C & S Homecare Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 26 July and 1 August 2018 and was announced. At the last inspection we rated the service overall as 'Requires improvement' at this inspection we saw the required improvements had been made.

This service provides care at home to older adults and younger adults living with a range of health conditions and needs to live independently in the community within the Alfreton area. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, thirty people were receiving personal care as part of their care package.

C and S Homecare had a registered manager in post, who was also the owner and provider in partnership with their husband. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received a service which was safe. We saw that staff understood how to keep people safe and knew how to report any concerns. Risk assessments had been completed to cover all aspects for people's care, including any equipment they required to support them when transferring. People received consistent staff who had received the appropriate recruitment checks. Staff knew how to handle medicine safety and to reduce the risks of infection.
The latest guidance was available to support staff to understand specific conditions. Staff had received induction and ongoing training for their role. When people received support with meals this was done through choice and dietary needs. People's health care was monitored supported in this area when required. 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 told us they had established positive relationships and this made all the difference to the care they received. Respect and dignity had been maintained along with supporting people to remain as independent as they were able to be.

There was a responsive approach to people's needs. The hours of support were flexible to meet people's needs on a week by week basis. The care plans were detailed and included information in relation to people's equality needs and information access. When complaints to the service had been received they were investigated and responded to formally with an apology and an outcome.

The service was supported by a registered manager who understand the regulations and ensured we received notifications and information in relation to these. People's views had been obtained through a

questionnaire and when they received a review of their care.

A range of audits had been used in relation to care plans and medicines management. Staff felt supported and enjoyed working for this provider. Partnerships had been established to support the needs of people's making the links with health and social care professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People received care from consistent staff, who had their employment checks completed. Staff knew how to keep people safe from harm and to reduce the risk of infections.

Risk assessments had been completed which covered all aspects of people's environment and care needs. Medicines were managed safety.

Is the service effective?

Good

The service was effective

People were supported to make their own decisions and when required best interest meetings had been completed.

Staff supported people with their dietary requirements and ongoing health care needs. Training was provided to staff to ensure they had the correct skills for their role.

Is the service caring?

Good

The service was caring

People received care from consistent staff who had established relationships with them. Consideration was made to ensure people's dignity and respect was maintained.

Is the service responsive?

Good

The service was responsive

The care plans contained information and details to enable to staff to provide the care required. These included people's equality needs and communication methods.

Some people were supported to continue to enjoy social activities and interests. Complaints had been addressed.

Is the service well-led?

Good

The service was well led

The registered manager understood the requirements of their registration. People's views had been obtained and any suggestions followed up to drive improvements.

Staff felt supported in their roles. Partnerships had been developed with a range of health and social care professionals.

C & S Homecare Limited

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 was announced and completed by one inspector and an expert by experience. The provider was given 3 days notice because the location provides a domiciliary care service and we needed to be sure that the registered provider and their staff would be available. The inspection site visit activity started on 26 July and ended on 1 August 2018. It included telephone calls to people using the service and relatives, which were carried out by 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. We visited the office location on 1 August 2018 to speak with the registered manager and office staff; and to review care records and policies and procedures. In addition, the inspector also visited two people within their own home who received services.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

We also 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.

We spoke by telephone with eleven people who used the service and six relatives. We also spoke with three members of care staff, the senior care staff, the care coordinator and the registered manager.

We looked at the care records for five people to see if they were accurate and up to date. In addition, we looked at audits completed by the service, in relation to reviews and medicine management. We also looked at recruitment folders for three staff to ensure the quality of the service was continuously monitored and

reviewed to drive improvement.

Good

Is the service safe?

Our findings

Our last inspection found whilst the provider was not in breach of any regulations there were aspects of care relating to risk assessments which we asked the provider to review. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

The registered manager told us they had introduced new paperwork which covered all areas of risk. We reviewed the paperwork in several people's care plans and found that any risk had been identified and guidance was in place to consider and reduce the risk. For example, when using a hoist to support people to transfer. Other risks related to people's home which could have reflect a trip hazard, for example loose mats. People were advised to remove these and the information was documented. One home had issues with the environment due to the people not wishing to part with any item. Over time the staff and manager had been able to remove some items to reduce the fire risk. The person told us, "It's a lot better than it used to be." The registered manager told us, "We move things a little bit at a time and in consultation with the people, it's about trust."

