

Carte Blanche Care Limited

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Inspection report

18 Meldone Close
Surbiton
Surrey
KT5 9HQ

Tel: 02083995303
Website: www.carteblanchecare.co.uk

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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 inspection took place on 8 and 14 August 2017 and was announced. 24 hours before the inspection we contacted the service to let them know that we will be coming to inspect them. We wanted to make sure that the registered manager would be available on the day of inspection.

Carte Blanche Care Limited is registered to provide personal care services to people within the local community. At the time of inspection one person was receiving 24 hour support from this service.

This service has not previously been inspected.

At the time of the inspection the service had a registered manager. A registered manager is a person who has registered with the CQC 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 and their relatives felt the services provided were safe. Staff were aware of and understood the potential signs of abuse and how to report any concerns. The service carried out risk assessments and management plans were in place to minimise the risks identified. The registered manager had carried out environmental risk assessments, including fire risk assessments, making sure that staff supported people as necessary in the event of a fire. The service carried out checks to ensure that staff were recruited safely and suitable to work with people.

A policy on incidents and accidents was available for staff to follow when they needed it. People received support to have their medicines as prescribed. However, we found that PRN protocols were not in place. A PRN protocol explains how people should receive their medicines that were to be taken when needed, such as pain killers. We raised our concerns with the registered manager and noted on the second day of the inspection PRN protocols were in place.

The registered manager supported staff well, which enabled them to provide effective care for people. They carried out regular supervisions to ensure that staff had the support they required to meet people's needs. The registered manager was in the process of planning appraisal meetings for staff who had worked at the service over a year.

Staff followed the Mental Capacity Act 2005 (MCA) principals and supported people to make decisions for themselves as much as possible. People's nutritional needs were assessed and staff supported people to eat and drink as necessary. The service helped people to attend to their health needs as and when required. Staff attended relevant training courses to ensure they had the required knowledge for their role. However, staff were not trained to support people with learning disabilities. After discussing this with the registered manager, the learning disabilities training course was booked for staff within a week.

People told us that staff were good to them. Staff knew people's preferences and care needs well. Care records had information on people's history and important events to them. The registered manager had regularly met with people making sure they were involved in making decisions about their care. Staff supported people to undertake tasks independently. The services provided to people were caring and respectful. Staff supported people to maintain their dignity when assisting them with personal care. People had a choice of who and when to visit them in their own home.

The service had a good understanding of people's care needs and arranged support to match these needs. Staff supported people to make choices about the activities they wanted to attend. People had support to choose their daily meals and carry out food shopping as necessary. At the time of inspection, people and their relatives did not have any complaints about the support provided. People were aware of who to talk to if they wanted to raise any concerns about the services.

People were able to talk to the registered manager when they needed to. The registered manager was aware of different forms of statutory notifications they had to submit to CQC as required by law. There were good communication systems in place at the service. Staff shared information internally and externally as necessary to ensure good care for people. People's relatives shared their experiences with the service to ensure that people's care needs were met as required. Regular audits took place to assess the quality of the services provided for people. The registered manager carried out individual checks on staff to review their performance and to improve the care delivery.

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 supported people to manage their care and support needs appropriately. Staff were aware of potential signs of abuse to people and helped people to minimise risks that may affect their well being.

Staff followed the provider's policies and procedures as necessary, including incidents and accident processes. Staff recruitment checks were completed to ensure staff were suitable to work with people.

People received their medicines safely and in line with their prescriptions. However, we saw that PRN protocols were not available. After discussing this with the registered manager these were developed.

Is the service effective?

Good ●

The service was effective. Staff had the knowledge and skills to support people with their needs. Records showed that staff had regular supervisions and appraisals, which supported them to develop in their role. Staff received on going training in mandatory areas. However, learning disability training was not available to them. Staff were booked to attend this training within a few days of discussing this with the registered manager.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and supported people to make decisions about their care in line with their wishes.

Staff assisted people as necessary where they needed support to have their meals. People were supported to access healthcare services as required.

Is the service caring?

