

Carers Direct (S.W.) Ltd

Carers Direct (SW) Limited - Ferndale

Inspection report

Ferndale
Kingston
Kingsbridge
Devon
TQ7 4PU

Tel: 01548810195

Website: www.carersdirect.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Carers Direct (SW) Ltd is a not for profit business owned by its care workers. It is registered as a co-operative with the Industrial Common Ownership Movement (ICOM). Its care workers are self-employed members of this co-operative. The services provided include assistance with personal care and domestic help.

The service had 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.

This announced inspection took place on 5 and 7 September 2016 and included a visit to the office, staff interviews and visits to people in their own homes. At the time of this inspection 33 people were using the service, of which 19 were receiving support with their personal care needs. Domestic help is not regulated by us, and therefore this inspection looked at the care and support of people who received assistance with their personal care.

The service had been previously inspected in February 2014 when it was found to be non-compliant with the regulations at that time in relation to records and monitoring the quality of the service. The service provided us with an action plan detailing the steps they would take to resolve the issues. At this inspection in September 2016 we saw that improvements had been made.

People, their relatives and staff told us the service was well-led. One person said "The office is so efficient and there is always someone to talk to day or night", and another said, "I'm very impressed with them. The office is very good." A relative said, "Carers Direct (SW) Ltd provide a superb service."

People told us they felt safe with the staff and when they received care. One person said, "I always feel safe and comfortable with them." People were positive about the way staff treated them. Each person we spoke with told us their care workers were kind and compassionate. Their comments included, "They are kind, polite and respectful, I couldn't wish for more", and "Quite honestly they are amazing, brilliant." Staff spoke about the people they cared for with compassion. During our visits we saw staff and people interact in a friendly way. People were pleased to see the staff and staff used people's preferred name.

The service recruited and provided training for staff to meet each care contract. This meant people received care from the same team of care staff for the duration of their contract with the service. People told us their staff team knew them well and they provided care in a way that respected their preferences and choices. One person told us, "I receive excellent care with the same carer each time." Although Carers Direct (SW) Ltd is a co-operative with self-employed care staff, the service recruited staff safely and we saw the necessary pre-employment checks had been carried out. The minimum contract the service provided was for one hour and staff told us they had enough time at each visit to ensure they delivered care safely. People told us they had never had a missed call, and if the staff were going to be late they always received a phone call to

notify them.

Care plans were developed with each person and people told us they had received a copy. These plans described the support the person needed to manage their day to day needs and to remain as independent as possible. Staff performance was monitored through direct observation, spot checks and appraisals to ensure they were meeting people's needs and following the guidance in people's care plans.

Risks to people's health, safety and well-being were assessed at the start of the service and reviewed as and when people's needs changed. Staff were provided with information about these risks and how to support people safely. The service supported some people with their medicines and where this happened, this was managed well to ensure people received their medicines as prescribed. Should an accident occur in a person's home, staff were instructed to stay with the person until they were safe, to call for medical advice or the emergency services, and to inform the office as soon as possible. A report providing details about the accident was completed by staff and reviewed by the registered manager. There was an on call system for people to ring in the event of an emergency out of office hours and both staff and people told us this system worked well and there was always someone to contact.

Some of the people receiving a service were living with dementia which affected their ability to make decisions about their care and support. The registered manager and staff had a good awareness of the principles of the MCA and of people being able to make their own choices and decisions about how they were cared for.

People and their relatives said they felt able to raise concerns or make a complaint if something was not right. They were confident their concerns would be taken seriously. One person told us, "We have had no complaints or issues to raise up to the present time. I am happy with the care I have received." The service had not received any complaints this year. People said the registered manager was very approachable and always willing to talk to them about their care needs. They said they were always asked for their feedback about the quality of the service, either during spot check visits, through care plan reviews or with surveys. The results of the surveys from April 2016 and they showed a very high level of satisfaction with the care and support provided.

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 received safe care and support. They were protected from the risk of abuse through the provision of policies, procedures and staff training.

People's safety was protected as care plans included information about how to minimise the chance of harm occurring to people and staff.