Some people had a key safe. This enabled the staff to be able to access peoples home directly. One person told us, "I feel safe having the key safe as it means my door can be locked all the time." The numbers to the key safes were only shared with staff who needed to know.

People were supported to be safe from abuse or harm. One person said, "I feel safe with all the staff and comfortable when I receive my care." Staff had received training in safeguarding and understood the possible signs of abuse and how to raise a concern. One staff member said, "We need to ensure we protect people." Staff were able to describe what situations would constitute a concern and how they would report it. One staff member said, "The manager would definitely deal with any concerns, they are not one to leave things."
There was sufficient staff to support people's needs. People told us they had regular carers and those we spoke with had received a weekly rota telling them who would be calling to provide their care. One person said," l always get the carers I want daily it's like being looked after by a friend" Staff we spoke with also felt there was enough staff. One staff member said, "I get a regular routine and the same people, which is good as you get to build up a rapport. This is especially good for people with dementia as they remember your face if not your name." The registered manager told us they had recruited some new staff to support the team and so they could consider any additional calls.

We saw that checks had been carried out to ensure that the staff who worked at the service were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

People's medicine was managed safely One person told us, "The staff record on the paper work in the care

folders." Staff had received training in the safe handling of medicines. A relative said, "We have one call at midday, they get [name] a hot meal and make sure they take their tablets. It works well for us." We saw that at each home when people received support there was a medicine administration form in place. This was so that staff could sign when the medicine had been given. One person had an additional tablet which needed to be added, we saw this was done in accordance with medicine guidance with two staff signatures. The registered manager had introduced an additional form so that when the medicine was delivered it was checked and signed off. This meant that any errors could be identified immediately and rectified.

When staff supported people with their care they ensured they protected people from the risk of infection. All care staff wore uniforms and when providing care or food preparation wore gloves and aprons. One person told us, "Staff always wash their hands before they start work and again before they leave."

The registered manager told us they were always making changes to drive improvement, after events had occurred. For example, they had an experience when a person had been discharged from hospital without the service being informed and this person was left without support. To ensure did not happen again the service had set up a system of daily calls to the hospital to check on the individual's status. This had ensured that there was clear line of communication and that when the person returns home the service can recommence immediately.

Good

Is the service effective?

Our findings

People's needs and choices had been considered when they received care. One person told us, "I think the staff genuinely care about me and what my needs are daily." The care plans also provided guidance. For example, one care plan said, 'Remember to put weaker left side in sleeve first.' This was due to the person having had a stroke. The plans also contained information relating to people's long-term condition. This enabled staff to understand how peoples condition could affect them and the type of support the person might require.

Staff had received training to support their role. Some people had specific items of equipment to support their personal care needs. Staff had received training in the use of this equipment. One staff member said, "You are shown how to use it and supported until you feel confident." We saw that staff could request additional training. One person had requested training in diabetes. This had been provided through an on line course and distant learning. It was also followed up in the person's supervision to ensure they now felt confident in this area.

Staff members told us when they commenced their role they were supported with training and shadowing with experienced staff. One staff member told us, "I was observed doing moving and handling before I was able to do this independently." New care staff completed the Care Certificate. This demonstrates key skills, knowledge, values and behaviours which should enable staff to provide people with safe, effective, compassionate and high quality care.

Some people had support with their meals. One relative said, "I always make sure [name] has a fridge full of food so the staff can give plenty of choice. Last week when it was very hot they didn't fancy anything in particular so the staff made them an omelette and they are still going on about how nice it was." Staff told us they encouraged people to have a choice of meals. We saw that meals were recorded. One staff member said, "We can look to see what people have had and encourage them to vary their choices." Some people were at risk due to poor appetites. For these people a specific food chart was in place and some people had dietary requirements which were followed. We saw when people were diabetic, information was detailed which showed the guidelines for the person's blood sugar levels and the action to take if these readings went outside these levels. One staff member said, "There is always someone there to help on the phone if you're not sure." This meant staff received the correct information to support people's dietary and health needs.