Good ●

The service was caring. Care plans had information on what was important to people, including their personal history. People were involved in developing their support plans. Staff encouraged people to carry out household chores, which helped them to maintain their independence.

People told us their privacy and dignity was respected. People had relatives visiting when they wished to.

Is the service responsive?

Good ●

The service was responsive. Staff knew people's care and support needs well. Staff listened to people's choices and provided support according to their decisions. The service helped people to do their food shopping as necessary and to have their food when they chose to.

Staff helped people to access activities in the community and maintain relationships that were important to them.

People were supported to raise a complaint about the service if they wanted to.

Is the service well-led?

Good ●

The service was well-led. We saw good team working practices at the service. Information was shared as necessary to ensure good care delivery for people. The registered manager knew people's care and support needs well.

Relatives regularly provided feedback about the service.

The registered manager had carried out regular quality audits to improve the quality of the care and support provided for people.

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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 inspected the service on 8 and 14 August 2017. This inspection was announced. The provider was given 24 hours' notice because the location is a domiciliary service; we needed to be sure that someone would be available.

This inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service. This included a Provider Information Return (PIR). This form is completed by the provider to give some key information about the service, including what the service does well and what improvements they are planning on making. We also viewed statutory notifications. A notification is information about important events which the service is required to send to us by law.

During the inspection we reviewed people's care records, one staff's recruitment, training and supervision files and other records relating to the management of the service. We talked to the managing director, registered manager and the staff member working for this service.

During the inspection we met with the person who used the service and their relative. We also contacted two health and social care professionals for their feedback about the care provided for people.

Is the service safe?

Our findings

People told us they felt safe living in the service. A family member said to us their relative was, "Looked after really well and they [staff members] used the equipment safely." A health and social care professional told us there were, "no concerns about the service whatsoever." Another health and social care professional noted, "The care plan and risk assessments are thorough and updated as appropriate."

The service provided support to people to ensure they were safe from harm and abuse. Staff followed the organisation's safeguarding policy and procedure making sure that people received protection where required. Staff were aware of different types of abuse and told us the actions they would take if they had concerns that someone was at risk of abuse. Staff had received safeguarding training. There had not been any safeguarding concerns raised since the service was registered.

The provider had carried out risk assessments to support people to take risks safely. We saw that staff were provided with guidelines on how to support people in all aspects of their daily living. The guidelines were detailed and reflected people's care needs, which ensured that staff provided consistent support for people, for example, when using public transport. Records showed that potential risks to people were identified and appropriate support was in place to mitigate these risks. We found the service took a proactive approach to risk management. Staff identified potential risks to people's health and requested preventative input from health professionals to reduce the risks.

The registered manager carried out environmental risk assessments to ensure people's safety in their own homes. We saw that regular checks took place to identify hazards and issues arising were dealt with quickly. For example, people had support to request maintenance work to be done in their home as required. The service had carried out fire risk assessments. This included people having a personal emergency evacuation plan (PEEP), which reflected their reduced mobility needs. We saw guidelines in place for people who were dependent on help to leave the building.

Policies and procedures were available for staff to follow when they required them. We saw appropriate processes in place for dealing with incidents and accidents. Staff were aware of and followed the procedure to ensure that all actions were taken to protect people when required. Staff used incident and accident forms for recording necessary information. They also used a body map to record injuries sustained. This meant that important details were not missed. Any concerns staff had were reported to the registered manager.

The service followed safe staff recruitment practices. Staff told us they filled in an application form and attended an interview where the registered manager checked their suitability for the post. Records showed that staff had Disclosure and Barring service (DBS) checks done prior to them starting work with people. A DBS is a criminal record check employers undertake to make safer recruitment decisions. We also saw that the service obtained two references for the staff, which informed the management about staff's performance in their previous roles.

The service supported people to take their medicines safely. People told to us they were taking their medicines by themselves. They received their medicines in a doset box. Staff helped people to take the right medicines and at the right time. Records showed which staff gave the medicines, to whom and when. This ensured that people took their medicines as prescribed. However, we noticed that the service did not have PRN protocols in place. A PRN protocol explains how people should receive their medicines that were to be taken only when needed, such as pain killers. The registered manager told us they followed GP's instructions when administering these medicines. People told staff when they did not want to take the PRN medicines and staff respected their decision. We discussed this with the registered manager and a week later we saw a detailed procedure on PRN medicines in place.

