The Care Workshop Limited

The Care Workshop

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 announced inspection took place on the 17 and 18 December 2018. The provider was given 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and support to people living in their own homes and we wanted to make sure staff would be available to talk to us about the service.

The Care Workshop is a domiciliary care agency registered to provide personal care to people living in their own homes. The service currently provides care and support to 28 people ranging in age, gender, ethnicity and disability.

There was a registered manager in post. 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 is also the registered provider.

At our last inspection on 23 and 26 September 2016 we rated the service as 'requires improvement' overall. This was because we found that people were not always protected from risk as their care planning did not take their individual needs and risks into account. We also found that the provider's audits did not highlight the shortfalls that we did during our inspection. At this inspection we found there had been sufficient improvement to now rate the service as good.

People told us they felt safe. Staff knew people well and demonstrated a good understanding of how to manage risks to people. There were enough staff to meet people's needs and people told us they were supported by regular staff. Staff had a good knowledge of abuse and how to protect people from harm. People were supported to take their medication as prescribed. People were protected from the risk of infection.

People were supported by staff who had the skills to meet their needs. Staff spoke positively about the training and induction they received. People's consent was sought before support was provided and staff understood the importance of this. People's nutritional needs were met when required and people told us they were happy with the support they received. People had access to healthcare professionals when required.

People told us staff were kind and caring in their approach. People were encouraged to remain as independent as possible. People's privacy and dignity was maintained. Staff respected people's cultural and religious needs and ensured these were met. People were communicated with in their preferred way.

People and their relatives were involved in the assessment and reviews of people's care. People's care plans included their likes, dislikes and personal history. People and relatives knew how to raise concerns and felt

confident doing so. Where complaints had been raised, they had been dealt with appropriately.

The provider had made improvements in relation to people's care records being up to date. However, there were still further improvements required. The provider's quality assurance systems were not always used to drive improvement within the service. People's and relatives' feedback was sought and acted on. Staff felt supported and told us they registered manager was approachable.

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 they felt safe when being supported by staff. People were protected from the risk of harm because staff knew how to raise concerns.

People's individual risks were assessed and staff knew how to manage them.

People were supported to take their medication as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills to meet their needs.

People's consent was sought before providing support and staff understood the importance of this.

People's nutritional needs were met. People had access to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People said staff were kind and caring.

People were supported to be independent. People's privacy and dignity was maintained.

People were communicated with in their preferred way.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in people's assessment

and reviews of their care.

People's care plans included their preferences and personal history so staff knew people well.

People and relatives knew how to raise concerns and felt confident doing so.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Further improvements were required in relation to people's care records.

The provider's audits had not always been used to drive improvement.

People's feedback was sought and acted on. People, relatives and staff spoke positively about the registered manager and the service provided.

The Care Workshop

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 comprehensive inspection took place over two days on 17 and 18 December 2018. The inspection was announced and the provider was given 48 hours' notice. This was because the service provides personal care and support to people living in their own home and we needed to be sure that the registered manager would be available to meet with us. The first day was spent with the registered manager at the provider's office and the second was spent making phone calls to people who use the service and their relatives and contacting staff members for feedback.

The inspection team comprised of one 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 service.

When planning our inspection, we looked at the information we held about the service. This included the Provider Information Return (PIR) and the notifications received from the provider about deaths, safeguarding alerts and accidents/incidents which they are required to send us by law. A PIR is information we require providers to send to us annually to give key information about the service, what the service does well and what improvements they intend to make.

As part of the inspection process we spoke with two people who use the service, three relatives, the registered manager and five care staff. We looked at five people's care records to see how their care and support was planned and delivered. We also looked at medicine records, staff recruitment and training files, policies and procedures and the provider's quality monitoring systems.

Good

Is the service safe?

Our findings

At our last inspection in September 2016, we rated the service as 'requires improvement' in this key question. This was because the assessment of people's individual risks were not always well documented to ensure staff knew how to support people safely. At this inspection we found some improvement had been made.

The registered manager explained they were currently in the process of changing from paper records to electronic. As part of this process and due to the previous office manager leaving, the registered manager was visiting all of the people that used the service to complete re-assessments and ensure they were happy with the current care provided. The new care plans that had been completed were more detailed and included the risks to people and how to manage them. For example, for someone who is at risk of having seizures, it detailed what can trigger this and what staff can do to minimise the risk to the person. Staff we spoke with knew people well and had a good knowledge of how to reduce the risk to people. However, there were still some older care plans and risk assessments in use which were not as detailed.

People and relatives we spoke with said they felt safe when supported by the staff and were supported by regular care staff that they knew. One person we spoke with said, "Yes it's ok. It's people I know." A relative told us, "Yes [person does feel safe]. We're very happy with them and [person] is chuffed."

