said, "We all get on; it's a good team." Another staff member told us, "I couldn't have wished to work for a nicer person [registered manager]." During the previous six months the registered manager did not always follow their supervision policy when supporting staff. However staff felt the manager was supportive and available when required.

People and their relatives were asked for their view on the quality of the service provided. This was not documented but people and relatives we spoke with told us they were always consulted and this was done on an informal basis through regular conversations with people, staff and the registered manager.

There were systems in place to ensure policies were regularly reviewed, were up to date and available for all staff. This meant staff were supported with appropriate guidance to carry out their roles. We saw that all conditions of registration with the CQC were being met. There were processes in place to oversee adverse incidents such as safeguarding concerns, complaints or accidents.

The registered manager told us how they had developed positive links with the local authority commissioners and were working together to make sure people continued to receive person centred support. We spoke with the local authority commissioner and they confirmed this. The registered manager

told us they were committed to working in partnership with any new agency that was to take over the support of people that used their service and staff.

The service had clear values which were documented and demonstrated during our inspection by the registered manager and the staff alike. These were to make people's lives easier and enjoyable and to support people to remain comfortable and in control in their own home.