

Carers' Support (Bexley)

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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	

Overall summary

This announced inspection took place on 15 and 16 April 2015 and was followed by phone calls to people who used the service and their relatives on 23 and 24 April 2015.

Carers' Support (Bexley) provides respite breaks for carers in their homes across the London boroughs of Bexley and Greenwich. There were 32 people receiving personal care at the time of our inspection visit.

We last inspected Carers' Support (Bexley) in November 2013. At that inspection we found the service was meeting all the regulations that we inspected.

A registered manager was in post at the time of our inspection. 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.

There were clear procedures in place to recognise and respond to abuse and care workers had been trained in how to follow these. Risk assessments were in place and reflected current risks for people who used the service

Summary of findings

and ways to try and reduce these. Appropriate arrangements for the management of people's medicines were in place and care workers received required training in administering medicines.

Care workers received a thorough induction and training to help them undertake their role and were supported through regular supervision and appraisal. We saw care workers had received training in the Mental Capacity Act (MCA) 2005

Care plans were in place and were reviewed with people and or their relatives to ensure the care provided was appropriate for people.

Care workers knew people's needs and preferences well and treated people in a kind and dignified manner. People and their relatives told us they were happy and well looked after. They felt confident they could share any concerns and these would be acted upon.

There was a positive culture at the agency where people felt included and consulted. People and their relatives commented positively about the service they receive. There was an effective system to regularly assess and monitor the quality of service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were appropriate safeguarding procedures in place and care workers had a clear understanding of these procedures.

Assessments were undertaken of risks to people who used the service and written plans were there to manage these risks. Appropriate action was taken in response to incidents and accidents to maintain the safety of people who used the service.

Sufficient numbers of care workers were available to keep people safe and meet their needs.

Medicines were not normally administered by the service, but there were arrangements in place if there was a need for this.

Good



Is the service effective?

The service was effective.

Care worker completed an induction programme and training relevant to the needs of the people using the service

People were supported by care workers who had the necessary knowledge and skills to help meet people's needs. They were aware of the requirements of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

People who used the service and their relatives told us they were treated with kindness and respect.

People and their relatives were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive.

Care plans were in place detailing people's care and support needs. Care workers were knowledgeable about people's preferences and needs in order to provide a personalised service.

People who used the service and their relatives felt the care workers, office staff and manager were approachable and there were regular opportunities to feedback about the service.

Good



Is the service well-led?

The service was well-led.

There was positive and open culture at the service. Everyone was working towards the same values which were keeping people comfortable, happy and safe.

Good



Summary of findings

Care workers received regular management support they needed to care for people competently. Care workers were clear about their roles and responsibilities. Robust monitoring and quality assurance systems were in place.

Carers' Support (Bexley)

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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 15 and 16 April 2015 and was announced. The provider was given 48 hours' notice

because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team comprised of an inspector and 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.

During the inspection we looked at six care plans, seven care workers and three office staff records, quality assurance records, accidents and incidents records, correspondence with people who used services, and policies and procedures. We spoke with the registered manager, three members of office staff, five care workers and a member of staff from the commissioning team. Following the inspection we telephoned 15 people receiving support from the agency and spoke with them about their experiences of using the service.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe using the service. One parent said, referring to leaving their loved one with the care worker, “no fear at all.” A person who used the service said “[The care worker] is fantastic, a true friend and the one before was just as good.”

Care workers and office staff received training in safeguarding children and adults. They told us they had received safeguarding training and the training records confirmed this. The service had a safeguarding policy and procedure in place, and there had not been any concerns since our last inspection visit. Care workers and office staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Care workers were also aware of the provider’s whistleblowing policy. Care worker we spoke with told us that if they had any concerns about people’s welfare they could contact the manager or coordinator anytime, including outside office hours.

Risks to people using the service were assessed, for example, there were risk assessments for restricted mobility and transferring, falls, medication and home environment. Each risk assessment included information to guide care workers about what action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to care workers about how to support them when moving them around in their home and in the community.

Care workers were aware of the reporting process of any accidents or incidents that occurred. For example when

somebody had slipped and in another instance a person had a fall in the garden. These incidents were reported to the office and appropriate action was taken, to prevent reoccurrence of these incidents.

Care workers were recruited through external volunteer recruitment agencies such as Community Service Volunteers (CSV). Care workers were from overseas, being students and young people, who committed themselves to working as volunteers for a period between 6 and 12 months. Free accommodation and living expenses were provided by the provider. There were sufficient numbers of care workers and office staff available to keep people safe. Care worker staffing levels were determined by the number of people using the service and their needs.

