

Carers Sitting Service

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 19 and 25 May 2017 and was announced. Carers Sitting Service is registered to provide personal care to people living in their own homes. At the time of our inspection, eleven people were receiving personal care.

The service was last inspected on 26 and 28 April 2016, when they were rated as Requires Improvement. On that inspection we found a breach of Regulation 12 and a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found care and safe treatment was not being provided in a safe way because the provider was not assessing risks, and was not ensuring the safe management of medicines. We also found the provider did not have systems to effectively assess, monitor and improve the quality of the service. Following our inspection the provider told us about the action they were taking to address to rectify the breaches. On this inspection we found improvements had been made.

The service did not have a registered manager 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.

People were protected from the risk of abuse and avoidable harm. People's needs were assessed, and risks to people's safety from their health condition and environment were identified and mitigated. Appropriate protective measures were put in place to minimise the risk of avoidable harm. Care plans were reviewed with people and updated to meet their changing needs and preferences. People's medicines were managed safely.

People were happy with staff who provided their personal care. They were cared for by sufficient numbers of staff who were suitably skilled, experienced and knowledgeable about people's care needs. People were also supported by staff in a caring, respectful way, which ensured their dignity.

The provider took action to ensure that staff were suitable to work with people before they provided care. Staff were trained, supervised and supported to provide people's care.

Appropriate arrangements were in place to assess whether people were able to consent to their care. The provider was meeting the legal requirements of the Mental Capacity Act 2005 (MCA).

People were supported to be involved in their care planning and delivery. People's care was tailored to meet their individual needs and wishes. People, their relatives, and staff felt able to raise concerns or suggestions in relation to the quality of care. The provider had a complaints procedure to ensure that any issues with quality of care were addressed.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. This included seeking and responding to feedback from people to inform the standard of care. Checks were undertaken on all aspects of care provision so that action could be taken to improve people's experience of care when required.

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 protected from the risk of abuse. Risks associated with care were identified and assessed. People received personal care in a timely manner.

Is the service effective?

Good ●

The service was effective.

People received personal care that met their assessed needs. People were provided with care in accordance with the Mental Capacity Act 2005. Staff received training in key areas of care and were knowledgeable about people's personal care needs.

Is the service caring?

Good ●

The service was caring.

People were treated with care and respect by staff who ensured their dignity and knew them well. People were involved in planning their care where they were able to do so. Staff understood and demonstrated the importance of promoting people's independence and rights, and treating people with dignity.

Is the service responsive?

Good ●

The service was responsive.

People's views on their care were sought and improvements to their service made as a result. Their care plans had relevant information about their needs. People knew how to make complaints and were confident this would lead to improvements in their care if required.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The service did not have a registered manager in post. People, relatives and staff were confident to raise concerns and make

suggestions. Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care.

Carers Sitting Service

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 19 and 25 May 2017 and was announced. The provider was given 48 hours' notice because the location is a domiciliary care service which provides personal care to people in their own homes, and we needed to be sure that someone would be available at the provider's office. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events when they happen in the service which they are required to send us by law. For example, a notification of serious injury to a person or any allegation of their abuse.

We requested feedback from local care commissioners and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners work to find appropriate care and support services which are paid for by them, either local authority or by a health clinical commissioning group.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the provider.

We spoke with three people, two relatives and four care staff. We also spoke with the acting manager. We reviewed two people's care records, including one person's medication administration record. We looked at two staff files and records relating to the management of the service. This included training records and policies and procedures.

Is the service safe?

Our findings

People said they felt safe receiving personal care from staff. One person said they felt safe when staff supported them to shower, saying, "I'm not safe in the shower on my own: I'd slip." Another person said, "[Staff] always make sure my doors are secure when they leave. They'd make sure I'm safe."

People and their relatives told us they felt safe using the service. Staff were trained and knew how to recognise abuse or suspected abuse. They understood the provider's policies and guidance on keeping people safe from the risk of harm and abuse, and felt confident to raise concerns. They also understood how to report any related concerns to the registered manager, and felt confident to raise concerns with the Local Authority or CQC if this was necessary.

People had appropriate risk assessments in place, for example, in relation to their health needs or mobility. Staff understood how to recognise and manage risks safely. Where people received support with personal care activities, risk assessments had been carried out to ensure their safety. These identified what risks might arise from providing personal care to people, and provided information for staff to follow to reduce risks associated with the provision of personal care. For example, one person told us they used a shower chair to ensure they did not slip whilst receiving support to shower. Staff followed the person's care plan to make sure care was provided safely. This ensured people received their personal care in a safe way.

The provider undertook pre-employment checks to ensure prospective staff were suitable to care for people in their own homes. This included obtaining employment references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. This meant the provider had checks in place to ensure people were supported by staff who were suitable to provide care.

