

Carers R Us (Bristol) Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 5 and 11 January 2017 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. At the time of this inspection, the service was providing the regulated activity of personal care to 14 people who lived in their own homes.

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 was also the registered provider for the service.

The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

Staff were very motivated and enjoyed their roles and responsibilities. They were fully supported by the registered manager and a programme of training and supervision enabled them to provide a good quality service to people.

The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from care workers who knew them well. People had positive relationships with their care workers and were confident in the service. People who used the service felt they were treated with kindness.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

The provider was committed to continuous improvement. They demonstrated good values and, a desire to learn about and implement best practice throughout the service. The service demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The provider encouraged people to provide feedback on the service received. The service made changes in response to people's views and opinions.

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.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Is the service effective?

Good 

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Where necessary, people were provided with a healthy diet which promoted their health and well-being and took into account their nutritional requirements and personal preferences.

Staff promoted and respected people's choices and decisions. The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good 

The service was caring.

The registered manager and staff were committed to providing

care that was kind, respectful, and dignified. People felt all staff treated them with kindness and respect and staff had built meaningful relationships with them.

People who used the service valued the relationships they had with staff and expressed satisfaction with the care they received.

People were pleased with the consistency of their care staff and felt that their care was provided in the way they wanted it to be and that independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

Changes in people's needs were quickly recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

Is the service well-led?

Good ●

The service was well led

The provider and registered manager promoted good values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

There was good emphasis on continual improvement and best practice, which benefited people and staff.

There were robust systems to assure quality and identify any potential improvements to the service.

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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, and to provide a rating for the service under the Care Act 2014.

The service was last inspected in February 2014 and at that time, there were no breaches of regulations. One adult social care inspector carried out this inspection.

Prior to the inspection, we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

For the purpose of the inspection, we contacted and spoke with three people who used the service and three staff members. We spent time with the provider/registered manager and deputy manager. We looked at three people's care records, together with other records relating to their care and the running of the service. This included four staff employment records, policies and procedures, audits and quality assurance reports.

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. The service received 100 per cent satisfaction results from people who completed the surveys we sent them. They agreed they felt safe from abuse and or harm from care and support workers. One relative told us, "Mum feels completely safe with all the staff, in the evening they even leave a little light on for her which she likes". Staff told us the running of the service helped ensure their safety and those people they supported. This included the training they received, the equipment they used and the way the visits were co-ordinated.

Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Policies and procedures were available and training updates were attended to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

Staff knew how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identified any trends to help ensure further reoccurrences were prevented. If a person had fallen, they reviewed the environment to see if risks could be eliminated for example moving furniture, looking at flooring, and reviewing footwear or walking aids. Staff monitored people's health for a possible cause including signs of infection, a change in blood pressure or a drop in blood sugar levels.

Assessments were undertaken to assess any risks to people and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. Some people required two staff to assist with their care and support. People and staff confirmed this was managed well by the co-ordinators. Staff did not perform any moving and handling tasks on their own and always waited until their colleague had arrived for any joint visits.

People confirmed that staff were on time and they were contacted if there were any delays. Staff were deployed effectively to meet people's care and support needs. Staff rotas were well managed and were planned in advance using a computer software package. This system automatically populated regular visits, and highlighted where gaps in the rota needed filling. Travel time was scheduled in for staff to get from one visit to another. The service covered a fairly small geographical area so that staff could travel between visits easily and maintain their punctuality. Staff confirmed they were allocated sufficient travel time.

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been

completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

People were responsible for their own medicines where possible, if people needed support with their medicines the systems in place were safe. This was demonstrated through the services policies, procedures, records and practices. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on at least three occasions or until they felt confident and competent to do this alone. The registered manager also completed practical competency reviews with all staff to ensure best practice was being followed. There had been one minor medicine error in the past 12 months, no one came to harm and the error was dealt with effectively to help ensure further reoccurrence.

Is the service effective?

Our findings

The service was effective. The service received 100 per cent satisfaction results from people who completed the surveys we sent them. They agreed staff had the skills and knowledge to provide them with the care and support they needed. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's physical and emotional needs. Staff confirmed that the induction and subsequent training they received was effective. As part of the induction process new staff shadowed experienced staff and did not work alone until they felt confident within the roles they were to perform.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia awareness, person centred approaches to care, end of life care, diabetes and pressure sore prevention. Staff were asked for feedback on all training provided to ensure it was meaningful and effective. Comments we received from staff included, "I think I learn something new every time, it's important to keep up to date", "We are always supported to develop and obtain qualifications which is very good" and "I enjoy the training, the content level is just right".

Staff felt they were supported on a daily basis by the registered manager, senior staff and other colleagues. Additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed the people they cared for and any professional development and set themselves objectives. Group meetings were seen as an additional support network, where they shared their knowledge, ideas, views and experiences. The registered manager and senior staff conducted practical observation sessions to help staff to develop their practical skills for example, medicine management, moving and handling and catheter care. The registered manager organised monthly coffee with cake mornings for staff to attend. Staff told us these were enjoyable, informal meetings and they looked forward to them.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people's care records showed the service had assessed people in relation to their mental capacity. The registered manager and senior care staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process. The exact level of support a person needed was recorded in the care plan and provided staff with very specific information. For example, one person's record stated they liked two fresh glasses of squash in the lounge and two left in their bedroom. Staff reported any concerns they had about a person's food and drink intake to the registered manager and subsequent referrals were made to the GP for guidance.