People remained in control of their own health care. However staff were aware how to support people if needed. A staff member told us they had raised the alarm when someone recently had showed some confusion. They told us, "It's not like them, so I know something was wrong. We contacted the GP and they advised us to get a sample which we did, now they have some medicine." Some relatives had told us they had received a call when their relative had been unwell.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. We checked whether the service was working within the principles of the MCA. 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. The authorisation procedures for this in people's own home are referred to the court of protection (CoP). At the time of the inspection there had been no applications made to the CoP.

We saw that when people lacked capacity they had received an assessment and this linked to a best interest meeting to support the decision. These included the relevant professional and family member. Staff had received training in MCA and understood the importance of people being able to make their own decision. One staff member said, "We give the information as easily as possible, then let people make a decision. For bigger decisions they may wish family to support them." This meant people were supported with their decisions.

Good

Is the service caring?

Our findings

Relationships between the care staff and people had been developed and established over time. One person said, "I am very happy with the care I get daily I have four visits a day. The staff are just great I always know who is coming and they know exactly what I need them to do." Relatives also supported this view, one relative said, "From the first day the staff came, it has changed my life. I know longer need to worry if I can't get to visit daily and if there is a problem I will get a phone call to let me know." When a new carer started they were always accompanied by a regular carer and only attended the call on their own when it was felt they were competent to do so and that the person was happy to have them.

People were supported to remain independent, but support was always available if needed. One person told us, "Nothing is ever too much trouble for the care staff." One relative said, "All the staff who come in to look after [name] are brilliant they do everything they needs them to do and I know they are never rushed. In fact, I know staff stay with them longer than they should just to make sure they have all their needs met."

We saw that when reviews were completed by the supervisor who discussed the suitability of the care staff the person had supporting them. The supervisor said, "You can tell by the atmosphere and the communication between the staff and the person." Some people had told us when they had mentioned any staffing concerns these were dealt with straight away. One person said, "I am very happy with everything that the staff do for me, we just chatter from the minute they come into the house up until the minute they leave. We laugh a lot as well, all the time."

People told us their dignity was maintained. One person said, "Because I have regular staff sometimes I don't really feel like a chat, like when I am not feeling to good. Staff respect that and whoever it is just gets on with things." Another person said, "I am treated with the utmost respect each time the staff visit me." This meant people were supported with respect and treated as an individual.

Good

Is the service responsive?

Our findings

The service was responsive to peoples needs. One person told us, "It is very unusual for late calls, unless the staff are held up at their previous call, then the office call and let us know." None of the people we spoke with had experienced a missed call. One person said, "If there was a problem the managers themselves cover the calls." We saw there was an out of hours system. Staff said this was always answered in a timely manner. The registered manager was also training two other staff up to support this role so there was a shared responsibility across the staff.

We saw the service was responsive to people's changing needs. One relative told us, "They saved my life. I had a holiday planned the first one for years. but the day before I left [name] got an infection which required antibiotics four times a day. I had only arranged care twice a day. Without any hesitation I was told to go away and enjoy my break and the service would make sure that [name] was looked after properly for the time I was away." They added, "To me that was above and beyond what they should have done and I was so grateful to them."

People had agreed the call times they received. If people needed to alter their call times the service would do all they could to accommodate people. One person said, "I don't know how they do it, everyone seems to get the call they need." One relative said, "We have used the carers for quite a while now and I know that we couldn't manage without them."

People received formalised reviews about their care, however in addition to this weekly wellbeing calls were also made. One person told us, "The office rings me at least once a week to make sure everything is okay and to check if I need anything." The supervisor who completed the reviews said, "It nice to go and meet the people, then when they ring we can both put a face to the name. I think that makes a difference."

