

Cairbairz Limited

Leicester

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out the inspection on 4 May 2017. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The service is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection 17 people used the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe. Risks associated with people's care were assessed and managed to protect people from harm. People could be assured that staff would arrive on time to provide the care that they needed.

People were supported by staff who understood their responsibilities to keep them safe and to report any concerns they may have. There was a recruitment policy in place which the provider followed. We found that all the required pre-employment checks were being carried out before staff commenced work at the service.

People received their medicines as required. Medicines were administered safely by staff who were appropriately trained and competent to do so. People's health needs were met and when necessary, outside health professionals were contacted for support. They were supported to have enough to eat and drink.

Staff had received training and guidance to meet the needs of the people who used the service. Staff told us that they felt supported. Their competence to do their role was regularly assessed.

People were not supported in line with the requirements of the Mental Capacity Act 2005. Where people were suspected of lacking the mental capacity to make decisions for themselves, assessments had not been taken to confirm this.

People's independence was promoted and they were encouraged to make choices. Staff treated people with kindness and compassion. Dignity and respect for people was promoted.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people who used the service. People contributed to the planning and review of their care.

People were encouraged to give feedback about the service they received. They felt confident that any concerns that they might have would be addressed. People and staff felt that the registered manager was

approachable.

Staff were clear on their role and the expectations of them. Staff felt supported.

Systems were in place to monitor the quality of the service being provided and to drive improvement.

The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

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 told us that they felt safe.

People could be assured that staff would arrive at agreed times to provide their care and support.

Risks were assessed and managed to protect people from harm. Staff knew their responsibilities to help people to remain safe.

People received their medicines as required and were administered safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were not always supported in line with the requirements of the Mental Capacity Act 2005.

Staff had received training and support to meet the needs of the people who used the service.

People were supported to maintain their health. Their nutrition and hydration needs were met.

Is the service caring?

Good ●

The service was caring.

Dignity and respect for people was promoted.

People were supported to maintain their independence and people were encouraged to make choices.

People were usually supported by staff that were familiar to them.

Is the service responsive?

Good ●

The service was responsive.

People received care that was based on their individual needs and preferences. The care needs of people had been assessed. People were involved in planning and reviewing their care.

Staff had clear guidance about how to support people as individuals.

The registered manager had sought feedback from people using the service. People could raise a concern if required and were confident that it would be addressed.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to monitor the quality of the service being provided.

People and staff felt that the registered manager was approachable and action would be taken to address any concerns they may have.

Staff were clear on their role and the expectations of them. Staff felt supported.

The registered manager was aware of their registration responsibilities with Care Quality Commission.

Leicester

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.

We carried out the inspection on 4 May 2017. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of an inspector and an expert-by-experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we held about the service to inform and plan our inspection. This included information that we had received about the service as well as statutory notifications that the provider had sent to us. A statutory notification contains important information about certain events that they must notify us of. We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service.

We spoke with three people who used the service and with the relatives of five others over the telephone. We spoke with the registered manager, the regional manager and four care workers. We looked at the care records of three people who used the service and other documentation about how the service was managed. This included policies and procedures, staff records, training records and records associated with quality assurance processes.

Is the service safe?

Our findings

People told us that they felt safe with the care that they received. One person said, "I always feel safe with them." People's relatives confirmed that they were sure that their family members received safe care provided by the service.

People were protected from avoidable harm. Risks relating to people's conditions had been identified and guidance for staff was in place to minimise the impact of these. We found that risk assessments had been completed in areas such as moving and handling, medicines and skin care. We saw that these risks were regularly reviewed and action taken when a person's condition had changed to ensure that they continued to be protected from harm. For example, a person's sleeping arrangements had been changed to take into account their reduced mobility. Consideration had also been given to the risks associated with people's home environment and actions taken to prevent harm. For example where a trip hazard had been identified, this had been removed. Accidents and incidents were recorded. There were systems in place to ensure that the right action was taken following an incident to prevent a reoccurrence.

