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Crediton Care Services

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 13, 14, 21 and 24 July 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was Crediton Care Services first inspection since registering with the Care Quality Commission in July 2013.

Crediton Care Services provides personal care and support to people living in their own homes in Crediton and the surrounding areas. At the time of our inspection there were 65 people receiving a service.

When we visited there was 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.

Service checks were completed on a regular, but informal basis. The management team recognised that records were not robust because they spent so much time

Summary of findings

working alongside people in the community. They knew that paperwork was not always completed because their main focus was on caring for people. They accepted that their record keeping needed to improve.

People felt they received personalised care and support specific to their needs. However, records lacked personalised detail.

Staff did not receive formal supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities.

People felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. People's rights were protected because the service followed the appropriate processes.

People's preferences, views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

Staff relationships with people were strong, caring and supportive.

Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were managed appropriately.

Good

Is the service effective?
One aspect of the service was not effective.

Staff did not receive formal supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities.

Staff received a range of training to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because the service followed the appropriate processes.

People were supported to maintain a balanced diet.

Requires improvement

Is the service caring?
The service was caring.

People said staff were caring and kind.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Good

Is the service responsive?
One aspect of the service was not responsive.

People felt they received personalised care and support specific to their needs. However, records lacked personalised detail.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Requires improvement

Is the service well-led?
Some aspects of the service were not well-led.

Requires improvement

Summary of findings

Service checks were completed on a regular, but informal basis. The management team recognised that records were not robust because they spent so much time working alongside people in the community.

Staff spoke positively about communication and how the management team worked well with them.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

Crediton Care Services

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.

This inspection took place on 13, 14, 21 and 24 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses domiciliary care services.

Before the inspection, the provider completed 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 reviewed the information we held about the home and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care.

We spoke with 14 people receiving a service, including visiting one person in their home, two relatives and six members of staff, which included the registered manager and providers. We reviewed five people's care files, three staff files, staff training records and a selection of policies and procedures and records relating to the management of the service. Following our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people.

Good

Is the service safe?

Our findings

People felt safe and supported by staff in their homes. Comments included: "Yes of course I do. My carers are No 1" and "They're all very kind."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff records confirmed most staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. One member of staff who started working for the service in February 2015 had not completed safeguarding training, however when we returned on 24 July 2015, the management team had arranged safeguarding training for the following week.

The management team demonstrated an understanding of their safeguarding roles and responsibilities. For example, they had liaised appropriately with the local authority when there were concerns that a person was potentially being physically abused by a relative. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls management, moving and handling, personal care, skin integrity and nutrition. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. These included methods such as providing reassurance when a person was upset.

People confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and them staying the allotted time. One person commented: "I have a core care team which helps with consistency." Staff confirmed that people's needs were met promptly and felt there were sufficient staffing numbers. The management team explained staffing always matched the support commissioned by the local authority and skill mix was integral to this to suit people's needs. Where a person's needs increased, staffing was adjusted accordingly and was agreed with health and social care professionals and the local authority. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The management team explained that regular staff and members of the management team would be arranged to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. The providers had recently stopped taking new referrals due to the difficulties in recruiting suitable staff to meet people's individual needs. They had recognised that they were spending an increasing amount of time caring for people and not dealing with the paperwork demands required to ensure a safe and quality service.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. Staff had received medicine training to ensure they were competent to carry out this task. Staff were confident supporting people with their medicines. The management team checked medicine records whilst out in the community to ensure staff were administering them correctly. We checked these records and found them to be completed appropriately by staff.

Requires improvement

Is the service effective?

Our findings

Staff did not receive on-going formal supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. The providers worked very closely with staff in the community and relied on informal methods of support. For example conducting spot checks and observations of staff carrying out their roles. These checks were not formally recorded to demonstrate they had taken place.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People thought the staff were well trained and competent in their jobs. Comments included: "Yes. They are very well trained. A new member of staff shadowed an existing carer first"; "They are very, very well trained" and "They are all skilled and competent."

Staff confirmed that they felt supported by the management team. Staff commented: "I couldn't ask for better employers, they are so supportive"; "Brilliant support" and "The support is great, the management team work closely alongside us in the community."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. People commented: "Yes they are. They put cream on my legs for me and chat with me"; "They are really, really good" and "Yes, they can do anything I ask of them."

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professional involvement in people's individual care, on an on-going and timely basis. For example, GP and district nurse. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. A hospice nurse commented: "The staff are good at reporting any concerns to the district nurse and hospice care team."

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a three month probationary period, so the organisation could assess staff competency and suitability to work for the service and whether they were suitable to work with people.

Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, first aid, moving and handling and dementia awareness to ensure staff could meet people's individual needs. This showed that care was taken to ensure staff were trained to a level to meet people's current and changing needs. A personal development manager commented that they felt staff were competent in carrying out their roles and all showed maturity in recognising the need to continue to learn. Staff were completing health and social care qualifications at varying levels for their own personal development.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.

Staff had not received training on the Mental Capacity Act (2005) (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. However, staff were able to demonstrate an understanding of the MCA and how it applied to their practice. When we returned on 24 July 2015 the management team had arranged MCA training for the following week. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care.

Requires improvement

Is the service effective?

People were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks. Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits with the need to consult with health professionals involved in people's care. For example, if a person was eating less and weight loss was evident.

Good

Is the service caring?

Our findings

People felt cared for by staff. Comments included: “They’ll do anything that you ask them to”; “I benefit from having continuity of the same staff”; “I’ve no faults with any of the staff”; “They treat me very well”; “They are absolutely superb. The two people I get are like family but always professional”; “They care for me. I wasn’t well a while ago and the carer stayed until the ambulance came”; “I can ask them if I want anything. They are very polite and ask you before they do anything” and “They manage things professionally.”

