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Craven Home Care

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

This announced inspection took place on 23 and 24 October 2017. This was the first inspection since the service was registered with the Care Quality Commission (CQC) in August 2015.

Craven Home Care provides personal care and support for people living in their own homes. The office is based in the town of Earby and the services are provided in the surrounding rural and semi-rural areas.

There was no regulatory requirement to have registered manager as the provider also acted as the manager and was responsible for the day to day operation of the service. The provider was registered with the Care Quality Commission to manage the service. 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 using the service consistently told us they felt safe and staff were caring and treated them well. They told us staff were like their family and they trusted them implicitly. Safeguarding adults' and children's procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and wellbeing had been assessed and managed. People received their medicines safely.

Staff were recruited following a safe and fair process. People received care and support from a consistent team of staff with whom they were familiar. Staff arrived on time and stayed for the full time allocated. People spoke positively about the staff that supported them and told us they were always treated with care, respect and kindness. Staff were respectful of people's privacy and maintained their dignity. Staff had developed good relationships with people and were familiar with their needs, routines and preferences.

Staff had sufficient knowledge and skills to meet people's needs effectively. They completed an induction programme when they started work and they were up to date with the provider's mandatory training. They were well supported by the management team and they enjoyed working for the agency.

People were involved in the development and review of their care plans and were able to influence the delivery of their care. Staff had up to date information about people's needs and wishes and there were systems in place to respond when their needs changed. People were supported to have maximum choice and control of their lives and their healthcare needs were monitored as appropriate. People were supported with their dietary needs in accordance with their care plan.

Staff supported people to access the local community and to pursue their leisure interests. Good links had been developed with the local community and the provider arranged regular events for people, their families and staff.

People had no complaints about the service they received or about the staff that provided their care and

support; they were aware of the complaints procedure and processes and were confident they would be listened to should they raise any concerns.

People were provided with a safe, effective, caring and responsive service that was well led. People made positive comments about the leadership and management of the agency. Systems were in place to monitor the quality of the service and people's feedback was sought in relation to the standard of care and support.

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 were trained to recognise any abuse and they knew how to report any concerns.

Safe recruitment procedures were followed. There were enough staff available to provide people with consistent and flexible support.

Risks to people's wellbeing and safety were being assessed and managed.

People's medicines were managed safely and staff who administered medicines had received appropriate training.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were trained and supervised in their work.

Staff and management had an understanding of the MCA 2005 legislation. They supported people to express their views and make decisions about how their care and support was managed.

People were supported to have sufficient to eat and drink in line with their care plan.

Is the service caring?

Good ●

The service was caring

People told us staff were very kind and caring.

People told us staff respected their privacy and dignity and did not rush them when providing care. They told us staff encouraged them to be independent.

People were able to make choices and were involved in decisions about their care. Staff had developed good

relationships with people.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they received support from the agency. People told us their care and support needs were discussed with them and they received personalised care which reflected their needs and their preferences.

People's needs were reviewed regularly and staff were kept up to date with any changes in people's needs or any risks to their health, safety and wellbeing.

People had no complaints about the service they received. They felt able to raise concerns with the staff or the provider.

Is the service well-led?

Good ●

The service was well-led.

The provider also acted as the manager and was responsible for the day to day operation of the service. People were very happy with the management of the service.

People's satisfaction with the standard of the service they received was monitored and appropriate action taken to address any shortfalls. There were effective systems in place to monitor the overall quality and safety of the service.

Craven Home Care

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 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.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on 23 October 2017 and ended on 24 October 2017. We visited the office location on 24 October 2017 to meet with the registered provider and the training manager and to review care records and policies and procedures.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for three people, medicine administration records, staff training records, two staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the most recent customer satisfaction survey completed by people using the service.

Prior to the visit to the agency office, we spoke with four people using the service, two relatives and three staff over the telephone. The inspection was carried out by one adult social care inspector.

In preparation for our visit, we checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send us by law.

The inspection was informed by feedback from questionnaires that we sent to 23 people using the service and 23 relatives; we received nine completed questionnaires from people and one from a relative. 16 questionnaires were sent to staff and ten were returned and eight questionnaires sent to community

professional staff with none returned.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People told us there were sufficient staff to provide safe care and support for people. All people spoken with told us they felt safe receiving care from staff at the agency. They said, "I feel safe with them; I trust them implicitly" and "I feel safe that they know me and they know what they are doing." Relatives told us they had no concerns about the safety of their family members. One relative said, "I know [my family member] is safe and happy."

