Care Relief Team Limited

Care Relief Team Limited - Unit 8 The Bridge Business Centre

Inspection report

Unit 8 Beresford Way, Dunston
Chesterfield
Derbyshire
S41 9FG

Tel: 01246261700

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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

About the service: Care Relief Team Limited is a domiciliary care service providing care for people who need care at home. The service is managed from an office in Dunston, on the outskirts of Chesterfield, and covers northern Derbyshire. The service is registered to provide personal care. At the time of our inspection there were 300 people using the service.

People's experience of using this service:
People were safeguarded from the risk of abuse. Staff we spoke with knew what action to take if abuse was suspected. Risks associated with people's care had been identified and managed so that people were supported to keep safe. People's medicines were managed in a safe way and errors were identified and actioned through the audit process. Accidents and incidents were identified and recorded and trends and patterns were identified. Lessons were learned when things went wrong.

People's needs were assessed and care was delivered in line with people's choices. Staff received training and support to enable them to carry out their role effectively. People who required support to eat and drink were assisted to maintain a balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People we spoke with were very complimentary about the care workers. People told us the care workers were kind, caring, compassionate, friendly and approachable.

People's care records were person-centred and detailed how people required their care delivering. Complaints were dealt with appropriately and in line with the provider's policy.

The provider had a system in place to monitor the quality of service people received and to take action when required. Quality surveys were completed and actions taken to develop the service.

More information is in the full report.

Rating at last inspection: Good (report published 6 May 2016)

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

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 remained safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service remained caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service remained well-led.

Details are in our Well-Led findings below.

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Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:
The inspection was carried out by one inspector who completed a site visit and a second inspector who spoke with staff and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person spoke with people who used the service and their relatives.

Service and service type:
Care Relief Team Limited is a domiciliary care service providing care for people who need care at home. CQC regulates the care provided by the provider and this is what we looked at on our inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection site visit activity started on 26 February 2019 and ended on 1 March 2019. It included a site visit to the office, visiting people in their own homes and speaking with people who used the service, their relatives and staff over the telephone. We visited the office location on 26 February 2019 to see the registered

manager and office staff; and to review care records and policies and procedures.

What we did:
Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We asked the provider to complete a 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 also spoke with other professionals who worked alongside the provider, to gain further information about the service.

We spoke with 13 staff including care workers, the registered manager, and other members of the management team. We spoke with ten people who used the service and eight of their relatives. We looked at documentation relating to three people who used the service, three staff files and information relating to the management of the service.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• The provider had systems and processes in place to ensure people were protected from the risk of abuse.
• People we spoke with told us they knew how to contact the provider's office if they had a concern. They were confident that office staff would take any safeguarding concerns seriously.
• Staff we spoke with confirmed they had received training in safeguarding and knew how to recognise and report abuse.

Assessing risk, safety monitoring and management
• Risks associated with people's care had been identified. Risk assessments were in place to ensure staff knew how to support people to keep safe.
• We looked at care records and found risk assessments were in place for things such as, medication, nutrition, and equipment. One person had a risk assessment in place which identified a medium risk of equipment failure and carers to report any concerns to the office if equipment such as shower rail, crutches and perching stool were faulty.

Staffing and recruitment
• The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained relevant checks.
• People we spoke with told us care workers stayed at their homes for the allotted time they had been assessed for. They also told us that staff always completed the tasks identified in their care plan.
• One person said, "The carers always stay for the time they're supposed to and they get everything done they need to do. They even manage to tidy up after themselves. They're very good like that."
• Three people we spoke with told us they had experienced missed calls recently. Two were due to care workers mis-reading their rota. In all cases the person receiving the service or a family member rang the office to let them know about the missed call. The office staff apologised and sent care workers as soon as possible.

Using medicines safely
• People's medicines were managed in a safe way and administered as prescribed.
• Medicines administered to people were recorded appropriately on a medication administration record (MAR). This indicated that people were supported to receive their medicines as prescribed.
• People we spoke with who received assistance with their medication told us their medication was administered appropriately if it was not time-critical. One person told us they had to ensure that if care

workers arrived late for one of their four daily visits, the next visit had to be at least four hours later in order to ensure their medication was adequately spaced during the day. This person told us that this essential timing was sometimes a challenge for the care workers.
• One family member said, "[Relative] takes their own tablets, but the carers check they have taken them, so that's a great help."