People said there were enough staff to provide their care when they wanted or needed it. People commented that staff visited them on time, at the times they wanted. One person said, "They are on time, but if they're late, staff always call me." A relative told us their family member needed consistent staff who knew them well, and said the service ensured this happened. Staff felt the provider had enough staff to ensure people's needs were met in a timely way. The manager said they arranged the rota for staffing based on people's assessed needs, preferences and staff availability. We saw the service would only offer to provide people's personal care if they had the available staff to support them safely. This meant the provider had enough staff to meet people's needs.

People and their relatives were confident staff would respond appropriately in an emergency situation. The provider had a policy in place detailing what action staff were expected to take in an emergency, and had a plan in place to deal with events that could affect the service, like adverse weather. Staff knew about this and what was expected of them to help ensure that people continued to receive care in such circumstances.

People's medicines were managed safely. Most people using the service for their personal care did not require support with their medicines, as relatives supported them with this. One relative commented that

staff helped their family member by applying the person's skin creams, stating, "Staff do this every day." The person's medicines administration record (MAR) confirmed this was the case, and contained clear information for staff about where and when prescribed creams should be applied to the person. People's medicines were administered by staff who had received training in managing medicines safely. Staff had a clear understanding of what level of assistance people needed to ensure they received their medicines as prescribed. Staff told us and records demonstrated that they had received training to ensure they managed medicines safely. The manager had a system for checking MAR sheets to ensure people received support with their medicines as required. We checked the records in relation to medicines. These showed that medicines were administered, managed and disposed of safely and in accordance with professional guidance.

Is the service effective?

Our findings

People were supported by staff who were trained to provide their personal care. Staff undertook a range of training to support their role and responsibilities for people's care. For example, this included dementia awareness, moving and handling, infection prevention and control, and safeguarding. One member of staff described recent dementia training as, "Really good. It helped me understand more about people's experiences of living with dementia and was very worthwhile." Staff told us and records showed that they received regular refresher training in care skills. Staff told us they had an annual appraisal of their performance and had individual supervision meetings from the manager. Staff also told us that the manager carried out unannounced spot checks to monitor their care skills, which management records showed. Staff also felt able to talk about their training needs with the manager whenever this was necessary. This showed the provider ensured staff maintained the level of skills they felt essential to meet people's needs.

Staff told us and records showed they received a work induction in a range of skills the provider felt necessary. Staff described working alongside experienced colleagues as part of their induction. New staff who had started since our last inspection had completed the Care Certificate. This sets the national minimum recommended training standards that all new non-regulated care staff should achieve before they provide care. Staff were knowledgeable about people's care needs and preferences, and felt care records had sufficient details about people's health conditions and the support they needed to enable them to provide people's care.

People were provided with personal care in line with legislation and guidance in relation to consent. 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 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. If people living in their own homes are receiving restrictive care that may amount to a deprivation of their liberty, an application must be made to the Court of Protection to ensure that restrictive care is lawful and in a person's best interests. No-one receiving personal care from the Carers Sitting Service was subject to restrictive care that would require a court application.

Staff received training in the MCA and demonstrated they understood what the law required them to do if a person lacked the capacity to make a specific decision about their care. Staff understood they needed to seek people's consent for their personal care, and were clear they would talk with the manager if they had concerns that people might lack capacity to give consent to their care. One staff member said, "No means no, but I would try to encourage the person to accept care offered. However, I would record it and alert the office if I had concerns about people refusing care or support." Staff and the manager had identified a person whose capacity to consent had deteriorated and had involved external professionals to ensure personal care was being provided in accordance with the law. This meant people's rights were being upheld, and their consent to care was sought.

People and their relatives felt staff would get them medical or other help if needed, as they had confidence in the service and the staff. Staff also told us they knew when to seek medical help.

At the time of this inspection, people receiving personal care did not need support in relation to eating and drinking, as they were either able to do this themselves, or were supported by relatives.

Is the service caring?

Our findings

People were supported by staff who were kind, considerate and caring. One person said, "They're very caring and kind." Another person said, "They're brilliant – they go above and beyond." A relative told us that staff listened to the person and provided support in a caring manner. For example, by staff ensuring they gave the person time to understand what support was being offered with bathing, and going at the person's pace.

People felt that staff supported them to remain as independent as possible. One person said, "They [staff] wash and dry me: I can't do some things myself so they do what I can't." Another person described how staff provided personal care and support, stating, "This helps me to live at home, in my own home. I am more independent in my own home with their help."

People were involved in making decisions about their care. Their care plans recorded details about their personal preferences for their support. This included information about what people were able to do for themselves, and what staff needed to support them with. For example, one person's care plan detailed their bathing and dressing routine and preferences. The person confirmed with us that staff supported them in this way, which was their choice.

Staff we spoke with felt that they cared for people and wanted to be able to make a difference to their quality of life. One staff member said, "[The service has] fabulous staff, who really go above and beyond, and care for people." Another staff member said, "We support people to be more independent and enjoy a quality of life."

People were supported by consistent staff who listened to them and tried to ensure people's care was provided in the way they wanted. Staff preferred to work with people to provide consistent and regular care, and said that the manager tried to ensure that people received care from the staff they wanted. One staff member commented, "I have regular clients – stable. This is better for them, especially if people have dementia. You become familiar with each other and we know what people want." The manager confirmed that this was the case and records supported this. This meant people received consistent care from staff who knew them well.