Staff were aware of how to identify, report and escalate any safeguarding concerns that they had within the organisation and, if necessary, with external bodies. They told us that they felt able to report any concerns. One staff member told us, "Call the manager and log it. There is obviously the whistle blowing policy." The registered manager was aware of their duty to report and respond to safeguarding concerns. We were aware of an occasion when the registered manager had reported a concern. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns. This helped people to be protected from harm and abuse.

The provider had followed their recruitment procedures. These made sure that as far as possible only people suited to work at the service were employed. The necessary pre-employment checks had been carried out. These included Disclosures and Barring Service checks. These are checks that help to keep those people who are known to pose a risk to people using Care Quality Commission (CQC) registered services out of the workforce.

People received their care at the times that they expected to. Comments from people using the service and their relatives included, "Yes they arrive on time, never let us down.", "Yes they are on time, excellent." and, "Always on time for every visit." The registered manager had systems in place to check that people received their care on time. Staff confirmed that if for any reason they were running late they would contact the office who would let people know. This meant that people could be assured that staff would arrive at the agreed times to provide the care they needed.

People were supported to take their medicines if they needed this help. When we asked them if they received the support they needed to take their medicines one person said, "Yes they do everything for me, no problems." A person's relative commented, "If I am going out I leave [medicines] and they make sure she has them." The service had a policy in place which covered the administration and recording of medicines. We saw that medication administration record charts were used to inform staff which medicine was required

and this was then used by staff to check and dispense the medicine. We saw that staff had taken action when they had identified that a person's medicines had not been dispensed by the pharmacist correctly. This action meant that the person did not miss a dose of their regular medicine. Staff had completed training and were also assessed to make sure that they were competent to administer medicines. One staff member told us, "Check the medication, make sure it is in date." We saw that staff's competency to administer medicines was checked periodically through 'spot checks'.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We saw that this was not consistently occurring.

Where it was suspected that a person lacked the capacity to make decisions assessments had not taken place. We saw in one person's care plan that they were unable to make some decisions and that their relative was relied upon to make these on their behalf. However, no formal assessment of the person's mental capacity to make decisions had been made. This meant that there was a risk that this person were at risk of not having their human rights upheld. The service had a policy in place to guide staff about the MCA. The registered manager had not followed this policy. They told us that they would review the person's care plan and ensure that any relevant assessments would take place if required. Staff had received training and guidance with regard to the Act and understood their responsibilities.. One staff member told us, "Never assume, you have to find the best way for them to make a decision."

Where people had the mental capacity to consent to their care, this had been sought. We saw that there was reference to people's ability to make decisions and understand information within their care plans. Where people were able to make decisions for themselves, this had been recorded.

People were supported by staff who had received training and guidance in order to be able to carry out their role. One person's relative told us, "They are very well trained and they have a good understanding of her illness." We reviewed training records and saw that staff had received ongoing training in areas such as safe moving and handling, safeguarding and health and safety. One staff member told us, "There is constant training and updates." They went on to say, "They have put me on my NVQ [care qualification]. That was a big thing for me as I wanted the qualification." Where staff required particular skills to meet a person's health care needs this was provided. For example, where a person required equipment to maintain their airway staff understood how to use this safely.

When new staff started working at the service they received induction training. This included introduction to care principals, the provider's policies and procedures and specific courses that staff needed to support people safely. Staff confirmed that they had completed manual handling training and shadowed more experienced staff members before they had been allowed to support people on their own. One staff member told us, "I was shadowing [registered manager], it makes you feel safe." New staff were required to complete induction training which followed the Care Certificate standards. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

Staff had access to senior support workers at all times for any guidance they required via the on call telephone number. Staff confirmed this and one staff member said, "They have been able to answer any questions, I can get the information I need." Staff received regular supervision and spot checks were carried out to ensure that they were competent to fulfil their role. One staff member told us, "[Registered manager] is always doing spot checks. Making sure staff are doing the job right." Staff received support and guidance to complete their role. Staff met with their manager regularly for supervision meetings. Records showed that during supervision meetings staff were asked to review their performance and any issues regarding the support of people using the service were discussed. The knowledge of staff in relation to supporting people to take their medicines was also checked during their supervision meetings.