The care workers were subject to a rigorous recruitment processes, and appropriate checks for their suitability to work with vulnerable adults and children, including interviews, criminal record checks and references. However, we found one care worker’s police check was not completed before they began to work for the agency. We brought this to the attention of the manager, who then acted swiftly to obtain the police check for this care worker. The manager presented us with the evidence of a clear police check for this care worker, following the inspection.

The service did not routinely administer medicines to people. Where care workers were responsible for the administration of medicine appropriate records had been kept. People had administration of medicines care plan in place, which detailed the medicines prescribed to them and what assistance they required from their care worker with this. Office staff carried out regular checks to ensure people received their medicines safely and to determine if care workers required additional training to administer people’s medicines safely.

Is the service effective?

Our findings

People we spoke with and their relatives said staff were knowledgeable about their roles. They told us they received effective care from care workers that met their needs. One person who used the service told us “I believe they have a short course. Another person said “They [care worker] knew how to use the hoist, must be having training.”

People were supported by staff who had the knowledge and skills required to meet their needs. All people we spoke with said they were introduced to care workers prior to being supported by them, to assess their suitability and compatibility to support them. Training records showed all care workers had received training to ensure they were competent to deliver appropriate care to people. The training covered mandatory subjects including; the duties and role of carer, privacy and dignity, safeguarding children and adults, health and safety, mental capacity awareness, moving and handling, fire safety, first aid, administration medicine and challenging behaviour. All care workers we spoke with told us they felt training programmes were useful and enabled them deliver care and support people needed.

Care workers were supported through regular monthly supervision. Care workers were not annually appraised because they did not work for longer than one year. However their supervisor’s received annual appraisals. Records seen confirmed this and care workers told us that they received regular supervision and said they felt able to approach their line manager at any time for support. However, we found the supervisor’s supervision meeting records were not maintained except for their annual appraisal. Following our inspection, the manager sent us an amended staff supervision policy which detailed aspects of formal supervisions for supervisors’, which also stated that a record of their supervision shall be maintained.

There were policies and procedures in place in relation to the Mental capacity Act (MCA) 2005. The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The registered manager had a good understanding of the principles of MCA and how these may apply to people who used the service. For example, what processes to follow if they felt a person’s normal freedom and rights were being restricted. Where people had capacity to consent to their care, we found the provider had systems in place to seek and record their consent. People we spoke with confirmed this and told us that care workers also discussed their care needs with them on a day to day basis. For example, one person told us “they [care workers] always ask, can I.” before doing any work and “they [care workers] are really, really nice.” Parents made decisions for their children who were below 16 years of age or the adults themselves. All care workers had also received training in this area. Records were clear about what people’s choices, preferences were with regard to their care provision and care workers we spoke with understood the importance of gaining people’s consent.

People who used the service made their own meals or had family support to do this and did not require additional support with nutrition or hydration from care workers. For example, relatives told us that they provided food in their absence, either for re-heating with instructions, or left a selection of food for their loved one to choose from if they were away from home. Care plans and daily care notes further confirmed this. This meant that care workers were clear about their roles and responsibilities which ensured the required tasks were completed.

Health care appointments and health care needs were coordinated by people, their relatives and other home care agency staff. People’s health conditions and care needs were recorded in their care plan, to show which agency, including their relative had the responsibility to meet their health care needs. Care workers were available to support people to access healthcare appointments if needed.

Is the service caring?

Our findings

People and their relatives we spoke with were positive about the care workers and the way they were supported and respect shown to them. Comments included, “respectful to both of us”, “they help with social skills by encouraging, for example, the child to take their plate to the kitchen following meals.”, “they respect the aged”, and “they turn up early and are not in a rush to leave.”

People’s preferences were met. One relative told us “the care workers develop a relationship, and communication is excellent.” Care workers were able to tell us a person’s preferred form of greeting and how some people requested them to use their preferred first name. These names were recorded and used by care workers. People’s care records included details about people’s ethnicity, preferred faith and culture. All care workers we spoke with showed an understanding of equality and diversity. Care workers were aware of people’s cultural, religious and personal care needs to ensure their needs were met.

People who used the service had been involved in decisions about their care and support. We found that they had been involved in the assessments of their needs when they first began to use the service and their wishes and preferences had been incorporated into the care plans

which were then shared with the people and their relatives. People and their relatives spoken with were aware of care plans and they told us they were happy with the care that was given. People’s care plans described the person’s likes, dislikes and daily routines. Some of the care plans included mobility needs. For example, where people’s mobility needs had been assessed, appropriate records were in place to ensure their needs were met. Care workers had received training in moving and handling to support people safely, for example they were trained in using a hoist.