Preventing and controlling infection
• The provider had procedures in place to ensure staff prevented the spread of infections.
• We looked at care records and found they included infection control issues. One care plan stated that carers should wash their hands on arrival at their visit, between tasks and before leaving the home.
• We spoke with the provider who confirmed that personal protective equipment (PPE) was available to staff. This included items such as gloves and aprons.

Learning lessons when things go wrong
• The provider responded to accidents and incidents and measures were put in place to help minimise them reoccurring.
• Accidents and incidents were monitored to identify trends and patterns.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed and care was delivered in line with people's needs and preferences.
• Support plans we looked at had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
• The provider had a service user review pathway policy. This included an initial assessment by area supervisor followed by a 72 hour review also by area supervisor. A six-week review followed and then a six-monthly review to ensure people were happy with the support they receive and their package of care.

Staff support: induction, training, skills and experience
• People were supported by staff who had received appropriate training and support to carry out their role effectively.
• An organised system was in place to ensure staff received support in relation to their roles and responsibilities and an annual appraisal of their work was carried out. This included two work based assessments, two supervisions and one appraisal on an annual basis. Appraisals included a review of the previous year, what the staff felt about the provider, any training requirements, and an appraisal knowledge questionnaire.
• The service had a training policy which included mandatory, statutory, core skills, and role specific training.

• Staff we spoke with told us they received an induction when they commenced employment with the provider. They said they felt confident to work unsupervised, following the induction programme. This also included a series of shadow shifts were new staff worked alongside experienced staff.
• People we spoke with told us their regular carers were well trained and knew what tasks needed completing. Some people told us staff would benefit from training in how to prepare a meal. One relative said, "I think the carers cope with [relative's] dementia. I live very close, so I ask them to contact me if there's a problem, which they do. I can get my [relative] to do things that they can't, so it works quite well."
• Another relative said, "The newcomers need more help with what to do for me. Some of them don't know how to make a meal."

Supporting people to eat and drink enough to maintain a balanced diet
• People received sufficient food and drinks to ensure they maintained a healthy and balanced diet. During our inspection we visited some people in their homes. We observed one care worker preparing a meal for someone. This was in line with what the person asked for and was presented nice. The person said, "They always ask me what I want and it's always a nice meal."
• Care record we looked at included information about people's dietary requirements and any special

instructions to follow.
• Staff we spoke with confirmed they had sufficient time to suit with people and encourage them to maintain a balanced diet. One staff member said, "We will sit with people whilst they eat their meal particularly if they are at risk of choking."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People had access to healthcare professionals when they required their support.

Ensuring consent to care and treatment in line with law and guidance
• 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• We looked at care records and spoke with people who used the service and staff. We found the provider was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People we spoke with were very complimentary about the care workers, particularly their regular care workers. People told us the care workers were kind, caring, compassionate, friendly and approachable. One person said, "We've never had one [a care worker] who wasn't friendly and kind. They're always good to me too. We love them." Another person said, "All the carers are very nice. I can't fault them." And another said, "The carers are absolutely marvellous, so caring and patient."

Supporting people to express their views and be involved in making decisions about their care
• The company promoted their ethos and values which were good quality, person-centred and non-discriminatory care recognising that each person they support are individuals. The provider's values were dignity, privacy and respect, choice and control and transparency and quality.
• The service has a service user charter of rights which is promoted. This includes assisting people to make informed choices, each person had a right to care which did not discriminate them, has the right to refuse access to their own home, and a right to complain about the service that they receive.
• Care plans contained a 'my story' document, which included relevant information about what was important to and for people. This gave carers a background about the person and enabled them to chat about topics the person liked and were interested in.

