

Mrs Frances Cooper

Care Services Kidsgrove

Inspection report

10 Starling Close
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Stoke On Trent
Staffordshire
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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 5 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. This was a first ratings inspection.

Care services kidsgrove is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of the inspection there were two people using the service.

The provider also carried out the role of manager, as an individual they were not required to have a registered manager in post. As the registered person they have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider did not have any documented policies for medicines and complaints, although the processes were clearly understood by the staff. We have made a recommendation about the provision of policies. The provider was aware of their responsibilities for notifications and carried out checks on the quality of the service. Relatives told us the provider was approachable and they could speak to them about concerns.

People were safely supported. Staff understood how to protect people from avoidable abuse and harm and risks were assessed and managed, with appropriate guidance in place for staff. There was sufficient safely recruited staff to ensure people received their care when they needed it and the staff were able to give consistent support. Medicines were managed safely and staff understood how to protect people from the spread of infection. The provider ensured there were systems in place to learn and improve if things went wrong.

People were supported by trained staff and received effective care in line with their support needs. 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 support this practice. People could choose their meals and were supported by staff that understood their preferences. Health care professionals were involved where required and people had support to monitor their health and well-being.

People were supported by kind, caring and responsive staff. People had support from staff to make decisions about their care and support. People were encouraged to maintain their independence and had their privacy and dignity maintained.

People were involved in the assessment and care planning process. People were supported by staff that understood their needs and preferences. Staff used their knowledge of people to provide effective and responsive care. People understood how to make a complaint and felt confident these would be addressed. There was nobody receiving end of life Care but the provider could describe how this would be provided.

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 were safeguarded from abuse.

Risks were assessed and people's safety was monitored.

People were supported by sufficient staff that had been recruited safely.

People received their medicines as prescribed.

Staff protected people from the risk of infection.

The provider ensured learning took place when things went wrong.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed.

People had support from suitably skilled staff that had been recruited safely.

People were supported to have meals of their choice.

People were supported to monitor their health and access support from health professionals.

People were supported in line with legislation and guidance for giving consent to their care and support.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and compassion.

People were supported to make decisions about all aspects of their care.

People were supported to maintain their independence and had their privacy respected.

Is the service responsive?

Good ●

The service was responsive.

People were supported involved in their assessments, care plans and reviews.

People understood how to make a complaint and felt these would be responded to.

The provider understood how to support people with end of life care.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The provider didn't always have written policies for staff to follow.

The provider understood their role and responsibilities.

The provider had systems in place to check the quality of the service.

There was a learning culture in place and the provider ensured peoples care was coordinated and they received consistent care.

Care Services Kidsgrove

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.

This inspection took place on 5 January 2018 and was announced. The inspection team consisted of one inspector. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about.

During the inspection, we spoke with two relatives. We also spoke with the provider and one staff member.

We reviewed the care records of two people who used the service and one staff file, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including meeting notes, monthly audits, and medicine administration records.

Is the service safe?

Our findings

People were cared for safely. Relatives told us, they felt the staff involved in providing care understood how to keep people safe. One relative said, "Oh yes, [my relative] is safe, the staff support with everything they need". We saw there was a safeguarding policy in place and the manager was able to describe the action they would take to investigate any concerns and report them to the required bodies. We saw staff had been trained in how to recognise abuse. The staff were able to describe the different types of abuse and what action they would take if they suspected abuse. The provider was able to share how they responded to an allegation of abuse. We found this was clearly documented and had been reported to the appropriate authorities. This showed the provider had systems in place to safeguard people from the risk of harm.

People were protected from the risks to their safety. One relative told us, "[Persons name] is at risk of an illness, there are plans in place and staff are able to respond effectively". Staff could describe risks for one person related to a health condition and the steps they took to keep the person safe. The records we saw confirmed what staff and relatives told us about peoples risks. In a further example, one relative described the equipment used by staff to keep their relative safe. We found staff were able to describe how this was used and we confirmed this was detailed in the persons care plan. This showed risks to people were managed effectively to keep them safe.