Infection control practices were safe and staff were provided with protective clothing as necessary.

The service recruited enough staff to carry out people's visits and meet their needs safely. Safe staff recruitment procedures were in place.

Where the service supported people with their medicines this was done safely and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received effective care from a regular team of staff who had the appropriate knowledge and skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

Staff skills were kept up to date through regular training. They had the opportunity to review and discuss their practice to ensure the continued effective provision of care.

People's consent to care was obtained and the registered manager and staff had a good awareness of the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were respectful, kind and compassionate.

People's privacy and dignity was respected.

People contributed to their care planning and were involved in making decisions about how their care needs were met.

Is the service responsive?

Good ●

The service was responsive.

People received a service that was flexible and responsive to changes in their needs.

Care plans supported staff to provide care in line with people's preferences.

People felt confident they could raise concerns and these would be listened to and dealt with promptly.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from a service that had a registered manager and a culture that was open, friendly and welcoming.

Staff enjoyed their work and told us the management were always available for guidance and support.

Systems were effective in assessing and monitoring the quality of care provided to people. The service encouraged feedback and used this to drive improvements.

Carers Direct (SW) Limited - Ferndale

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 was 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 5 and 7 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure people receiving a service, staff and the registered manager would be available to speak to us. One adult social care inspector undertook the inspection.

Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We sent questionnaires to 25 people receiving a service, 14 staff and 25 relatives to gain their views on the quality of the care and support provided by the service. Of these questionnaires we received 15 back from people using the service, six from staff and five from relatives.

We used a range of different methods to help us understand people's experience. We visited four people in their own homes and spoke with five care staff, an administrative member of staff and the registered manager.

We looked at care records for the four people we visited; four staff recruitment files; staff training, supervision and appraisal records and those related to the management of the service, including quality audits. We looked at whether the service supported people with their medicines.

Is the service safe?

Our findings

At the previous inspection in February 2014 we found people were not always protected from the risks of unsafe or inappropriate care and treatment because records were not always accurate, well maintained or up to date. Following that inspection we received an action plan from the service detailing the steps they would take to ensure the issues were resolved. At this inspection in September 2016 we saw improvements had been made.

Prior to people receiving a service, the registered manager met with them to discuss their care needs and identify any risks to their health, safety and well-being. During this initial meeting risk assessments were completed. These related to people's mobility, their physical health and medical conditions, the environment and any risks to the care staff working alone, such as an isolated location with no lighting at night. This information was transferred to the care planning documents available to staff in people's homes. For example, for those people who had restricted mobility, staff were guided how to minimise the risk of falls by ensuring any necessary equipment was available. Where equipment was used staff were instructed to ensure it was in a safe working order prior to its use. They were also instructed to place items the person might need where they could easily reach them. The service held computerised records of all further contact with people. These records included information about people's changing needs and whether there were any additional risks to people's safety. Where changes had been identified the care plans had been amended. Staff were notified of these changes and updated copies of the care plans were available for staff in people's homes.

People told us they felt safe with the staff and when they received care. One person said, "I always feel safe and comfortable with them" and another said, "I feel very safe, they never rush me". This was supported by all 15 people and five relatives who returned a questionnaire to us.

Should an accident occur in a person's home, staff were instructed to stay with the person until they were safe, to call for medical advice or the emergency services, and to inform the office as soon as possible. A report providing details about the accident was completed by staff, reviewed by the registered manager and entered onto the person's computerised record. The review identified how the accident had come about, whether any action was necessary to reduce the risk of a repeat and to assess for signs that people's needs may be changing. The registered manager confirmed they alerted the local authority, GP or the community nursing service when someone had a fall or whose needs appeared to be changing.

Staff were provided with gloves and aprons and they told us these were freely available from the office. Records showed staff were provided with infection control training to ensure they followed good infection control principles.

One of the people we visited was being supported by staff to take their medicines. They told us they were happy with the support they received. Staff showed us how they supported this person and how they recorded when the medicines had been taken. A separate recording sheet was used for each of the medicines given and these were fully completed with no gaps in the recordings. The staff counted how many

tablets were left after each administration to enable a clear audit trail of those given. This showed this person had received their medicines as prescribed. Staff told us, and records confirmed, they were provided with regular training in the safe administration of medicines.

