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Care Services

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Care Services is a small domiciliary care agency that supports 13 people in their own homes with personal care . Care Services support older and younger adults with a range of needs including people living with dementia and people who have physical disabilities. We visited the office of Care Services on 26 May 2017. We last inspected this service on 9 March 2015 and rated the service as Good. At this inspection we found the service remained Good overall with an Outstanding rating for Caring .

There was a registered manager in post who was also the provider. 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 described care workers as very kind. People had developed meaningful relationships with the care workers who provided their support. Care workers understood the importance of respecting people's dignity and supported them to make decisions about how they wished to live their life. The registered manager and care staff demonstrated their commitment to providing outstanding support to people to maintain and develop new relationships.

Pre-employment checks were completed for all new staff to check that they were suitable to work with people who used the service. There were enough staff employed to meet people's needs and to attend each call.

People were kept safe by care workers who had received training on how to recognise and report any suspected abuse. Risks related to people's care were identified and procedures were put in place to minimise the risks. Procedures were in place to support people safely when they took their medicines.

Care workers received training to support people effectively. The registered manager understood the principles of the Mental Capacity Act 2005 and care workers understood the need to gain people's consent before providing care. Referrals were made to health and social care professionals when needed to make sure people received the support they needed.

People worked in partnership with the staff to plan their care and this was continually reviewed to meet their needs. Care workers had good knowledge of people's preferences and offered people choices.

People knew how to raise concerns and felt confident to do so. No complaints had been received by the service in the 12 months prior to our visit.

Care workers received support from the registered manager to deliver high quality care.

People had opportunities to give their feedback about the service they received. The feedback was

analysed to make sure the service continued to meet people's needs. The registered manager completed regular quality assurance checks to continually improve the service people received.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Outstanding ☆

The service was very caring.

People and relatives spoke very positively about the caring nature of the staff who supported them. Staff went 'the extra mile' to ensure people lived their lives how they wished to do so which included developing relationships that were important to them. Care staff respected people's individuality and encouraged them to maintain their independence.

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Care Services

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 was a comprehensive inspection and took place on 26 May 2017.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we asked the registered manager to arrange for staff to be available to speak to us. This inspection was completed by one inspector.

Prior to our inspection visit, we reviewed the information we held about the service. We looked at the information received including the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to complete before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make. The information contained within the PIR reflected what we saw during our visit.

We contacted people who used the service by telephone and spoke with two people and three relatives. During our inspection visit we spoke with five members of staff including the registered manager, a team leader and care workers.

We reviewed five people's support plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

At this inspection visit we found staff had the same level of knowledge and skill to support people safely. The rating continues to be good.

People and their relatives told us they felt safe with their care workers. One person told us "I know my carers and I've never felt worried with them." Staff told us they received training about how to recognise signs of abuse and they felt confident in raising any concerns with the registered manager. Records showed the registered manager had made appropriate referrals to local safeguarding teams when required which helped to ensure people remained safe.

Before people received support from Care Services an assessment of their needs was completed. The information gathered was then used to complete risk assessments which gave care workers detailed instructions on how to support the person safely. Care workers told us that these assessments were available in each person's home.

The registered manager was a member of The Royal Society for the Prevention of Accidents (RoSPA), and an accredited trainer in safer people handling and risk assessment. RoSPA is a charitable organisation which aims to prevent accidents occurring. They promote safety and the prevention of accidents at work, at leisure, on the road, in the home and through safety education. We saw the registered manager had used the information they had received from RoSPA to manage known risks and train the staff team to effectively identify and manage risks.

One person who received support was at high risk of choking if they ate solid food. The risk had been discussed and understood by the person. Their risk assessment had been completed with support from medical professionals and included guidance for staff on how to safely prepare the person's food and what they should do if the person chose to eat solid food and began to choke.

People told us they were supported by staff they knew and who had been introduced to them. A relative told us "I know [Name] is safe with the carers. I can feel confident that they will be safe if I'm not there." They went on to say that their calls were always on time and "this reassures me that the carers are there when we need them." The registered manager explained that the number of calls a person needed and the length of these were determined by their social care assessment.

We sampled staff rotas and saw there were enough staff to attend people's calls. If a member of staff was unexpectedly absent from work, for example due to illness, their scheduled calls were covered by other members of staff.