We reviewed the systems in place to safeguard the people who used the service from the risk of abuse. Policies and procedures for safeguarding people from harm were in place. Staff we spoke with were able to explain the correct action that they would take if they witnessed or suspected that abuse had occurred. They told us they would also feel confident to report any poor practice they observed and were confident the provider would take any concerns very seriously. Staff received additional training on how to keep people safe, which included moving and handling, infection control and first aid.

Prior to the inspection, we sent out a satisfaction questionnaire to people and their relatives to seek their views on the service. All people who responded indicated they felt safe from harm or abuse from the staff.

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. The assessments were updated once a year or more often if people's needs or circumstances changed.

Some people were supported with shopping. This support had been risk assessed and a record of any transactions on the person's behalf had been maintained. However, we noted one person's support plan did not include the risks associated with this task which was undertaken on an infrequent basis. The provider assured us the appropriate records would be updated. One person told us staff supported them with their shopping. They said, "They always bring me a receipt. I trust them."

Records were kept of any accidents or incidents. The provider checked all accident and incident records to make sure any action was effective, to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again. The provider told us the incident analysis records were being reviewed.

We looked two staff recruitment records and found appropriate employment checks had been completed before staff began working for the service. All files contained proof of identity and two references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to protect people from being cared for by unsuitable staff.

People told us there were sufficient staff to meet their needs. Duty rotas were prepared in advance and the training manager told us new care packages were not accepted unless there were sufficient staff available. Staff confirmed they had adequate time to travel between visits without rushing and people confirmed staff arrived on time. They said, "Staff arrive on time but will let me know if they are going to be delayed" and "They text me when they are on their way." Some people were provided with a weekly rota and knew which carer to expect and when, whilst other people received text updates.

People were happy with the support they received with their medicines. The level of assistance each person needed was recorded in their support plan along with guidance on the management of any risks. We found that there were safe and effective processes in place for the safe management of people's medicines. However, we noted staff did not have clear guidance to support them with their decisions to administer 'as needed' medicines; the provider assured us this would be developed further. Also we noted the reasons for non-administration of medicines were not always recorded clearly. We discussed this with the provider and were assured this would be reviewed and shared with staff. Staff who were responsible for the safe management of people's medicines had received appropriate accredited training and checks on their practice had been undertaken. Policies and procedures were available for them to refer to.

There was a business continuity plan, which set out plans for the continuity of the service in the event of emergency events such as severe weather. Staff were provided with sufficient personal protective equipment, including gloves and aprons. People were given a telephone contact number for any difficulties during and out of hours. Emergency, lone working and on-call procedures were included in the staff handbook; this kept people safe.

Is the service effective?

Our findings

People were confident the staff had the skills and knowledge to provide them with effective care and support. Everyone we spoke with was happy with the care they received and told us that it met their needs. They told us they received support from familiar and consistent staff who arrived on time and stayed the correct length of time. They also said the care staff had the skills and knowledge they needed and staff were familiar with their needs. This was confirmed by care staff.

People said, "The staff are really good; I like them all", "I am happy with the support that I get", "I get the same team of staff time and time again. I can sit back and relax", "They try to send the same staff but they are all familiar to me", "They never rush me", "I'm so glad I changed agencies; they have taken away massive stress from me" and "I get a variety of staff. They are all lovely and all know how to do their job properly." Relatives also made positive comments about the service. They said, "The carers stay the agreed length of time" and "They know what they are doing; I have every confidence in them."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. One member of staff had received additional training to provide other staff with the training and practical support they needed. This ensured training could be provided face to face, relevant to the people being supported and could be tailored to staff needs. We also noted staff had been provided with training to meet the specialised and complex needs of people receiving a service. Staff confirmed their training was useful and beneficial to their role and helped them to meet people's needs, choices and preferences.

Records showed new staff received an induction into the routines and practices of the agency. This included a period of time working with more experienced staff until they were confident they had the confidence and skills to work independently. Records showed their practice and conduct was kept under close monitoring until their probationary period had ended. All new staff completed induction training based on the Care Certificate when they commenced work with the agency. Records showed all existing staff had received Care Certificate training to refresh their knowledge. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff told us they received regular one to one supervision which enhanced their skills and learning. Supervision included observations of their practice and an annual review of their performance. Supervision meetings provided an important opportunity for staff to discuss their progress and any learning and development needs they might have. Staff told us they were supported by the management team.

