

Intrust MK Ltd

Clarriots Care (Milton Keynes & Bedford)

Inspection report

Suite 2, Claydon House
Simpson Road, Fenny Stratford
Milton Keynes
Buckinghamshire
MK2 2DD

Tel: 03332023195

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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 27 July 2017 and was announced.

Clarriots Care provides care for people living in their own home. The services they provide include personal care, social care, live in care and domestic care. At the time of our visit there were two people using the service.

The service had a registered manager. 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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to use the whistleblowing procedure. Risk assessments were centred on the needs of the individual and any potential risks to people had been identified. There were safe recruitment procedures in place. Rotas showed there were sufficient numbers of staff available to meet people's care and support needs. Staff were trained in the safe administration of medicines to ensure people received their medicines as prescribed.

People told us and records confirmed that all of the staff received an induction and training in mandatory subjects. In addition, we saw that specialist training specific to the needs of people using the service had been completed. This had provided staff with the knowledge and skills to meet people's needs in an effective and individualised way.

People's consent to care and treatment was sought in line with current legislation. People were supported to eat and drink sufficient amounts to ensure their dietary needs were met if support was required. Staff supported people to attend healthcare appointments if required.

People were looked after by staff that were caring, compassionate and promoted their privacy and dignity. People were involved in making decisions about their own care and support.

People received person centred care that met their individual needs. The care plans provided staff with the guidance they needed to meet people's needs in line with their preferences. The service had an effective complaints procedure in place.

Staff enjoyed working at the service and felt well supported in their roles. They told us the registered manager was an excellent role model and there were systems in place to develop staff and promote reflective practice. There was a culture of openness and inclusion at the service and this was reflected in the way staff supported people and each other.

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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 

Staff were knowledgeable about the principles and reporting requirements of safeguarding people from abuse.

Risks were assessed and managed effectively.

There were safe and robust recruitment procedures in place and staffing levels were sufficient to meet people's needs.

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

Is the service effective?

Good 

This service was effective.

Staff had the specialist knowledge and skills required to meet people's individual needs and promote their health and wellbeing.

Staff obtained people's consent to care and treatment.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good 

This service was caring.

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

Staff ensured people's privacy and dignity was promoted.

Is the service responsive?

Good 

This service was responsive.

People told us the service engaged consistently and meaningfully with them and their families.

People's care was based around their individual needs and aspirations. People were supported to make choices and have control of their lives.

Complaints and comments made were used to improve the quality of the care provided.

Is the service well-led?

Good ●

This service was well led.

Staff said they felt supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

The registered manager reviewed the way the service worked in order to improve how people's needs were met.

There were effective quality assurance systems in place to drive improvements at the service.

The service was committed to putting people at the centre of the care they received and they included people in the decision making process. Their voice was used in making improvements to the service.

Clarriots Care (Milton Keynes & Bedford)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 July 2017 and was announced. We provided 48 hours' notice of the inspection to ensure management were available to facilitate our inspection.

The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with one person who used the service and the relative of another in order to gain their views about the quality of the service provided. We also spoke with two care staff, the registered manager and the director to determine whether the service had robust quality systems in place.

We reviewed care records relating to the two people using the service and two staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People using the service were protected from abuse and avoidable harm. One person said, "I feel safe when they move me. They treat me like cotton wool." A relative commented, "Yes I know [name of person] is safe with the staff. They have had good training." Staff told us they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse if they had any worries. One staff member told us, "I would feel very comfortable raising any concerns. I wouldn't hesitate."

Records we looked at demonstrated that staff had been provided with safeguarding training. We saw a copy of the local authority adult safeguarding policy. All documents contained clear information on who to contact in the event of suspected abuse or poor practice.

Risk management plans were in place to promote people's safety and to maintain their independence. One relative said, "There are risk assessments in place for [name of person]. They were discussed at our first meeting."

Staff were able to explain to us how risk management plans were used to promote people's safety. One staff member told us, "Risk assessments are in place to make sure the staff are aware of any dangers and how to make things safe." We found there were risk management plans for people in relation to moving and handling, falls, the environment, medication and pressure area care. Risk assessments were specific to people's individual needs and were reviewed regularly.