People were supported to have enough to eat and drink. One person told us, "They do my meals and make sure I have a drink." A person's relative commented "They help us at breakfast and tea time." Staff understood the importance of ensuring people had enough to eat and drink. One staff member told us, "We have fluid and diet intake charts. If they aren't being met [targets for each person] we have to find a way." Another staff member told us, "Leave them fruit to nibble on for when you are not there." People's care plan's detailed their support needs with regard to eating and drinking and guidance was available for staff to follow. Where people required additional support to eat and drink, this was provided. People's preferences were recorded and taken into account when staff supported them with their meals.

People's health care needs were supported. A staff member told us that if a person became ill they would ensure that the person sought medical attention. They went on to say, "If they were really poorly I'd call 999." We saw that the registered manager had supported a person's family to access the right health care provision for a person. They told us that if a person needed to attend a health appointment then their call times could be changed to accommodate this.

Is the service caring?

Our findings

People were supported by staff who understood the importance of maintaining their dignity and treating them with respect. Comments from people and their relatives included, "They are very respectful and are lovely when helping her shower and dress.", "They are very respectful towards me and we get on very well. They treat me like a human being.", "They are very kind and respectful towards her." and, "The ladies do respect her very much so." Staff demonstrated that they understood the importance of promoting people's dignity and treating them with respect. One staff member said, "Keep it [information]private and confidential." They told us about measures they took to promote people's dignity. For example they told us that they knocked on people's doors before entering the property and kept people covered while they provided personal care.

People's views were listened to and were respected. One staff member told us, "I go in there [people's homes] and learn about them. You don't presume." Another staff member said, "You start off by thinking about the individual and if they can make their own decisions." We saw that some people had fed back to the provider that they would prefer staff not to wear their uniforms when supporting them as they felt this highlighted to others that they were receiving care. The registered manager had arranged for staff to not wear uniforms when supporting these people. The registered manager had contacted outside professionals on a person's behalf when they had expressed a wish to receive alternative care. This was because the registered manager could not provide what they required.. This meant that the person's views were valued.

People were supported by staff that they were familiar with and who understood their specific needs. One person said, "I am very happy with them. They talk to me all the time." They told us that this was important as it helped them to feel comfortable receiving care. One person's relative told us, "They know her very well. They are like family." Staff confirmed that they usually supported the same people and this helped them to build positive relationships with them. People told us that they generally received care from the same staff members. One person said, "I have different ones but they are part of the same team." A person's relative said, "Yes we have our regular team." The staff rotas reflected this. Before a new staff member provided care to people they were introduced to them so that they could start to become familiar to them. One person's relative said, "They introduce new ones." The registered manager told us that they tried to match staff with people where they had similar interests or personality types.

People's independence was promoted and they were supported to make choices and be in control of their lives. Staff understood how to promote people's independence and to ensure the things that they wanted to do for themselves they could. One staff member said, "Try and get them to do as much for themselves. It's their personal choice we don't take it away from them." Another staff member told us, "Give them choices, ask them what they want you to do." People's care plans guided staff to promote people's independence and offer choices in a way that they wanted.

People were provided with information about the service and the care that they should expect to receive. We saw that information about the organisation, the staffing structure, how care was reviewed and how people could raise a concern was provided to people when they started using the service. We saw that as

part of people's review of their care plan, senior staff checked that people had this knowledge and understood what service they should expect to receive and who to approach if they did not receive the service they wanted.

Is the service responsive?

Our findings

People received care that was based on their individual needs and preferences. Staff understood what care to provide and knew people's needs. One person told us, "They give me complete care."

A person's relative told us, "They are brilliant with [family member]. They know a lot about her illness."

Another person's relative said, "They look after him exceptionally well." People's care plans included information that guided staff on the activities and level of support people required for each task of their daily routine. Care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history. For example, one person's care plan informed staff that they preferred to drink their tea from a china cup. Care plans were kept in people's homes and accessible to people and staff. A staff member told us, "I read the care plan for anything I want to know. It says how they like to be supported and spoken to." This meant that staff had access to the guidance they needed to provide personalised support to people.