People were protected from the risk of abuse because the service had safeguarding and whistle-blowing policies and procedures for staff to follow if they had concerns about a person's well-being. Staff had received training in safeguarding adults and knew how to report any concerns. They had access to the contact details of the local authority should they need to raise concerns outside of the service. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. One member of staff gave us an example of how the service protected people. They told us the service had a 'no handbag' policy, whereby staff were asked not to take any bags into people's homes. This was help people feel more confident that nothing could be taken from their home without their knowledge or consent. The registered manager told us if they had any safeguarding concerns they would raise these with the local authority safeguarding team.

The service does not routinely assist people with any financial arrangements, however staff do from time to time assist people with shopping. The service's procedure was for staff to sign for any money given to them and to obtain receipts for any items purchased. This allowed people and the registered manager to ensure money was being managed safely. One person told us the staff did "a little bit of shopping" for them. They said the staff always showed them the receipt and checked the change was correct.

Although Carers Direct (SW) Ltd is a co-operative with self-employed care staff, the service maintained safe recruitment practices. Pre-employment checks were completed including proof of identity, previous employment references and a disclosure and barring service (police) check. This helped reduce the risk of the provider employing a person who may be unsuitable to work with people requiring care and support. We looked at the recruitment files for four staff and all contained records of these checks.

The service recruited staff to specifically meet each care contract. This meant people received care from the same team of care staff for the duration of their contract with the service. While some rota planning was necessary to cover staff holidays and sickness, the manner in which staff were contracted meant people knew who was coming to them each day. The minimum contract the service provided was for one hour. Staff told us they had enough time at each visit to ensure they delivered care safely, and that sufficient travel time was planned between visits. People told us the staff always stayed the length of time they should and their visit times were not cut short for staff to attend to other people. One person told us, "I receive excellent care with the same carer each time." People told us the service was reliable and they had never had a missed call. However, on occasion, a visit was late, but they said they had always received a phone call to notify them of this. The registered manager confirmed that they and the administrative staff also provided care to people and would cover any shortfalls.

There was an on call system for people to ring in the event of an emergency out of office hours and both staff and people told us this system worked well and there was always someone to contact. There were arrangements in place to deal with foreseeable emergencies, such as adverse weather conditions, and the service had a system in place to ensure visits to vulnerable people were prioritised.

Is the service effective?

Our findings

All the people we visited and those who returned a questionnaire told us their staff team knew them well and they were happy with the care and support they received. They said the staff were knowledgeable and had the skills to meet their needs. One person told us, "In the short time I have received support, I have found everyone to be efficient, punctual and professional. I will continue to use this service as long as I need help." Relatives also told us they had confidence in the staffs' abilities to meet people's needs.

The registered manager confirmed there was a programme to make sure training was kept up to date. Training records showed staff had received regular training throughout the year. Examples of topics included; safeguarding, infection control, moving and handling, the Mental Capacity Act, first aid and food hygiene. New staff completed essential health and safety training before working alongside experienced staff. They were also enrolled to undertake the care certificate and we saw evidence of this in a newly recruited member of staff's file. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. One person told us they felt their staff team were "very well trained".

Staff received individual and group supervisions sessions as well as an annual appraisal with the registered manager. This provided staff with the opportunity to discuss people's care needs, identify any concerns and plan their training and development support. Staff told us they also had informal one to one supervision when attending the office to collect gloves and aprons or just to talk to the registered manager. They said they felt very well supported by the registered manager and could contact the office at any time: one said, "They are very, very good." Direct observations of how care staff attended to people in their own homes were undertaken periodically by the registered manager or a senior member of staff. These observations included whether the member of staff arrived on time and looked presentable; how the staff member interacted with people; whether people's care needs were being met in the manner they preferred and whether there were any safety issues to be addressed. People were also asked for their views about the service during these checks. People and staff confirmed these checks took place regularly and records were maintained and used to support staff training and development needs.