Staff told us that they received medicine training which meant they knew how to support people safely to take their medicines. The registered manager told us, "If we were supporting someone with their medicine and there was a medication error the care worker would have to redo the medication training to refresh their knowledge."

Is the service effective?

Our findings

At this inspection visit, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People told us staff understood how to support them. One person told us, "They are very knowledgeable and have good training." Staff told us when they had first started working at the service they had received an induction which included completing training and working alongside an experienced care worker until they were confident to provide support to people unsupervised. Following their induction staff received additional training and regular updates to make sure their knowledge remained up to date with recommended practice. This meant staff had the skills to care for people effectively.

The registered manager was a registered social worker and it was important to them to remain up to date with training and to maintain their registration. This benefited the service because the registered manager was able to share current best practice and information with staff which helped to deliver a high quality of care.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA). 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.

Staff told us some people did not have capacity to make their own decisions. When this was identified this was reported to their manager who would arrange for a capacity assessment to be completed. A care worker told us one person they supported lived with dementia and they had consulted the person's relative to ensure that any decisions made were in the person's best interest.

People and relatives told us care workers always asked for their consent before they supported them, one person told us "They always ask me what I need and if it is okay to do things."

People told us they made their own decisions about what they wanted to eat and care workers would help them to prepare meals if they required support. Staff supported people with specialist dietary needs. For example, one person needed to consume food and fluid through a specialist device called a PEG. A PEG is a way for people to receive nutrition via a tube into their stomach. Staff had received specialist training in how to use the device, and the service had worked with the Speech and Language Team (SALT) to meet the person's dietary needs.

Staff regularly liaised with other health care professionals involved in the person's care to make sure any concerns were followed up appropriately to maintain the person's health. A health professional explained

the registered manager was prompt to refer to them if any changes were identified to a person's care needs. They said, "They (care workers) know the people they support very well and are quick to contact us about any changes. This means the person receives any additional support promptly."

Is the service caring?

Our findings

Since our last inspection where people received a 'good' service from caring staff, we have seen further improvements and 'caring' is now 'outstanding'.

Many people who received support from Care Services had been supported consistently for a number of years by staff who knew them extremely well. This meant people had developed strong and meaningful relationships with their care workers. The registered manager and care staff demonstrated their commitment to providing outstanding support to people to maintain and develop new relationships. One person who used the service had placed themselves at risk of harm whilst exploring new relationships. The registered manager had been innovative and had taken action above and beyond the person's expectations in order to support this. Actions had included working in partnership with health and social care professionals over a number of years to provide support to the person to develop new relationships. This meant the person lived their life how they wished to do so.

People were extremely happy with the care they received. One person told us "I couldn't wish for a kinder people." Another person said "My carers are the best, they are my friends, my family and my support all in one." Feedback from the most recent quality assurance survey supported what people and relatives told us. Quotes from the survey included "They (staff) very often go beyond the call of duty" and "Always time for the social interaction part as well as the 'duty' part."

A relative told us "Staff are always very polite and friendly, I'm always contacted about any changes and I know I can phone [Registered manager] about anything." They explained the positive impact of the support their relative received meant "I don't have to worry anymore or feel guilty at not being there. I know the staff are able to take very good care of [relative], I couldn't ask for better."

A care worker told us, "I love my job, it is tiring but I feel proud of the care I give and knowing I can help someone be happy living in their own home instead of them struggling or having to move to a residential home. We make a difference." Another staff member explained that before they began supporting a new person they were introduced to them and their care needs and preferences were explained. This meant that the person felt comfortable with their new care worker and helped to ensure they received continuity of care.

People and their families worked in partnership with the staff to plan their care based on what was important to the people from their perspective. This meant staff had an in-depth knowledge of people's preferences and support needs. If a person did not have a relative but wished for an advocate to be involved in planning their care this was arranged by the registered manager. An advocate is a person who works as an independent advisor in a person's best interest. We saw people's support plans reflected the person's wishes. For example one person wished to be supported by a care worker of the same gender which was provided. People were supported to follow their chosen faith and staff supported them to attend places of worship. A member of staff explained that a person they supported enjoyed attending services and activities at a local church. They went on to say by attending these events it helped the person to maintain relationships important to the person.

People told us care workers always treated them with dignity and respect. A care worker told us how they provided personalised care to one person. They said, "If I help them with personal care I always ask them what they would like. This might be waiting for them outside the bathroom or covering them with a towel so they are not exposed. It's important to make sure the person is comfortable with you."