The support that people required was assessed before they started receiving care. This was so that the registered manager could be sure that the service could meet the person's needs. One person told us, "Yes I have [a care plan] and they have done assessments." We saw that people were asked to contribute to the planning of their care and their needs and wishes taken into account.

Where appropriate, people's relatives were included in care planning and reviewing the care that people received. One person's relative commented, "They are all willing to listen and are very good at relaying information." Another relative said, "She does have [a care plan] and the family are involved in reviews." People's care plans were reviewed regularly with them to ensure that they continued to reflect their care needs and that people were happy with the care that they received. A person's relative told us how the support that a person received had changed as their condition deteriorated.

People told us that they would feel comfortable to raise a complaint if they needed to. Comments from people and their relatives included, "I would speak to the manager, no problem.", "We would call the manager but have never needed to, they are excellent." and, "I am completely happy with them but would call [registered manager] if needed." When people started using the service they received a copy of the service user guide which told people how to make a complaint if they needed to. Staff confirmed that the guide was available to people in their own homes. The registered manager told us that they had not received any formal complaints. They told us that they had encouraged a person to raise a formal complaint when they had mentioned a concern to them but that the person did not wish to as the concern had been resolved immediately.

The registered manager had conducted satisfaction surveys with people using the service and their relatives. People that we spoke with confirmed this. The majority of the feedback that we read was positive. One person had written about their carer, "A lovely girl, very respectful. Always on time and rings if she is caught in traffic." We saw that action had been taken as a result of the feedback that had been received where this was required.

Is the service well-led?

Our findings

People told us that they felt the service was well-led. One person's relative told us, "They are excellent. I would recommend them to anyone." People spoke highly of the registered manager and told us that they were confident that they would address any worries that they may have. Comments included, "The manager is very helpful if I have any concerns or requests.", "She is excellent, very experienced and responds very quickly." and, "They are all so helpful, will do everything they can to overcome any problems. They are willing to listen too." Staff spoke highly of the service. A staff member told us, "[Registered manager] gives the clients more because she takes a personal interest. She goes out of her way." Another staff member said, "It's the best care agency I have worked for."

People were kept informed of developments in the service. The registered manager had written to people to inform them of a change to the out of hours telephone number. They had also arranged for a Christmas party to take place at the office for people using the service and staff.. Feedback from people using the service had been positive. In these ways the service was inclusive of the people who used it.

Staff felt supported. One staff member said, "[Registered manager] is brilliant. You can go straight to her." Staff had been asked for their feedback. We saw that the registered manager had conducted satisfaction surveys with staff. The responses that we read were all positive. Staff had been asked how best they wished to be communicated with and if they preferred to meet with the registered manager and their colleagues at formal meetings or through informal drop in sessions. A staff member told us, "I can drop in at the office at any point." The registered manager told us that both formal meetings and drop in sessions were taking place based on staff feedback. We saw that staff meetings happened regularly. The registered manager used these as an opportunity to remind staff of their responsibilities to keep people safe and to follow the provider's guidelines. Staff were encouraged to feedback any concerns they were experiencing with regard to supporting people.

Staff understood the responsibilities of their role. One staff member told us, "I follow procedures." When staff started working at the service they had received the provider's policies and procedures. This was so that staff could be clear of the expectations upon them. The registered manager produced a newsletter for staff to keep them informed of developments in the service, to celebrate individual or team achievements and remind staff of their responsibilities to follow the provider's policies. We saw that the registered manager took action when staff practice did not meet the required standard. We saw that they had met with a staff member as a result of feedback that they had received. The staff member's practice was being monitored and they were aware of the expectation of what needed to improve.

There were systems in place to monitor the care that people received. One person commented, "The manager calls to see if all is ok." Staff confirmed that the registered manager met with people who used the service regularly to confirm if they were receiving the care that they should. Checks were made of care records to ensure that people had received the support that they should have. We saw that action was taken to check that people had received the required care when checks of records had identified concerns. For example, an audit of medicine records identified gaps in recording. The registered manager investigated

and found that the medicines had been given by the person's relatives.

The registered manager was aware of their registration responsibilities with CQC. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.