Safe recruitment practices were followed. We looked at the staff files for the two staff employed at the service and found that satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained. In the staff records we looked at we saw completed application forms, a record of a formal interview, two valid references, personal identity checks and a DBS check. All staff were subject to a probationary period before they became permanent members of staff. Recruitment procedures were robust to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person said, "Staff are very reliable. They arrive when they should and they never rush me." A relative informed us, "The staff are never late and often stay over their time until [[name of person] is comfortable."

Staff confirmed that the staffing numbers were sufficient to meet people's needs and enabled them to support people safely. They told us they did not feel under pressure or rushed when carrying out their roles. One staff member said, "The manager makes sure we have sufficient time to get from A to B. It's what I love about this company. They have thought about it."

The registered manager told us, "If people's needs change I can make sure additional staffing is provided to ensure people are kept safe and their needs are met." We looked at the staff duty rota for two weeks. The recorded staffing levels were consistent with those as described by the registered manager and the staff we

spoke with. At the time of our inspection we judged staffing levels across the service to be sufficient to meet people's needs.

At the time of our visit there was no one receiving support to take their medicines. However one staff member told us how they had previously supported one person with their medicines via a percutaneous endoscopic gastrostomy (PEG) feeding tube. They informed us, "I was given special training to make sure I could carry the procedure out safely."

Staff told us and records confirmed that they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. The service had policies and procedures in place to manage people's medicines when they were not able to, or chose not to take them themselves.

Is the service effective?

Our findings

People felt that staff had the appropriate knowledge and skills to provide them with effective care and support. One person told us, "They [meaning staff] have definitely had good training." A relative said, "We have been very impressed by the carer we have. [Name of person] has specific needs to eat. It's quite an art and is a reason we have never used carers in the past. [Name of staff member] is excellent. We can't believe how good he is."

Staff told us that they were well supported and explained that when they first started working at the service they completed an induction. One member of staff informed us, "The training is first class. I'm very impressed with how the manager has put together the induction and other training. It's brilliant." Staff were expected to complete the Care Certificate during their probationary period. (The Care Certificate is the new minimum standards that should be covered as part of the induction training for new care workers). Records demonstrated that staff completed an induction programme before they commenced work.

Staff told us that they received specialist training when they were working with people who had specific needs. For example we saw that people had received training in PEG feeding and bowel management. From our discussions with staff and from looking at records we found all staff received a range of appropriate training applicable to their role and the people they were supporting. This gave them the necessary knowledge and skills to look after people properly.

Staff told us and records confirmed that they were supported and provided with regular supervision. A staff member told us that supervision was used to help identify the need for any additional training and support in a timely manner. They said, "We have a lot of supervision every four to six weeks. We also have spot checks and team meetings. We are well supported."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005.

People's consent was sought by staff. They told us that staff always asked permission from them before they carried out any task or personal care. One person said, "The carers will always discuss things with me and always ask if it's okay to go ahead with what they need to do." Staff told us they had received training on the MCA 2005. We saw evidence of this within the staff training records we examined.

People told us that staff supported them with their meals if required. One relative told us, "[Name of staff member] is excellent at helping [name of relative] with their meals." Staff told us they supported some

people with their meals. One staff member said, "I help [name of person] with their meals. His family members showed me the technique they use and they taught me how to do it."

People's care records contained details of their dietary likes or dislikes. We found if people had difficulty with food and fluid intake they were closely monitored. Within the care plans we examined we saw there was information on people's dietary needs and the support needed.

People were supported to access health services in the community if required. We were told by the registered manager that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff would be available to support them if needed.

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Is the service caring?

Our findings

People and relatives told us they had developed good relationships with the staff who supported them. One person said, "The staff are excellent. Very very good." A relative commented and said, "[Name of staff member] has fitted in very well. We are very happy with the care he provides." The relative commented further and said that the staff approach was kind and compassionate.

Staff were positive about the service and the relationships they had developed with people. One staff member told us, "We have been given time to get to know the people we care for." Another member of staff commented, "The manager puts a lot of thought into how we can make the care for people the best we can provide."

Staff had gathered information about the people they were supporting. This included information on their family and life history, their hobbies and interests. We found that people received consistency of staff who said that working with the same people helped them to build up relationships and get to know people as individuals. One staff member told us, "We become like friends. You build up a relationship with the people you care for."