Is the service effective?

Our findings

People said they received support to maintain their independence as much as possible. A family member told us their relative was, "more confident" since they started using the service." A health and social care professional said, "The service is absolutely fantastic and provides effective care."

Staff were supported to carry out their duties effectively. Staff told us they received necessary support from the registered manager. Their working hours were arranged the way it suited them and if they required a break, the cover was provided for them. Records showed that staff received regular supervisions. The registered manager used supervisions to talk to staff about their concerns and their working practice, for example a discussion took place about a staff member's good manual handling skills that were observed by a health professional recently. The registered manager told us they aimed to provide staff with yearly appraisals. At the time of inspection staff were due for their first appraisal which was being scheduled.

Staff had knowledge and skills to support people with their care needs. A relative told us that staff were, "trained well and pick up things quickly." Records showed that staff had attended mandatory training courses, such as manual handling, medicines, the Mental Capacity Act 2005 (MCA) and fire prevention. Staff told us they talked to the registered manager when they felt they needed to attend refresher courses and the registered manager then booked the training. Staff were provided with additional training courses where the registered manager saw increasing risks to people's wellbeing, for example where people's health needs changed. However, we saw that the service did not provide staff with learning disability training to ensure that the support provided to people was meeting their care needs. We shared our observations with the registered manager who then scheduled the training in learning disabilities for the following week.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were aware of the MCA and applied the legal requirements in practice. They supported people to make everyday choices for themselves. Staff helped people to understand the decisions they were making by giving the required time to ask questions and process information. The registered manager told us that people's capacity was not doubted and they made decisions for themselves in relation to their health and social care needs. We saw that the service had a Mental Capacity Assessment form in place that could be used if staff had concerns about people's capacity.

Staff supported people with their nutritional needs as necessary. We saw that people had their nutritional needs identified and recorded in their care plan. Staff told us about the support they provided to people

during their meal times. This included cooking food at the right consistency for people and cutting up their food where required.

Is the service caring?

Our findings

People said that the staff team was, "nice" and provided, "good" care to them. A family member was happy that their relative was, "consistently encouraged to do things." A health and social care professional told us, "The support is person centred, reliable and caring."

Staff developed caring relationships with people using the service. A relative said that staff were aware of what their relative wanted, because they listened to them. Care records had information on people's social contacts and personal history. Information was available on people's likes, dislikes and preferences. Staff used this information to identify and attend important events in people's lives, such as family birthdays. People were supported to follow their religious beliefs and attend a place of worship if they wished to.

We saw that people contributed to the assessment and planning of their care. The registered manager told us that people had their care plan read to them before finalising it and changes were made if they didn't agree to what was said. We saw that people signed their care plan, which meant they understood and agreed to the support they were provided with. The service had also supported people to involve families in their care if they chose to. A family member said that the service used a diary to record their relative's activities, which was accessible to them for update when needed.

People had support to stay independent as much as they wanted to. Relatives told us that people were involved in household chores as necessary when they wished to. Staff said they helped people to do activities in a way that it suited them best. For example, staff supported people to choose their clothes in advance as they didn't like to be rushed.

People told us they liked their staff. The family member said to us that staff asked their relative whether they wanted help and when they wanted to be supported. Staff told us they respected people's privacy, for example staff left people on their own when they wished to. Staff also ensured that people were treated with dignity. This included closing room doors and curtains when people received support with their personal care.

We saw that people had their families visiting them regularly. Relatives told us they were very involved in people's care and came to the home when it suited them and their family member. This meant that people had a choice of whom and when they wanted to see visitors. The registered manager told us they helped people to contact their relatives via phone when they wished to. This ensured that the service supported people to maintain important connections.

Is the service responsive?

Our findings

A relative told us staff were, "flexible" and met people's needs, "very well." A health and social care professional said people's, "life changed for better" and they seemed, "more content" since they started receiving support from the service.