People said that staff provided their personal care in a respectful way that upheld their dignity and privacy. One person said, "Staff always knock and check to enter." Another person commented, "They [staff] are always very respectful when doing my personal care." A relative said, "Staff are very respectful when helping [my family member] to use the toilet." This showed staff treated people with dignity and respect, and understood how important this was for people. One staff member said that it was important to be respectful particularly as some aspects of personal care could be embarrassing for the person. The provider was seeking renewal of their dignity award from the local authority for ensuring people's dignity in care at the service. This award is linked with the government's national dignity in care campaign.

People were provided with information about the service to ensure they knew what to expect and how to

raise concerns or make a complaint. They were also provided with information about accessing advocacy support. Staff respected people's right to confidentiality, but were also clear when it was appropriate to share information about risk or concerns.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People's care plans were individualised, and included information about people's goals and preferences for personal care. For example, one person's care plan had options for their personal care routine depending on how the well the person was feeling each day. Staff demonstrated they understood and knew how to assess this before they provided the person's care to suit them.

Staff felt people's care plans contained enough information to enable them to understand people's needs. One staff member said, "If people's needs change, we flag this up with the office and the manager will review the person's care plan. Care needs to be tailored to each person." The care plans we looked at contained detailed information about what people's care needs were, and what their views were about how they were supported. For example, one person's records had detailed information about their preferred morning routine, which the person confirmed to us as accurate. This demonstrated that people's care plans had relevant information for staff to meet people's individual needs.

People's care was regularly reviewed with them. One person said, "They [manager] come to see me to check if the job's done properly." Staff told us the manager visited people and their relatives to review their personal care. The manager told us that every person, and relatives where this was appropriate, had a telephone call from them three weeks after starting to receive care. This was designed to seek people's views about their experience of this so far, and we saw evidence this was done. The provider was in the process of reviewing everyone's personal care and planning in when the next review should take place. The manager confirmed this had not always happened consistently in the past, and we saw steps were being taken to ensure people and their relatives had the opportunity to review their care regularly. This meant any changes in people's care needs were identified, and care plans updated to ensure staff knew how to support the person.

People and their relatives knew how to raise concerns or make a complaint. Everyone we spoke with said that they had never needed to make a formal complaint as they were satisfied with the care provided. Everyone was confident they would be listened to if they had to raise concerns or make a complaint, as they felt the provider was responsive. One relative said they had raised a concern about care, and the provider had resolved it to their satisfaction. We saw from records that minor issues raised by people or their relatives were dealt with quickly and resolved. No formal complaints had been made since our last inspection. People and their relatives were provided with a copy of the provider's complaints policy and procedure and staff understood how to support people to make a complaint. People and relatives felt they had regular opportunities to provide their views about the service, including questionnaires, reviews of their care, and by talking with staff. The annual survey forms we viewed from November 2016 were all positive about the service and did not identify any areas for improvement. This meant the provider had a process to listen to concerns or feedback, and take action to improve the quality of care.

Is the service well-led?

Our findings

The service did not have a registered manager 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. The previous registered manager left the service in December 2016. There was a manager in post and they confirmed they were applying to become the registered manager.

The manager understood their duties and responsibilities in relation to the requirements and provisions of the Health and Social Care Act (HSCA) 2008. They appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. The manager had taken appropriate and timely action to protect people from risks associated with unsafe care. They also monitored and reviewed accidents and incidents, which allowed them to identify trends and take appropriate action to minimise the risk of reoccurrence. The provider had established links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed.

People and their relatives felt the service was managed well and knew who the manager was. One person said, "I talk to [the manager]. Very helpful. I'd call them if I needed." A relative said, "I trust Carers Sitting Service to come in and do the right job." People and their relatives also felt confident to make suggestions about improving the service, or to raise concerns. They also felt that any feedback they gave was taken seriously and acted on by the provider.

Staff told us they felt supported by the manager. They felt able to raise concerns about care or suggest improvements to the service. One staff member said, "[The manager] has worked very hard since the last inspection, as has everyone else. There have been lots of improvements, for example, to the care plan details." Another staff member said, "The support from the manager is good – I can always call or pop in, and I feel reassured I can speak about anything." A third staff member stated, "I would report anything [to the manager] if I don't think something is right. I will always try to speak with [the manager] rather than just leaving a message."

The provider had systems to monitor and review all aspects of the service. This included regular monitoring of the quality of care. The manager carried out regular checks of care provided, and the provider was looking at ways to improve the quality of care provided.

We saw organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these, and were knowledgeable about key policies. We looked at a sample of policies and saw that these were up to date and reflected professional guidance and standards.

The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff

confirmed if they had any concerns they would report them and felt confident the manager would take appropriate action. This demonstrated an open and inclusive culture within the service, and gave staff clear guidance on the standards of care expected of them.