Respecting and promoting people's privacy, dignity and independence
• People we spoke with told us the care workers gave people the opportunity to stay as independent as possible. One person told us that their health and wellbeing fluctuated every day and that the care workers understood this and accommodated their changing needs, allowing them to be as independent as possible on each day.
• One person said, "I have good and bad days. On a good day I can start to prepare a meal before the carers come. On a bad day I can't, so the carers have to do it all. But on the good days, the carers will do other things for me and they always ask what would help me on that day."
• People we spoke with told us that care staff listened to them and would try and help as much as possible. People told us they were never rushed and were given time. One person said, "I'm quite slow sometimes, but the carers never rush me. They let me take as long as I need, bless them." One relative said, "The carers don't rush [relative]. Even if they're running late they'll always ask [relative] if they need anything else doing."
• The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• We looked at people's care records and spoke with people who used the service and found people received person-centred care which met their individual needs.
• Care records we looked at detailed people's daily routines and any areas to be aware of such as medical conditions.
• Individual religious and cultural needs were identified in care plans including people's first language and if people were practicing any religion.
• People we spoke with told us the care staff listened to them and responded well to their needs. One relative said, "I tell the carers what [relative] likes to do for themselves, and they listen and do as I suggest. We all get on very well, it's all very amenable."
• Staff we spoke with knew people well and felt the care plans reflected people's needs. One staff member said, "Usually the field supervisor or care manager sits with people to find out their needs and then risk assess to make sure it is safe to go in their home. The care plan is then put in place. We are not allowed to visit the person until the care plan is in place."

Improving care quality in response to complaints or concerns
• The provider had a complaints procedure which was detailed in the welcome booklet which people received when they commenced the service. This gave details of who to contact if they had a concern and gave details of CQC and the local government ombudsman.
• A complaints tracker was in place to identify what went wrong, what the provider did and any learning outcomes. For example, inconstancy of care team and tasks not being completed resulting in breakdown of carer relationship. The provider took appropriate action to ensure this did not reoccur.
• Some people we spoke with had raised concerns with the office staff and there were mixed views about how well the office staff dealt with their concerns. The problems were mainly around the timing of visits. Some people felt their concerns were not seen as a priority and they were told there was nothing that could be done about arranging new times for visits. However, some people thought the office staff were friendly and polite and tried to help them where possible. One person said, "My relative made a complaint and the office dealt with it straight away. It's all sorted now." Another person said, "The office staff have always been helpful and co-operative when I've rung."

End of life care and support
• We spoke with the management team about end of life care and were informed that there was no one currently using the service who was receiving end of life care. The provider told us that when people were receiving end of life care, their care plans were updated to meet their needs.
• Staff were offered extra support extra and care coordinators ensured that people were receiving care in line with their preferences and choices. The provider was in the process of developing an end of life care plan.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The service had a registered manager who was supported by a team care co-ordinators.
• Staff we spoke with knew their roles and responsibilities.
• People we spoke with could name people in the office that they communicated with. People told us office staff were helpful and approachable.

Continuous learning and improving care
• The provider had a system in place to ensure the service was operating effectively. Where concerns had been raised, action plans had been devised to ensure issues were addressed promptly.
• Audits were in place to monitor the service. For example, an audit to monitor care records checked that good notes were recorded and information was clear, precise and accurate. Actions required were noted on the audit and followed up.
• The service held a compliance meeting on a regular basis with the compliance manager and members of the management team. This looked at compliance ratios, complaints and any trends arising from these, missed calls, medication concerns, safeguarding concerns, falls, accidents and incidents and audits. This helped the management team to focus on actions required to improve the service.
• The provider had a service improvement plan for 2019. This included areas the provider wanted to achieve in 2019. For example, the provider wanted to provide training for designated champions for areas such as infection control, health and safety and safeguarding.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Satisfaction surveys were completed and analysed and actions were noted and acted upon. We found the last survey included comments such as, 'Having this care has improved our lives, and the quality of care is excellent.' 'I am very happy with the company and the carers are great.' 'I wish I could have the same carers each day at an agreeable time as at the moment it can be hit and miss.' As a response the head co-ordinator worked with care staff and co-ordinators to ensure schedules were maintained and provided constancy. This showed the company recognised the importance of the purpose of building strong relationships between staff and service users. Another area raised was time keeping some people felt carers did not arrive on time. We saw the compliance manager monitored time reports on a weekly basis.
• Some people we spoke with could recall being sent a survey to fill out recently. Only two people we spoke with had completed the survey.
• Team meetings took place and discussed areas such as working relationships, completion of MAR charts,

sickness, confidentiality, staff plan and showed that staff were involved in making decisions about the company.

Working in partnership with others
• Part of the provider's improvement plan for 2019, was to create a social and community engagement plan that ensured local stakeholders and professionals could work collaboratively.
• The service had a communications and marketing manager, whose responsibility it was to engage with staff and people who used the service. For example, the service had a 'hero of the month' scheme, which identified staff who had achieved something during the month.