We saw that staff had a good understanding of people's individual care needs. A relative told us the service, "matched carers" to people's needs. Staff told us they assisted people with their daily routines, including getting ready for going to bed. Records showed that staff were familiar to people and had been employed by the service for over a year. This meant that staff had time to get to know people in order to provide good care. A health and social care professional said that staff responded to people's care needs, "appropriately" and as a result of that people's, "behaviour and mood had improved."

People said they were provided with opportunities to take part in social activities of their choice. We saw that staff supported people to engage in activities they liked, including either going out in the community or doing things in their home. For example, going shopping and listening to music. We saw that people attended regular activities at the day centre. This ensured that people had support to build on friendships and socialise. People said the service provided enough activities to occupy them. Care records had information on the help people required during the activities. This ensured that people had one to one support to engage when they needed to.

The service supported people to make choices about their food. People told us they had enough to eat and drink and staff were flexible to support them with their meals when they wanted to eat. Staff supported people to make daily decisions about what they wanted to eat. Staff told people what was available and encouraged them to make choices about the meals they wanted that day. Staff accompanied people to the supermarket and helped them to do their food shopping. Staff told us they provided people with informed choices, such as showing them two products to choose from. This helped people to make their own decisions about the food they wanted to buy. People's care records had information on what people liked to drink and eat. This meant that people's food choices were recorded and information was accessible to staff when needed.

People were provided with opportunities to complain if they wished to. Relatives told us that people would tell them if they were unhappy about something. Staff spent time talking to people about their concerns if they saw they were anxious about something. The registered manager contacted people regularly and talked to them about the improvements they wanted to make to their care. We saw that actions were taken when people asked for more companionship at home. This meant that people had a circle of people involved in their care to talk to if they wanted to raise any concerns. A health and social care professional said they hadn't had any criticism of the service and were confident that complaints would be responded to appropriately if they raised any concerns. We saw that the service had a complaints procedure in place. There were no formal complaints raised since the service was registered.

Is the service well-led?

Our findings

People told us the registered manager was always available to them when they needed to talk. A health and social care professional said the, "agency is very well led" by the registered manager. A staff member told us that the management was, "well organised."

The registered manager was aware of their registration requirements with the Care Quality Commission (CQC). The registered manager knew the different forms of statutory notifications they had to submit to CQC as required by law. No notifications had been sent to CQC since the service was registered however care records showed that no reportable events had taken place.

People's relatives were encouraged to give feedback about the service. A relative told us they felt confident to talk to the registered manager about the service's good practice or if there was something that concerned them. The registered manager had also asked relatives to fill in a questionnaire about the service. The feedback received was positive, praising the staff team and available to view on the provider's website.

The registered manager and staff knew what was expected of them and carried out their responsibilities as required. A health and social care professional told us that "communication is very good". Staff regularly communicated with the registered manager to ensure that information was shared as required. Staff told us they used emails to contact the registered manager when needed. Staff felt free to call the management team at any time for guidance or if the matter was urgent and they needed support. The registered manager regularly accessed staff's daily notes to find out about the activities taking place in people's lives. The service had systems in place to ensure good communication with other providers. Staff used a communication book to share information with the day centre attended by people.

We saw that the registered manager was very involved in the running of the service. They had a good understanding of people's care needs. The registered manager used different sources to gain information about the people's care needs prior to starting providing support to them. They talked to people's health and social care professionals and used their assessments to find out about people's history. The service also carried out their own care needs assessments making sure that people had their support arranged to match their care needs.

Quality assurance systems were in place to ensure that people's care was monitored. The registered manager had carried out regular compliance audits at the service. These included care plans reviews. Records showed that the care records were updated when people's circumstances changed, for example they required additional support with their personal care. The registered manager had also carried out unannounced spot checks at the service. They chose to visit the service at random times of the day to assess different areas of care services provided for people. These included confidentiality and safe keeping of people's records. The registered manager undertook medicines checks at the service to ensure that stocks were accurate and people had taken their medicines as prescribed.