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 when this is in their best interests and legally authorised under the MCA. Any application to do so must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found the agency had policies and procedures related to the MCA and staff had received appropriate training. Staff spoken with had an understanding of the principles of the Act and understood the need to ask people for consent before carrying out care. We saw consent forms were used by the agency to demonstrate people's agreement with the support provided. People's mental capacity to make decisions was considered as part of the assessment and care planning processes.

People were supported at mealtimes in line with their plan of care. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. We noted from the records that staff received food safety training.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. They also contained the contact details for people's GP and next of kin to be used by staff if they had concerns about people's health or well-being.

Is the service caring?

Our findings

People told us the staff always treated them with care, respect and kindness. People said, "I am always treated with care and kindness", "I am treated with respect" and "I am encouraged to do things for myself if I can." Relatives said, "They come in and they care and they show respect", "They respect that we have a life and work around what we want" and "They respect that it is my home. They don't leave until we are happy and they are not in a rush."

People told us the management team and staff were very kind and caring. People said, "They go above and beyond what is expected. It's wonderful and makes me feel so loved and cared for", "They are more like family and they include us in things that are going on" and "They do the extra things that make a big difference." Staff said, "It is like an extended family" and "We care about everyone and everyone is respected as an individual."

Staff told us they always tried to match the skills and interest of staff with the people they were supporting. A relative said, "They have provided staff who get on with [my family member]." One member of staff said "[The provider] is very perceptive and can usually tell who will get on with who."

Staff understood their role in providing people with person centred care and support. They were aware of the importance of maintaining and building people's independence as part of their role. People told us staff worked with them to promote their confidence and their independence. One person commented, "They have given me confidence and helped with my ability to do things for myself."

We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records were stored securely in the registered office in order to maintain people's confidentiality.

People told us they were had regular discussions with staff about the support they needed and were always involved in developing their care plans. They said their views were listened to and respected. Staff visited people on a regular basis which helped them get to know the person and how best to support them. People told us, "They listen to me. I can tell them what I want and the way I want it doing."

People told us their privacy was respected and staff were respectful of their homes and their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care.

People were given a service user guide and information pack when they began receiving a service. The service user guide provided a detailed overview of the services provided by the agency, the aims and objectives and what people could expect from the service. People said the information was clear and easy to understand; the information was available in easy read and other languages. There was information about advocacy services which could be used when people wanted support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

People said staff were always responsive to their needs and they were involved in decisions about their care. They said, "They have helped me a lot", "They will juggle things around if I need anything doing differently", "I can ask them to do anything. They are more like family to me. I look forward to their visits", "I have no complaints and have absolutely no problem at all with the service" and "There has not been any occasion when I have had to complain." A relative said, "I can tell [the provider] if anything is wrong."

We looked at the arrangements in place to plan and deliver people's care. Before a person received a service from the agency a detailed assessments of their needs was undertaken; information was gathered from various sources about all aspects of the person's needs, choices and abilities. The provider or training manager always attended the initial visit to assess people's needs and to determine the support they wanted; they also considered which staff would be most suitable to support the person.

People had an individual care plan which was underpinned by a series of risk assessments and included people's preferences and details about how they wished their support to be delivered. We found the information identified people's needs and provided guidance for staff on how to respond to them. We noted one care plan had not been updated with recent changes relating to moving and handling. The provider explained they were waiting for confirmation of the changes and specialist training from the commissioners. One care plan was written in an easy read format that had been designed by the person in consultation with staff. This showed people were involved and consulted.

The plans were reviewed at least once a year or more frequently if there had been a change in need. People told us they were consulted and involved in decisions relating to their care and support. Staff were confident the plans contained accurate and up to date information and told us they were involved in any care plan reviews. Staff also confirmed there were systems in place to alert the senior staff of any changes in needs in a timely manner.

Records of the care and support provided to people were completed at each visit. This enabled staff to respond to any changes in a person's well-being. We noted the records were detailed and written in a respectful way.

People were supported to access the local community and to pursue leisure interests in line with their care plan. The provider shared examples of how people were supported with their leisure activities. One person was supported by the agency to attend football matches; future fixtures were considered when the rota was being prepared. Some were supported with holidays away from home and others attended local shows and events with staff. One person told us staff accompanied them to hospital appointments. They said, "They organise it for me and make sure transport is booked. I don't have to worry about anything."