Care workers respected people’s privacy and dignity. There were policies and procedures in place to ensure people’s privacy, dignity and human rights were respected. Records showed that care workers had received training in these areas and care workers we spoke with understood their responsibilities in this area. Care workers described how they respected people’s dignity and privacy and acted in accordance with people’s wishes. For example, they did this by ensuring curtains and doors were closed when they provided care. Care workers spoke positively about the support they were providing and felt they had developed good working relations with people they care for. For example, one relative told us “wish we’d found them before.” And one person who used the service said “nothing bad about care worker, I’m worried about what will happen when they leave.”

Is the service responsive?

Our findings

People and their relatives we spoke with told us they were encouraged to make their views known about the care and support they received. We were told that they had opportunities and were encouraged to share their experiences of the service by use of a questionnaire, care reviews and regular phone calls by office staff. For example, one person told us “they [care workers] were able to respond at a short notice when my relative was unwell.”

People’s care records included an initial assessment, risk assessment and a care plan. We found these records were clear and covered aspects of their life and social history, social and health care needs including people’s personal routines. Care plans were in place to support care workers knowledge of people’s individual needs and how their care and support should be provided. These records gave care workers clear and detailed guidance about how people’s care should be delivered to ensure their health and well-being. This meant that care workers had access to

important information about the person that would assist them to meet their needs. They also gave guidance to care workers about what tasks should be completed at each visit and what action care workers should take if there was an issue or problem. For example, when someone had a fall in public place, the care worker contacted the office and waited until the ambulance arrived at the scene.

People’s concerns were responded to and addressed. The service had a complaints policy and procedures for reporting any concerns raised by people or their relatives. People and their relatives told us they knew how to complain and would do so if necessary. They said that the provider advised them to ring the office if they had any concerns. Complaints records showed concerns raised by relatives had been responded to appropriately. For example, two relatives told us when they requested for a change of care worker, the organisation acted on their requests. The manager told us the focus was on addressing concerns as they occurred before they escalated to requiring a formal complaint.

Is the service well-led?

Our findings

People and their relatives we spoke with all felt the service was well run and managed. One person said, “They [care workers] do what they say on the tin.” Another person told us “They [care workers] are good, I wouldn’t volunteer for them if they weren’t, they deserve five stars.” The agency’s values and philosophy were explained to care workers through their induction, training and on-going supervision meetings. Care workers we spoke with and their records seen confirmed this.

There was a registered manager in post. They had a detailed knowledge about all the people who used services and ensured care workers were kept updated about any changes to people’s care needs. A member of staff from the local commissioning team confirmed the manager had detailed knowledge about aspects of people’s needs and liaised promptly and appropriately with them. We saw the registered manager interacted with office staff and care workers in a positive and supportive manner. All office staff and care workers gave us positive feedback about the manager. For example, one care worker said “I get good support, there is a 24 hours support facility to call anytime if I have any concerns.” Another care worker told us “If I need something the office is there for me to help. I like it working here, we care workers help each other as well when required.”

The provider had an effective system to regularly assess and monitor the quality of service people received. Six monthly reviews and annual evaluation were carried out on

aspects of the service and records of these maintained. As and when people’s needs had changed, a reassessment of care was undertaken and changes reflected in the care plan. The manager held weekly office staff meetings which included discussions on the type and quality of care provided by the agency and recruitment of care workers. Supervisors undertook three care monitoring visits to people’s home in a year and held weekly care workers meeting at office. If any concerns were identified during monitoring visits and weekly meetings this was discussed with individual care worker and actioned promptly. Care workers told us their line manager advised them of any changes they need to make or any additional training they need to take, to meet the needs of the people. For example, a care worker received refresher training in administration of medicine. A member of staff from the local authority commissioning service told us they had no concerns about the service.

We found that people and their relatives had been asked for their views about the service in a satisfaction survey carried out in March and September 2014. The majority of them were satisfied with all aspects of the service and care workers. For example, one relative commented, “This service was a lifeline when I needed it and hopefully will continue in the future. If it stops, there will be no other service like it and, yes, I will need to ask for more help from other sources.” Another relative said “The care worker was most helpful in assisting with hair, preparing lunch etc., thus enabling me to do shopping, visit the barbers, the bank etc. Being from overseas they [care worker] also provides new interests and subjects for conversation.”