People's end of life care wishes had been sensitively discussed and their preferences had been recorded in their support plans. This included their faith, who the person would like to be contacted at this time the care and support they would like to receive.

Is the service responsive?

Our findings

At this inspection we found people's care continued to be planned in a person centred way. Care workers continued to promote choice and encouraged people to provide feedback about the service. No complaints had been received in the past 12 months. The rating continues to be Good.

People had a support plan which included information about what support they wanted from the service and detailed their preferences. The registered manager told us the support plans were continuously reviewed. Staff confirmed this and stated that if they identified any changes in a person's needs they contacted the team leaders who would immediately update the person's support plan.

Staff told us they contacted other services who were involved in a person's care to discuss any changes in their needs. We spoke with four health and social care professionals who all spoke highly of their experiences of the care provided by Care Services. One healthcare professional told us "I think the staff employed by Care Services receive high quality training. I know when I am contacted by them the information will be accurate and any guidance I give will be followed." We saw advice or guidance provided by health or social care professionals was incorporated into the people's support plans and any changes were shared with relevant staff. This meant staff had the up to date information they needed to meet people's support needs.

Each person had a "Hospital Passport". It included information considered vital about the persons care, for example their mobility and dietary needs, or how to communicate in a way the person could understand. The document also included information about the person's preferences. This meant when people visited hospital health care professionals would have information they needed to meet their needs.

People and relatives received an annual quality assurance questionnaire to provide feedback of the service. The results of these questionnaires were recorded and analysed by the registered manager to identify any area's the service could improve. We reviewed the responses to the quality assurance questionnaire for 2016. Overall, the responses indicated a high level of satisfaction with the care provided and a comment included, "The high quality care my relative receives has made all the difference to his mental health."

The analysis had identified that on occasion's care staff were occasionally arrived late to provide people's support. The registered manager acknowledged that there had been occasions when care workers had been delayed. This was due to heavy traffic or care workers being held up at their previous call. In response to this feedback the registered manager had instructed staff to contact the office if they had experienced a delay which meant a member of office staff contacted the person to let them know. Depending on the persons level of need another member of staff could be allocated to cover the call or advice the person when to expect the member of staff to arrive.

Everyone we spoke with knew how to raise a complaint with the service. However, no one had felt the need to raise any concerns. This was reflected in the feedback received by the service. In the 12 months prior to our inspection visit no complaints had been received. The service had received numerous compliments

thanking them for the care provided.

Is the service well-led?

Our findings

At this inspection we found that the registered manager continued to have processes in place to monitor the quality of service provided and to identify areas of improvement. Staff continued to feel supported in their roles and told us they enjoyed their jobs. The rating continues to be Good.

The registered manager had been the manager and provider of the service since 1983. In October 2010 they applied to become a registered manager with CQC. This provided consistency in how the service was managed. 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 registered manager for Care Services was also the provider of the service.

People told us they thought the service was well managed. One person said, "They (office staff) are very approachable people. I am happy to talk to them about anything." A relative said, "I can't think of anything they could do better, it is a very good service."

Members of staff told us that they enjoyed their jobs and were proud of the support they gave to people. Comments included, "I really enjoy my role" and, "My job is very rewarding, I love what I do."

A member of staff told us, "(Registered manager) is very approachable; I can go to them with any questions." Another member of staff explained that the registered manager had supported them with regular one to one meetings to develop their skills and to gain confidence in their role.

Staff received regular one to one meetings with their manager which gave them the opportunity to discuss their well-being and their roles. Staff told us they found these meetings beneficial and meant they could plan training opportunities or discuss any concerns. Staff also attended regular team meetings where they discussed various topics about the service. People were encouraged to provide any feedback or suggestions for improvement.

The registered manager completed checks to gain assurance the service being provided was of high quality. This included reviewing support plans, medicine records, feedback received, training records and observing of staff practices. Any improvements required were included in an action plan. For example, it was identified that the current paper based care records were not always meeting the needs of staff or people. The registered manager had researched different computer based records which could be accessed using smart phones or tablets and which were currently being trialled. The aim was for all records to be transferred to the new system in autumn 2017.

The provider was aware of their responsibilities to us. They sent us notifications about important events that occurred and displayed their current rating in their office and on their website.