Some people who used the service were living with dementia, and this could affect their ability to make decisions about their care. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). This act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager and staff had a good awareness of the principles of the MCA and of people being able to make their own choices and decisions about how they were cared for. We saw evidence that for the four people we visited their capacity to consent to receiving care and support from the service had been assessed at the time the service commenced. The registered manager confirmed that should people's ability to make decisions change, the service would work with relatives and the local authority to undertake assessments and best interest decisions.

People were supported to access healthcare services and the registered manager told us they liaised with people's GP or the community nursing service when people were unwell.

Staff supported some people to choose and prepare their meals and they knew people's food preferences which were also recorded in their care files. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating. One person we visited was having their food intake recorded as staff had identified there were times when this person did not eat well and they used these records to monitor their intake.

Is the service caring?

Our findings

People were positive about the way staff treated them. Each person we spoke with told us their care workers were kind and compassionate. Their comments included, "They are kind, polite and respectful, I couldn't wish for more", and "Quite honestly they are amazing, brilliant." A relative told us, "We've got to know the girls well, they are good fun."

These views were also reflected in the comments we received from people and relatives who completed a questionnaire. One person said, "I have been with Carers Direct for many years and always very helpful and all the carers I have had have been very reliable and kind." A relative said, "My husband has received care for the last three years and previously my mother also received care for several years. We are so grateful and appreciative of how caring all the carers have been and how helpful the office is."

During our visits we saw staff and people interact in a friendly way. People were pleased to see the staff and staff used people's preferred name. The staff knew people well and chatted with them with warmth. People told us staff asked if there was anything else they could do for them before leaving. One person said, "They always ask me, I can't think of anything they wouldn't do."

Staff spoke fondly about people they cared for and said they enjoyed working for the service: many of them had worked for the service for several years. One staff member said "I am happy and proud to work as a health care support worker" and another said, "I enjoy working for Carers Direct. It's really satisfying."

People told us staff respected their privacy and dignity. Observations of staff practice ensured staff worked in a way that protected people's privacy and cared for them in line with their preferences.

All the people who shared their views with us said staff encouraged them to be as independent as possible. People told us that because the minimum visit time was one hour they never felt rushed by staff and were supported to complete care tasks in their own time. One person told us, "I'm very impressed with them. They are never in a rush; they have time to care and time for a chat." A staff member told us about a person they were supporting and how proud they were with the relationship they had developed. They said this had led to the person regaining confidence to go out of their home with them, which they had not done for a long period of time.

People, and their relatives where appropriate, were involved in discussing their care needs and agreeing the information written in their care plans. People told us they were regularly asked whether they were happy about the way in which staff supported them. They said they were able to make decisions about their care and discuss any changes with the staff or the registered manager.

The registered manager said they endeavoured to meet the needs of people who were terminally ill and who wished to remain at home. They said they worked closely with the community nursing service and the local hospice.

The service had received many compliments during the past year from people and their relatives. These thanked the staff for their care and kindness. One letter received in August 2016 said, "I would like to say a big thank you for caring for her so well and for so many years." Another received in June 2016 said, "Thank you so much for the wonderful service and friendship. It meant a tremendous difference to the quality of her end years of life."

Is the service responsive?

Our findings

People told us the service was responsive to their care needs and they received the care and support they required. One person told us the service was "excellent" and they said, "I couldn't be without them." A relative told us the service was very flexible and when they had asked for additional visits or a change in visit times, this had been arranged.

The registered manager said they looked carefully at matching care staff with people. They confirmed people had the choice of who cared for them and people could say if there was a member of staff they would rather not have. People's preferences in relation to whether they were supported by male or female staff were respected. This was confirmed by the people we spoke with. One said, "They listen to who we wish to come", and another said, "I always have a female carer."