People were supported by sufficient numbers of staff. Relatives told us staff were mostly on time and always contacted them if they were going to be even a few minutes late perhaps due to traffic. They confirmed they always found out in advance which staff were attending the call and had never had any concerns. One relative said, "The staff are never late, always reliable and never not turned up, they have only ever been late once and it was five minutes and they told me about it". Staff told us they could manage the calls easily from their rota and there were never any issues with missed or late calls. We saw staff had a rota and the provider confirmed this was shared with people so they knew who to expect. The provider felt there was sufficient staff available to meet people's needs at the times of their choosing, the records we saw supported this. This showed there were sufficient staff to support people consistently and safely.

We found recruitment checks were completed to ensure staff were suitable to work with people. These included work history, references and the manager carried out checks to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

People received their medication as prescribed. Relatives told us that people were supported to receive their medicine by staff. There had been no concerns about medicines being administered incorrectly. One relative told us, "[Person's name] administers their own medicine but staff assist with topical creams". Staff had received training and told us they were confident in administering people's medicines. We found there was specific guidance about how to apply topical creams for people. We saw regular checks of the medicine administration records were carried out and staff also recorded in people's daily records what medicines people had received. We found staff understood this and could describe how people's medicines were

administered. We asked the provider to see their medicines policy. The provider described their policy for medicine administration including what assessments were carried out, how this was documented, the required records and how staff should complete them. However the provider had not completed a written policy statement outlining this information. As there were only two members of staff, including the provider they had not felt it was required. They told us they would document the policy immediately after the inspection.

People were protected from the spread of infection. One relative told us, "The staff wear a uniform and they always have gloves and aprons". Staff understood the measures in place for preventing the spread of infection. They could describe how they used gloves and aprons and were able to demonstrate their understanding of hand washing procedures.

The provider had systems in place to discuss with staff when things went wrong. They had discussions which were documented and we saw they talked about incidents which had happened and reflected how things could be done differently. The provider told us there had not been any accidents or incidents with people using the service. However, they had a procedure in place for how staff should deal with any incidents should they occur. Staff understood this and told us they would seek medical attention, document what had happened and contact the provider straight away. This showed there was a system in place to deal with any incidents.

Is the service effective?

Our findings

People's needs were assessed and they were involved in the assessment process. One relative told us, "Yes at the start everything was worked out with [person's name], they are very able to express what their needs are and how they want to be supported to meet them". Another relative told us, "The staff undertook an assessment and they worked with us to know how to support [person's name]. They are very professional; they stick to the rules and tell us how things need to be done". The provider told us they worked with other agencies to establish what people needed and provided guidance in the care plan on how to meet people's needs effectively. The assessments and care plans we saw supported this. We saw information about medical conditions was detailed in the care plan. Technology was also in use to support people with monitoring and meeting their needs. We found the provider had taken steps to ensure they could communicate effectively with people that used the service through support from a relative. This meant people had their needs assessed and were supported to make choices about their care.

Staff had received training and developed the skills needed to support people. One relative said, "The staff are trained well, they seem to know what they are doing, they are experienced and they know [person's name] needs". Staff told us they had received training for example in safeguarding, infection control and medicines management. We saw training was provided in all aspects of their role. Staff had also completed the care certificate. The care certificate is a set of standards that staff work to which gives confidence that they have some introductory skills, knowledge and behaviours to provide safe care and support. Staff also told us they were working towards other qualifications. Staff shared their knowledge about people's cultural needs and how they needed so support them. The records we saw supported what we were told. The provider said they ensured staff had the required training to carry out their role effectively. This meant people were supported by suitably skilled and trained staff.

People were supported to make choices about meals and have a balanced diet. One relative told us, "[Person's name] has a choice about meals and is very clear with the staff about what they want". Staff told us they gave people a choice of meals and could describe how one person had to follow specific dietary requirements for their health. The provider told us they supported people to prepare meals and understood people's dietary needs and preferences. They gave examples of how they supported people with special dietary needs due to their health and how they understood meal preparation and preferences for people with different cultural needs. Care plans indicated in detail what people liked and disliked with their meals and drinks and gave staff guidance on ensuring people had sufficient food and drinks through the day. This showed people were supported to eat and drink enough to maintain an appropriate diet.