The service had received several compliments about the care provided. These included: “Thank you for looking after Dad and supporting us at a difficult time”; “You have many bright shining stars at Crediton Care Services for whom caring is important. I was totally impressed by your dedication and professionalism” and “You give compassionate care and sensitive support.”

Staff treated people with dignity and respect when helping them with daily living tasks. Staff told us how they maintained people’s privacy and dignity when assisting with personal care. For example, asking what support people required before providing care and explaining what needed to be done so that the person knew what was happening. People commented: “They close doors and make sure I’m covered up”; “My privacy and dignity is always respected” and “They are all very polite and check things out to make sure I’m OK with things.” A relative commented: “They close the door and she’s happy with how it works.” Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. Comments included: “As my health has improved, I can do more things myself but they keep an eye on me”; “The care and support I get enables me to live independently”; “They have helped me to come to terms with my diagnosis” and “They know I am very independent and respect that.” A relative commented: “The care is adapted to her needs.”

We heard and saw staff supporting people. They demonstrated empathy in their conversations with people they cared for and in their discussions with us about people. People commented: “They chat with you and get to know you”; “They are perfect” and “I have a small number of carers and we have got to know each other.” Staff showed an understanding of the need to encourage people to be involved in their care. A comment included: “They are there to make sure I look after myself properly with things like making me a meal, making sure I’ve taken enough fluids, medication, etc.”

Staff relationships with people were strong, caring and supportive. For example, staff spoke confidently about people’s specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. People commented: “They really do care” and “They are professional, kind and good humoured.” Staff demonstrated how they were observant to people’s changing moods and responded appropriately. They explained the importance of supporting people in a caring and calm manner by talking with them about things which interested them and made them happy in order to provide reassurance. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. Staff at Crediton Care Services went beyond their roles on a regular basis when caring for people. Some examples included, at Christmas the service had teamed up with a local pub to ensure those people living alone received Christmas dinner; a staff member taking a person home for Christmas dinner to ensure they experienced a lovely time and providing end of life support outside of their contracted hours to make sure the person felt reassured by people who knew them well. One person commented: “They go over and above their roles.”

Requires improvement

Is the service responsive?

Our findings

Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. However, care files were not personalised to reflect people's likes, dislikes and preferences. In contrast, people felt they received personalised care and support specific to their needs and preferences. Comments included: "My care is tailored to my needs as required" and "I chose the way the care works and they (the staff) ask me if there is anything else I need help with and chat to me once things are done." People mainly felt involved in the planning of their care. However, records did not demonstrate this involvement and reviews tended to be on an informal basis.

Care files included personal information and identified the relevant people involved in people's care, such as their GP and district nurse. The care files were presented in an orderly and easy to follow format. People's needs were assessed prior to receiving care and support from the service. This enabled care to be planned appropriately. However, care files did not include a history of people's pasts which would have provided a timeline of significant events which had impacted on them. There was little evidence of people's likes and dislikes being taken into account. We raised our findings with the registered manager, who acknowledged that care files did not contain enough information about people's likes and dislikes.

Care plans were broken down into separate sections, making it easier to find relevant information, for example, physical health needs, personal care and eating and drinking. However, they were not detailed and provided only basic information about people's specific needs. There was a reliance on staff knowing people and the management team spending a high percentage of time out in the community caring for people.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. One comment included: "I would speak to staff if I had any concerns or call the office." Other people knew how to complain and felt their complaints would be acted upon. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority and the Care Quality Commission. People were also provided with the complaints procedure when they started using the service. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints.

Requires improvement

Is the service well-led?

Our findings

Service checks were completed on a regular, but informal basis. For example, the management team would check care records whilst out in the community and conduct observations of staff members work. The management team recognised that records were not robust because they spent so much time working alongside people in the community. They knew that paperwork was not always completed because their main focus was on caring for people. As a result of the management team spending the majority of time caring for people, they had not ensured systems were in place to ensure records were completed. For example, staff supervisions and the personalisation of care records. Also, it had not been identified that staff had not received training in the Mental Capacity Act (2005). We discussed how records were needed to demonstrate the service could demonstrate they were safe and of a high quality. They accepted that their record keeping needed to improve.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture. Staff commented: "The management team operates an open door policy and we can always go to them if we need to" and "The management team are always available and helpful." People commented: "They are a good firm"; "We couldn't be more pleased"; "They are perfect, I can't complain"; "I would recommend Crediton Care Services to anyone" and "The management team are fantastic. The staff look up to them."

Staff confirmed that they had attended staff meetings and felt that their views were taken into account. Meeting minutes showed that meetings took place on a formal basis and were an opportunity for staff to air any concerns as well as keep up to date with working practices and issues affecting the service.

People's views and suggestions were taken into account to improve the service. For example, surveys had been completed by people using the service, relatives, staff and health and social care professionals. The surveys asked specific questions about the standard of the service and the support it gave people. Where comments had been made these had been followed up, such as a staff member being spoken to about their appearance and more uniforms ordered. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of encouraging independence, choice, privacy and dignity and people having a sense of worth and value. People using the service, relatives, staff and health and social care professionals confirmed that the organisation's philosophy was embedded in Crediton Care Services.

The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP, hospice care team and district nurses. A Health professional commented: "I am very pleased with Crediton Care Services. The care is of a very high standard and staff treat people with respect. The staff listen to people's wishes and work alongside them."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff did not receive formal supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Regulation 18 (2) (a)

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People's care files were not personalised to reflect people's likes, dislikes and preferences. Records did not demonstrate people's involvement and reviews tended to be on an informal basis. Regulation 9 (1) (3) (a) (b) (d)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Recordkeeping and audits were not always robust and up to date to demonstrate the service was safe and of a high quality. Regulation 17 (2) (a) (c) (d)