Care plans were developed with each person and people told us they had received a copy. Each plan held a statement promoting the service's aims and values stating, "Care plan duties are to promote independence and well-being, to respect diversity, promote equality and to ensure human rights." These plans described important information staff needed to know when providing care. For example, one care plan described how the person's medicines made them sleepy and staff should consider this when helping them mobilise. Another described the person's medical condition and how it affected them. The care plans went on to provide step by step guidance about how to meet people's needs from the moment staff arrived until they left. People's preferences were recorded in detail. For example, one person liked a cup of tea in bed before getting up, and another had specific flannels and towels to be used for their face. People told us their care plans were regularly reviewed by the care staff and the registered manager to ensure they reflected their current care needs. Records held in the office detailed the contact the service had with each person to discuss their care needs, to make changes to their care plans, and to change times of visits when requested.

People told us they were very satisfied with the care and support they received and were grateful it enabled them to remain in their own home. They said the service was flexible and responsive to changes in their needs. During home visits, we saw staff responded to people's requests and met their needs appropriately. One person who returned a questionnaire to us told us, "The individual carers are responsive to our needs and use their initiative where necessary." A relative said, "I feel the carers also give me a great deal of support which can be very reassuring."

People and their relatives said they felt able to raise concerns or make a complaint if something was not right. They were confident their concerns would be taken seriously. One person told us, "We have had no complaints or issues to raise up to the present time. I am happy with the care I have received." People were provided with a copy of the complaints procedure which was included in the Information and Guide to Services document which people were given when they started to receive support. This provided information about how to make a complaint, as well as who else to seek advice from should people not be satisfied with the response from the service. The service had not received any complaints this year.

In addition to asking people their views at the time of the spot checks and care plan reviews, the service

sent surveys to people to gain their feedback: people confirmed they had received a survey in April 2016. We looked at the results of these surveys and they showed a very high level of satisfaction with the care and support provided.

Is the service well-led?

Our findings

At our previous inspection in February 2014 we identified the service did not have an effective system to regularly assess and monitor the quality of the service that people received. Following that inspection we received an action plan from the service detailing the steps they would take to ensure the issues were resolved. At this inspection in September 2016 we saw improvements had been made.

People, their relatives and staff told us the service was well-led. One person said "The office is so efficient and there is always someone to talk to day or night", and another said, "I'm very impressed with them. The office is very good." A relative said, "Carers Direct (SW) Ltd provide a superb service."

In the information and Guide to Services document the registered manager stated the service's aims were to provide an "outstanding level of care" that was "committed to providing a flexible and reliable service for adults to enable them to remain independent and in their own homes." The feedback we received from people and their relatives showed a very high level of satisfaction with the care and support provided and demonstrated the registered manager and the staff put in to practice the aims of the service.

People said the registered manager was very approachable and always willing to talk to them about their care needs. They said they were always asked for their feedback about the quality of the service, either during spot check visits, care plan reviews or with surveys. All the people we spoke with and those who returned a questionnaire to us said they would recommend the service to other people. The registered manager said the service would not expand to much more than it was now so that they remained in a position to provide a personalised service.

Several of the staff had worked for the service for many years. They said they did so because they felt the service had high standards and was professional. One member of staff said, "We have a duty of care to people. It has to be A1. We are committed to the clients." Another who returned a questionnaire to us said, "I believe the service is of a very high standard and all our clients and carers appear very happy with the way it is all working. Carers enjoy their work and stay a long time with the service which reflects their satisfaction with it."

Twice yearly meetings provided staff with the opportunity to meet as a group and to share information and identify any training needs. One of these meeting was the service's annual general meeting where staff voted for the board of directors for the forthcoming year: all of whom were members of staff. Staff told us the registered manager was keen to listen to their views and to improve the service. Staff were asked to complete a quality assurance survey each year and the results of those completed in April 2016 showed staff were very happy with the support and training they received. Staff were asked to make suggestions for improvement and where this had been done the registered manager had responded. For example, one member of staff asked for more detailed information about people's food and drink preferences to be included in the care plans, and we saw this information was in the plans we looked at.

Audits were carried out to monitor the quality of the service. Visit records and medicine administration

records were checked to ensure they were completed correctly. Unannounced checks to observe staff's competency and interaction with people were also carried out.

The registered manager kept up to date with current issues in the care profession by accessing care related websites, attending external training events and meeting regularly with other care providers. They were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of, harm. Systems were in place for the reporting of notifications to CQC and incidents that involved people had been reported to us as required.