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. One person told us, "I have been involved in all aspects of my care. [Name of manager] contacts me on a regular basis." A relative commented, "Right from the beginning we have been involved." We looked at people's records and saw evidence to show people were involved in decision making processes and their preferences were clearly recorded. We saw evidence within the care plans we examined that people's changing needs and wishes were closely monitored on a regular basis. Any changes that were needed were carried out in a timely manner.

Staff told us that the service had a confidentiality policy which was discussed with them at their induction. We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Staff understood how to support people with dignity and they respected them. People told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person explained, "I am treated like an adult. They [meaning staff] treat me with respect." A relative commented, "The staff are always respectful."

Staff were able to demonstrate how they ensured that people's privacy and dignity were preserved. One said, "We don't rush people; we make sure curtains are drawn, doors are closed and whatever we are doing is what the person wants."

The registered manager confirmed that staff's care practices were observed to ensure they were upholding people's privacy and dignity. This was done through spot checks, where staff are observed providing care to people. The registered manager observes staff practice to see if the care provided is carried out with respect

and ensures people's privacy and dignity is maintained. This is only undertaken with the full consent of the person receiving the care.

Is the service responsive?

Our findings

People received care that was specific to meet their needs. They said that staff visited them in their homes before a care package was offered to fully identify their care needs and future wishes. One person told us, "They came and discussed what we needed." A relative informed us, "It was very thorough. We were all involved."

People told us and records confirmed that people's needs had been fully assessed before the service started and their care plans had been devised from the initial assessment to ensure they received care that was appropriate to their needs. A relative said, "We were asked to look at the care plan and agree with its content." Staff told us that people's care plans informed them well, they said that they were very clear about what they must and must not do to support the person. One member of staff commented, "The care plans are detailed and tell us what we need to know."

The registered manager explained to us that people had an initial assessment before a care package was commenced. This was used to identify the areas where the person required care and support, and the skills and experience needed by the staff who were employed to care for them.

We saw that care plans were in place for every person that was receiving support. It listed what was important to the person and how their support needed to be delivered. They were person centred with a focus on people's care, treatment and support needs, including their social, cultural, diversity values and beliefs. People's wishes, preferences, and their likes and dislikes were also recorded. We saw clear evidence that people's care and support was planned with them and not for them.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. One member of staff told us, "What Clarriots Care does well is making sure that people are at the centre of their care."

People, relatives and staff felt valued because their views were listened to and any issues raised were handled in an open, transparent and honest way. People were given information about how to make a complaint. One relative told us, "I would contact the manager if I had any concerns or any complaints."

The service policy on comments, compliments and complaints provided clear instructions on what action people needed to take in the event of wishing to make a formal complaint. We looked at the formal complaints records and found that no complaints had been received by the service. However, we saw there were suitable systems in place to record and investigate complaints if they should arise.

Is the service well-led?

Our findings

The service had a positive and open culture. One person said, "It is excellent. It's the best there is. I feel I get the best care." People felt they were included in the development of their care package and their views were valued. A relative commented, "We have six monthly reviews and we are listened to. We have a good relationship with the manager."

Staff were also positive about the service. They felt they were well trained and supported and were committed to the care and development of the people the service supported. There was a clear relationship between people and the staff that cared for them, as well as with the registered manager. This meant that communication between people, staff and the service was effective and concerns or issues were quickly identified and rectified. Staff felt that the registered manager was supportive of them and worked with them to ensure people received the care that they needed.

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "I would be more than comfortable raising any concerns. The manager is very approachable and you can talk to her." Staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. Staff confirmed that they understood their right to share any concerns about the care at the service.

There was a registered manager in post and management had been stable since the service started. Staff told us that the registered manager was a good role model who actively sought and acted on the views of people. One staff member told us, "[Name of Manager] puts people first and makes sure they get what they need."

There were internal systems in place to report accidents and incidents. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

There were quality assurance systems in place to carry out checks as the service developed. We were told that satisfaction surveys and internal audits to ensure paperwork was up-to-date and the service was operating in accordance with their policies and procedures were in place. We saw evidence of care plans being reviewed regularly and there were systems in place to monitor other areas of performance, such as staff supervision and complaints.

The registered manager and staff were committed to the continuous improvement of the service by the use of its quality assurance processes and its support to staff in the provision of training. The views of people and their relatives were included and the focus of the evaluation was on the experiences of people who used the service. Areas were identified where improvements could be made so the service met the needs and preferences of people better. Action plans were devised where it was identified improvements could be made in service provision.