Staff demonstrated a good understanding of what abuse is and knew how to raise concerns both within the organisation and externally. One staff member said, "I would inform my manager…If there were still any concerns, I would report it to the CQC. I would feel confident raising any concerns as it can affect the people's needs."

We saw that there was a process in place for staff to report any concerns or incidents to the registered manager so that this could be acted on. Staff were aware of this process and we saw that where issues had been raised, they had been acted on and discussed with staff to reduce risk of reoccurrence. Staff told us, "There is an accident form in everyone's folder in their home, we have to record it on there and inform [care consultant manager]." We saw that safeguarding incidents had been referred to the local authority and investigated by the provider where required.

People were supported by staff to take their medication as prescribed. Staff were trained to administer medication and their competency to do so was checked. One person told us that they were supported by care staff by being reminded and prompted to take their medication but were able to take it themselves. One relative explained, "[Person] gets medication twice a day and it works really well. Everything is noted down so you can see what's what." Another relative said, "It all works well."

There were enough staff to meet people's needs. One relative told us, "It's regular carers and they'll let me know if they are delayed." Staff we spoke with told us they never missed care calls, would let the office know if they were late to inform people and did not feel rushed during their care calls.

Relatives and people confirmed the correct equipment was worn when staff were providing care such as aprons and gloves. Staff had access to personal protective equipment (PPE) as required to ensure they protected people from the risk of infection.

Good

Is the service effective?

Our findings

At the last inspection we rated the service as 'good' in this key question. At this inspection, we found the service had remained good.

Staff spoke positively about the induction process and support they received from the registered manager. The registered manager was currently in the process of setting up online training for staff members. When staff first started they had an induction process. This consisted of face to face training, shadowing a more experienced member of staff and for any staff member that had not already done so, they completed the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care. Staff completed training in areas including; safeguarding, mental capacity, manual handling and medication. We saw that staff had also specialised training in different health conditions based on the people that used the service to ensure that staff were confident and had the skills to meet the person's needs. One staff member told us, "I feel supported, supervision is put on a rota, I found training very useful in updating my skills, I believe I have the skills needed to meet people's needs." People and relatives told us they felt staff had the skills to support them as required. One person said, "Yes for the help I need" and a relative explained, "They [staff] take care of him really well." We also saw that spot checks of staff practice were carried out to highlight if there were any areas for improvement.

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. We checked whether the provider was working within the principles of the MCA. Staff demonstrated a good understanding of this legislation. One staff member told us, "When a client lacks capacity to make particular decisions, everything is done in clients' best interests."

Staff understood the importance of gaining consent from people before providing care and support. One staff member explained how they would gain consent from someone who cannot verbally communicate. They said, "When asking for consent from non-verbal client, I would look for an approval gesture, such as a nod of the head or a thumbs up, to indicate that they are giving me their permission to complete the tasks asked about."

Where people required support from staff members with their nutritional needs, people and relatives did not raise any concerns and were happy with how this worked. One person when asked if they were happy with the support told us, "Yes it works well, they [staff] are flexible." A relative explained, "Yes it all works really well and [person's] happy with it. They [staff] make sure their bottle of orange is topped up before they go."

People were supported to maintain their health and wellbeing and had access to other healthcare professionals when required. We saw that where required people had the relevant input from professionals. For example, one person had the district nurses involved in their care due to having sore skin. Staff

confirmed that they would call relevant professionals if required, as well as informing family of any changes or concerns.

Good

Is the service caring?

Our findings

At the last inspection we rated the service as 'good' in this key question. At this inspection, we found the service had remained good.

People and relatives told us staff were kind and caring in their approach and they had a good relationship with them and felt staff knew them well. One person said, "I simply couldn't do without them [staff]." Relatives told us, "They [staff] are very sociable and [person] has a good relationship with them all and, "Yes. They [staff] are lovely people". Another relative explained, "Yes they [staff] really know [person] and vice versa."

People were supported to remain as independent as possible. One person said, "They [staff] are so kind, caring and thoughtful whilst ensuring I am as independent as possible." Relatives told us that staff encourage people to be as independent as they can be whilst meeting their needs.

People were supported to maintain their privacy and dignity. Staff gave examples of how they do this such as closing doors and curtains and ensuring people are covered up when providing personal care. People and relatives confirmed that staff were polite and respectful towards them.

People had choices and were supported to make decisions and staff understood the importance of this. One staff member said, "You should let them make their own decisions about what to wear, eat, drink, etc. You should also include them in decisions about their care."

The service supported several people from different ethnic and cultural backgrounds. This included some whose first language was not English. In these circumstances, staff members had been allocated that could speak the same language as people to ensure they were communicated with in their preferred way. Staff demonstrated the importance of meeting people's cultural and religious needs and ensuring they were aware of these and how to meet them. One staff member told us, "I respect my clients' religious and cultural needs and offer choices when caring for them in accordance to their needs. For example, if a client is Muslim I would offer halal meat."

Good

Is the service responsive?