The provider told us they made sure people received consistent and coordinated care. They had communication systems in place to make sure information passed between staff. For example they communicated regularly by phone, recorded information in the daily logs and held regular discussions about people's care. The provider also shared examples of how they worked with other agencies involved in people's care, for example they liaised with a doctor to discuss an appropriate referral for physiotherapy.

People received support when they needed it to access health services. One relative told us, "[Person's

name] manages this themselves, but they support if needed and they know exactly when to ring an ambulance if [person's name] is unwell". Staff could give examples of when they had contacted health professionals for people and describe the actions they took to help people manage their health conditions. Staff also told us about calling for emergency assistance for people that were unwell and described allergies people had. The provider said they liaised with pharmacists, doctors and paramedics when it was needed. We found information in care plans and daily logs that supported what staff told us. This showed people had support to manage their health and well-being.

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 had their consent sought before receiving care and support. One relative told us, "[Person's name] is able to consent to care and if they refuse the staff respect this. Sometimes [person's name] doesn't want to get up and they leave them until later and always let me know". The provider told us that the people using the service were able to consent to their care and support. They understood the mental capacity act and how if someone could not consent or make a decision about their care they would undertake a mental capacity assessment and involve the appropriate people in making a decision in the persons best interests. Staff also demonstrated an understanding of consent and explained how they always spoke to people about what they were doing and checked if this was ok. They explained how they communicated with people to check they were ok to receive support. This showed that the provider and staff understood the MCA and how to seek consent from people.

Is the service caring?

Our findings

People received a caring service from staff that knew them well and understood their needs. One relative said, "The staff have a good relationship with [person's name] and with me, they know them very well and know exactly how to support [person's name] depending on how they are feeling". Another relative told us, "The staff have a good relationship with [person's name] they know them very well, they have spent time learning how to do things in the way [person's name] needs to have them done". The provider told us they had good relationships with people and their relatives. They said they had good communication in place and always made sure they had a laugh and a joke with people. Staff confirmed they understood people and knew them well, they said they had time to build relationships. This showed people had a good relationship with staff and received a caring service.

People were supported to make decisions. Relatives told us people could make decisions about their care and support and that staff encouraged them to direct how they wanted things done. The provider told us they made sure staff had time to support people during their calls to make decisions and relatives confirmed this. We saw staff had encouraged people to seek support from other professionals with their care and support by staff. This showed people were supported to make decisions about their care and support.

People were treated with dignity and respect and their privacy was maintained. One relative said, "The staff are very respectful, they maintain [person's name] privacy at all times". Staff told us they understood that it was important to be respectful and maintain people's privacy. They said building a relationship and understanding people's needs was important to help them maintain their dignity. Staff gave examples of how they maintained privacy when carrying out personal care tasks such as washing and dressing. The provider told us that it was important for people's dignity to be encouraged to be as independent as possible and that staff always worked to ensure people did as much for themselves as they could. For example, they encouraged people to do some aspects of their personal care or getting dressed. Staff explained they encouraged people to be independent and go into the kitchen to mobilise and make meals for example. This showed people were encouraged to retain their independence and their dignity and privacy were respected by staff.

Is the service responsive?

Our findings

People and relatives were involved in all aspects of people's care. Relatives said people were involved in planning their care and support and they too had been asked to share information. One relative told us, "Staff know what to do, they understand their religious needs and how to support [person's name], they go the extra mile to make sure things are done correctly". The provider told us people were involved in directing their own care and support. They said the care plans were put together with people and others that were involved in the care and regular reviews were held. The documents we saw and people we spoke with supported this. Staff understood what people's interests were and although they did not provide support with these they used the knowledge to have conversations with people about the things they were interested in. Staff told us they had put measures in place to ensure they could communicate with people effectively where their first language wasn't English. This was confirmed in the person's care plan and through conversations with relatives. Staff told us people directed how things were done. They gave examples of enabling people to choose what they ate, what they wore and could tell us about how important it was for one person to wear the right clothing to meet their cultural needs. This showed staff understood people's cultural needs and used this knowledge to provide effective care and support.