We saw care plans were detailed and included people's history, preferences and information to support their care needs. People had been involved in completing them. We saw there was a copy in the office which mirrored the plans in the person's home. One person said, "I know I can read my care plan, but I haven't any real interest because I am very happy with how I receive my care." A staff member said, "All the information is available in the care plans in the home. There is a record book for each call." One person was hearing impaired. We saw the care plan detailed the support the person required as they used lip reading. In addition they always had a note pad handy. All the staff had received the information about this person and those that support them directly had been introduced. We also saw when people's needs changed the care plans had been updated and this information shared with staff. We reviewed information within the care plans and the daily logs which reflected the care which people told us they received.

All the people using the service were able to understand the information in the format it was produced. However, the registered manager said they would arrange for it to be in larger print or other formats if this was required. The Accessible Information Standards (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People's cultural and diverse needs had been considered. For example, one person was supported to attend the church of their choice. A staff member told us, "They always like to get dressed for church with a tie, it's important to them." In addition, one of the persons evening calls had been adjusted so they could listen in to a church broadcast. This meant that people were assessed to include their diverse needs under the Equality Act 2010.

Some people received support to enable them to access social engagements or areas of interest. We saw that the quarterly newsletter included up and coming events or regular social clubs which people could consider.

All the people we spoke with knew how to raise a concern or make a complaint and told us they would be happy to do so, and they felt confident that the issue would be resolved in an appropriate manner. One person said, "If I ever have a problem with anything I know that if I ring the office it will be sorted for me." People received information about how to make a complaint in their care folders. The provider had received one complaint. This had been investigated and the person had received a written response with an apology and the outcome. This meant complaints were responded to in line with the policy.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this. Those people who were able had been given the opportunity to discuss their wishes and preferences in relation to care at the end of their lives.

Good

Is the service well-led?

Our findings

Our last inspection found whilst the provider was not in breach of any regulations we asked the provider to reflect on their auditing processes. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements. C and S Homecare had a registered manager in post, who was also the owner and provider in partnership with their husband. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had a monthly system of auditing. This included reviewing medicines management, people's care plans and the daily log which had been completed. We saw the audit process addressed any concerns. For example, one person had fallen, they were referred to the GP and the falls team. Any actions taken had been followed up on the audit to check the care plan had been updated and other information checked to see if the tasks were being completed.

We spoke with a cross section of people, some had used the service for a number of years, others months or weeks. From all the calls we made the feedback was consistent in that everyone had a positive experience of the care they received. One person said, "The bosses are brilliant they really know the job of the staff. I really think they do genuinely do care I couldn't be any happier with my care."

Staff felt supported by the providers and the office team. One staff member said, "I feel I am listen to and so pleased I joined this company." Staff told us they received regular supervision. One staff member said, "It's really good, if you have any problems you can discuss them." We saw and staff confirmed that they had asked to progress their career with some vocational qualifications. The registered manager had arranged for this and the person confirmed the first meeting with the trainer had taken place.

Staff who drove were given a financial travel incentive, when they had to pick up a colleague when two staff were required. The manager said, "It's a nice incentive, and means they don't mind picking non driving staff up." One staff member said, "It's a real bonus to get the extra and you can still claim your mileage through the tax process." Other staff told us that the registered manager considered their lifestyle and was flexible when organising the rotas.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw the rating was displayed at the office and on the provider's website.

We checked our records, which showed the provider, had notified us of events in the office. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.

The provider conducted an annual survey to obtain the views about the service from people and the staff. At the most recent survey we saw that the staff had complained about the new gloves which had been purchased. The registered manager told us they had ordered some new ones. A memo had gone out to staff to inform them of this and the other gloves would be used only in an emergency.

People had also received a survey. We saw that people had rated the service as satisfactory or above and any comment had been addressed. For example, one person mentioned the disinfecting of their commode and this had been addressed and added to the care plan tasks. One person asked for a late evening call and this had been accommodated. This showed the provider listen to the needs of staff and people, and addressed them.

Partnerships had been developed with a range of health care professionals. For example, liaising with district nurses or the hospital for people's support. Working with social care professionals when people required a reassessment for their needs or a change of equipment to enable them to remain at home.