Our findings

At the last inspection we rated the service as 'good' in this key question. At this inspection, we found the service had remained good.

People were involved in the assessment and reviews of their care and support needs. We saw that care plans were person centred and included people's likes, dislikes and personal history. Staff knew people well and how to meet their needs. Staff told us they felt they had a good relationship with the people they supported and felt they knew them well. Staff had access to people's care records and felt they were reflective of people's current needs and helpful. One staff member said, "We are provided with specific care plans tailored to each client. I have regular clients that I get on really well with."
People and relatives told us communication was good and they were involved and updated regarding any changes to people's care and support needs. One person explained, "I have a good connection with the agency and I can contact them any time. I've had no issues at all and they regularly ask me how it's going." A relative told us, "They really listen and they're good to work with." Other relatives said, "They always keep us up to date with how things are going" and, "Yes they keep in touch regularly so I know what's happening."
Although people's care plans were reflective of people's current needs, some were still being updated and did not clearly show that a formal review had taken place. However, the registered manager had recently implemented a system for reviews ensuring that everyone had a yearly re-assessment of their needs and then a three-monthly review to ensure the care plan and the support they were receiving was still reflective of their current needs.
The service was not currently supporting someone from the Lesbian, Gay, Bisexual, Transgender (LGBT) community but the registered manager told us that they are an "Equal opportunities employer and treat everyone as an individual and communicate with them in a way that is meaningful to them." The provider's equality and diversity policy and statement of purpose reflected that they would welcome people who were from the LGBT community and ensure they were free from any form of discrimination.

People and relatives knew who to speak to and how to raise any concerns. Nobody we spoke with had raised a formal complaint. However, one relative told us how they had asked for certain carers not to complete care calls and this had been actioned appropriately and they were happy with the outcome. We saw that where complaints had been raised, they had been dealt with in an open and honest way, keeping the relative informed of the outcome and investigation if one was required.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in September 2016, we rated the provider as 'requires improvement' in this key question. This was because care plans did not always include people's individual needs and risks to ensure staff knew how to support people. At this inspection we found some improvement had been made in relation to people's care records, although further improvement was still required. We also found other areas that required improvement such as the recording of audits and the actions implemented as a result.

The service was currently in a period of transition from paper records to electronic records. This meant that some information was in the process of being transferred onto the electronic system. The registered manager informed us of their plans and where they expect to be in around two months' time. They informed us they planned to have re-assessed all people using the service and ensure they have more detailed, personalised, up to date and accurate care plans in place. We saw there was a positive difference between the care plans of the people who had already been re-assessed and the people who were waiting for re-assessment and up dated care plan. However, at the time of our inspection, there were still some people who did not have up to date care plans in place that reflected their current needs, although staff demonstrated they knew the people they supported well.

The provider completed their own audits. However, action plans were not always developed as a result to improve the quality of the service. For example, spot checks had been completed but where areas for development had been highlighted, there was no evidence to show any action had been taken as a result of this. The provider also informed us that other audits had been completed but they had either not been recorded or this information could not be found and therefore we could not corroborate this.

As part of the inspection process, a Provider Information Return (PIR) was sent to the provider to complete and return to us. The PIR included the areas identified for improvement at the previous inspection as well as what the service does well. We found the information in the PIR reflected what we saw on the day of our inspection. For example, the PIR stated they would be introducing a new employee portal, we saw this was in place and was being used as a monitoring and allocation tool. The registered manager explained that it is used to monitor throughout the day if staff have not alerted to being at a care call, whether they are late and the duration of the call. This then identifies if there is not enough time for a call and action can be taken as a result.

We found that the provider had sought people and relatives' feedback via a quality assurance questionnaire. Most of these questionnaires had positive feedback about the service and care staff. Some of them had comments about how they thought the service could improve. We saw that analysis had been completed and a memo had been sent out to staff to inform them of the areas for improvement and praising staff for the positive feedback.

We saw that staff had regular team meetings which demonstrated they were kept updated in relation to what was changing within the service such as the new electronic system and new management. Staff told us they were kept up to date with changes and found the registered manager approachable. One staff member

said, "I feel as though the manager is very supportive and approachable; I feel as though I can express my needs honestly." Another staff member told us, "If I have any issues, they [registered manager] look into it as soon as possible and that they are resolved quickly. If there have been any changes made, I am informed via email and/or text message."

People and relatives spoke positively about the registered manager and said they would recommend the service. One person said, "I am very happy with the service and would definitely recommend it. I wish we'd found them sooner, as I don't know what I'd do without them now." A relative told us, "Yes we are. I would definitely recommend it; as the communication is so good."

All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The registered manager had ensured this was on display within the service. The provider had correctly notified us of any significant incidents and events that had taken place. This showed that the provider was aware of their legal responsibilities.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in line with this regulation and had been open and honest in their approach to the inspection and any feedback was received positively.