Relatives told us they would contact the provider if they had any complaints but had never needed to make a complaint. They said they felt any complaints would be taken seriously. One relative said, "We have never had to complain, if we needed to complain, I would contact the provider and I feel they would respond effectively. I have no concerns about this". Staff told us if they received any concerns or complaints they would try to help and report the matter to the provider for investigation. The provider told us they had told people to contact them with any concerns or complaints. They said no concerns or complaints had been received. They described how they would look at the concerns and provide an immediate response, then investigate and respond setting out how they would address the complaint. We asked the provider if this was written into a policy document. They said they had not done this but would document their policy immediately. This showed people had knowledge of how to make complaints and the provider could describe how these would be responded to.

We asked the provider about end of life care. They told us that nobody was currently receiving this but could describe the steps they would take to understand people's needs and wishes to have a dignified and comfortable death.

Is the service well-led?

Our findings

The provider had not clearly documented all of the company's policies. We found although an agreed approach was in place to medicines administration and to how complaints were managed this had not been documented. The provider had a clear approach to medicines administration and was able to describe this to us in detail. They told us this had been guided by the training they had received. We found staff could describe this to us and the approach was effective in supporting people with their medicines. We found staff were supporting people with topical creams and this was done safely. With complaints, the provider said they had made people aware of how to complain, relatives confirmed this for us however there was no written complaints procedure. We spoke to the provider and they said they would take action to address this. We recommend that the service consider current guidance on medicines administration and managing complaints to inform their policy approach.

The provider understood their responsibilities. We found there had not been any incidents which required a notification at the time of the inspection; however the provider was able to describe for us the type of incidents which should be notified.

People, relatives and staff told us that the registered manager was approachable. One relative said, "I feel the provider listens to us and works with us to ensure [person's name] is cared for well". Relatives told us they were kept informed about how things were going and the provider notified them of any changes. Staff told us they felt supported by the provider and they worked well together to provide consistent care. They described having checks completed, supervisions and meetings to discuss people's care and how they were doing in the role. The provider told us they sought feedback from people on the quality of the service, and relatives confirmed this. We saw people had completed short questionnaires and gave positive feedback. For example, one person had said, "I would recommend this service to anyone". Another person had said, "The staff are such kind people". People had commented that staff were punctual and friendly. The provider explained how they would use this process to inform changes to the way they supported people. This showed the provider was approachable and used people's feedback to inform how the service was delivered.

The provider told us they were happy to keep the service small as they liked to be able to provide a good quality and responsive service. They had developed a handbook which included how they operated and guided staff on the company's policies. The provider said they were always mindful of providing a professional service and although small as an organisation they ensured checks were carried out on the service. We saw checks were completed on people's daily notes to ensure the care people had received was recorded correctly. We found there were checks on medicines administration records which checked to ensure people had received their medicines. The provider told us about how they carried out spot checks with staff to ensure they were professional in their approach to people, caring and observed people's dignity. They also told us the spot checks enabled them to identify if there were any additional training needs and check procedures such as medicines management and infection control were being followed by staff. This meant there were systems in place to check the quality of the service.

Staff had regular updates to training and this was monitored by the provider. They ensured staff had the skills to meet people's needs and this was updated as required. The provider undertook checks to ensure staff were competent in their role. There had not been any incidents or accidents but the provider said that if any occurred they would review these and look for any learning to prevent future incidents.

The provider had regular contact with those that commissioned people's care. They made sure regular reviews took place and any information about changing needs was shared with people that required the information. Staff were kept up to date about any changes in people's needs on a daily basis and this enabled consistency of support.