The provider developed and maintained good links with the local community. People told us the provider arranged regular events for people, their families and staff. The provider said, "We provide transport and a buffet with sometimes a disco in the evening. Everyone is welcome and it stops people feeling isolated."

Staff also told us the provider ensured people were never left alone on Christmas day and would be taken out for a meal with staff. People were looking forward to the Christmas event where a staff award ceremony was planned.

People were provided with the agency's complaints procedure when they started receiving care. People told us they were aware how to raise their concerns and were confident any concerns would be listened to. They told us the provider was accessible and approachable and would deal effectively with their concerns. People told us they had no complaints about the service. One person said, "Anything minor is dealt with there and then."

There had been one complaint made about this service in the last 12 months. Records showed appropriate and timely action had been taken to respond to the complaint. The information had been shared and discussed with staff to help improve the service and to prevent any re occurrence.

There had been a number of compliments made about the agency. They included, "A huge thank you for everything from your team", "Fantastic people", "Fabulous" and "It was a reassurance to me knowing that your team were so caring."

Is the service well-led?

Our findings

People made positive comments about the leadership and management of the agency. People described the provider as 'caring', 'well thought of' and 'a workaholic'. One member of staff said, "[The provider] will do whatever it takes to make sure people are looked after properly. She expects nothing less from her staff."

People said, "Everything works really well", "I know I can talk to [the provider]. I can trust her as she is very open and will say if things are not right." Staff comments included, "I have a good relationship with [the provider]", "[The provider] is incredibly supportive", "[The provider] works on the rota; it is really good as she knows people really well and keeps an eye on other things" and "[The provider] is the best person I have ever worked for. She really does care and encourages staff to go over and above."

The provider also acted as the manager and was responsible for the day to day operation of the service. There was no regulatory requirement to have registered manager. The provider had set out planned improvements for the service in the Provider Information Return which showed us they had a good understanding of the service and strove to make continual improvements. The provider kept up to date by attending partnership meetings with an external compliance training provider, receiving CQC updates, developing links with other local providers and being involved with the local authority provider forum.

There was a management structure in place. The provider was supported by a training manager. The role of senior staff had recently been introduced to ensure a recognition of length of service, commitment and staff skills. The senior staff role included designated areas of responsibility and service provision and mentoring new staff members. Staff were aware of their roles and responsibilities and were provided with job descriptions, contracts of employment, policies and procedures and a staff handbook, which outlined their roles, responsibilities and duty of care.

Staff told us they had received the training they needed and were well supported. All staff spoken with told us they enjoyed working in the service and found the provider to be approachable and always available for advice or support. One member of staff said, "I enjoy my job immensely and enjoy the fact that I can use my skills and judgement to enhance the care that we provide as an agency. I feel supported by management and am often asked for opinions and feedback on the care of service users which is shared with co-workers as required."

Regular staff meetings had taken place. Staff were able to discuss the quality of the service provided, the standards expected and any other issues. They told us they were able to contribute to the meetings and their views were always listened to. Staff attended the registered office so they could receive any required updates; updates were also received by text message.

The provider monitored people's satisfaction with the quality of the service by working as part of the team and visiting people's homes. During her visits she was able to take time to talk to people about their care and their experiences of the service they received. People were given the opportunity to complete customer satisfaction questionnaires. We looked at the results of the recent survey and noted people were satisfied

with the overall service provided.

We looked at the systems in place to monitor the quality and safety of the service. The provider worked alongside staff in people's homes and as such was able to review the care records to ensure they were appropriately completed and to directly observe staff practice when they provided people with support. We also saw checks had been completed on the standard of records returned to the agency office; the provider assured us the records would be signed to support a review had been completed.

There were systems in place to identify and respond appropriately and in a timely manner to any shortfalls. Visits to people's homes were monitored by analysing the data from the visit records which staff used each time they visited a person's home or from attendance records completed by staff. The provider told us they were unable to use a computerised telephone tracking system as there were serious issues with the quality of the signal in some areas where they worked.

We found that people's care records and staff records were comprehensive, clear and up to date. They were appropriately stored and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding teams. Our records showed that the provider had appropriately submitted notifications to CQC and other agencies.

The agency had provided sponsorship to support local police with increasing school children's awareness of keeping safe on line and had attended the Care Awards following a number of nominations made about the staff and the service.