Staff were available to support people to access healthcare appointments if needed and, liaised with health and social care professionals involved in their care if their health or support needs changed. The agency had supported people to access district nurses, occupational therapists (OT), physiotherapists, dieticians and other health and social care professionals.

Is the service caring?

Our findings

The service received 100 per cent satisfaction results from people who completed the surveys we sent them. They agreed the care and support workers were caring and kind and they were treated with dignity and respect. People told us, "My mum loves her carers, mum always tells us about them all", "They are brilliant, they will bend over backwards to help" and "The girls are all so patient". The service had received some lovely written comments from people and their families. These included, "The staff are fantastic and I am happy with everything they do", "Excellent service the best anyone could wish for" and "Dad is very happy, they always ask if they can do anymore". One social worker recently emailed the registered manager and said, "Thank you for all your hard work. Your efforts were very much appreciated and made a massive difference".

Staff were positive and enjoyed working for the agency and the care they provided. We asked them what they were particularly proud of and what went well. Comments included, "I love the team meetings, we all get on well together and support each other", "I enjoy personal care and end of life. Being hands on is precious and gives me a sense of achievement" and "I like the people we work for, they are very supportive and we have lovely staff".

Positive, caring relationships had been developed with people and their families. When a care package started people were introduced to the staff who would be visiting them. Continuity of staff to individuals was an important asset to ensure consistency wherever possible. One relative told us they had previously used the service for their father and now they were supporting their mother. They said, "The staff feel like a part of our family now, they know the children and grandchildren now. We could not have coped without them".

Staff were respectful of people's privacy and maintained their dignity. They gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Their practice was monitored when they were observed during spot checks when they were in people's homes. Staff were mindful they were privileged visitors and respected this.

The registered manager and staff shared with us various examples where acts of kindness and care had a positive impact on people's lives and wellbeing. They demonstrated a positive commitment to people and would always go that extra mile in order to ensure they felt valued. We heard some lovely accounts where the service had improved lives for people. The registered manager spoke with us about one person whose mobility had recently deteriorated and how this had resulted in an increased care package to support them. This included support to get in and out of bed, using bathroom and toilet facilities and all transfers. After consulting with the client, the agency made a referral to an occupational therapist. Following an assessment, they provided the client with a power assisted commode and chair and a profiling bed. This equipment had subsequently reduced the amount of assistance they needed. It had given the person their independence back and they were able to reduce the personal care element of their care package. The person chose to use the money they were saving to employ a carer to take them out on small trips within the local community.

Another person who had recently fallen was admitted to hospital. Following discharge, it was apparent that their mobility had deteriorated and the agency increased their visits to three times a day. The agency made a referral to a physiotherapist for assessment. They recommended a programme of exercises to complete daily, which the care staff assisted with. After 4 months, the person's mobility had improved enough to reduce agency use to once a day. The registered manager told us, "This was a brilliant outcome for the service user and changed their life dramatically because they had their independence back". People who completed the surveys we sent them confirmed the support and care they received helped them to be as independent as possible.

Other acts of kindness included one staff member who was concerned about people who would be spending Christmas day on their own. They volunteered to do an extra shift in addition to two other shifts they were doing over Christmas and they prepared and cooked a Christmas day dinner for everyone. One person who received a personal care service from the agency had told staff she had been asked by the council to clear their garden but they did not have anyone to help them. Staff got together and cleared and tidied the garden in addition to contacting the council to report the work had been completed. This had relieved a tremendous amount of distress from the client who had been very upset about the ordeal. Another person who had recently moved into a flat told staff they were missing having a garden so staff provided a window box with flowers for them.

Is the service responsive?

Our findings

The service was responsive. People told us they were very happy with the care and support they received. Everyone who completed our surveys told us they were involved in decision-making about the care and support they wanted to receive. People confirmed a thorough assessment had been completed when they were considering using the service. In addition people were supported to invite significant others to be part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and person to make a decision as to whether the service was suitable and their needs could be met.

The approach to care was person centred and care plans contained a very good level of detail and a step by step guide. They evidenced that people had been fully involved in developing their plans and how they wanted to be supported. The registered manager and staff were committed to ensuring that's people's experiences were enjoyed and preferred routines were always considered. Records reflected that people had thought about what would make them feel content and safe. This covered aspects such as providing drinks, leaving handbags, TV remotes and telephones and contact details and medicines in easy reach. Staff told us the care plans were very helpful and there were good communication systems in place to support effective discussions. Staff told us they were always made aware of people's needs and any changes in their care. This was achieved through daily handovers, staff meetings and written daily records.

People had taken time to provide and share specific details about preferred daily routines and the level of assistance they required with personal care and this was reflected in their records. Information was detailed and would help ensure that person centred care was promoted and respected. Information contained the level of support needed whilst at the same time promoting independence and respecting people's wishes.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment in their homes. One relative had written to the service thanking them for calling the emergency services when their loved one had fallen. They wrote, "A huge, enormous thank you for all your care, love and support".

Staff used a telephone monitoring system linked to the agency's computer system to log in when they arrived at each visit, and again before, they left. This helped ensure staff stayed for the allocated, funded time. Staff consistently told us they had enough time to complete their support without rushing. Staff shared with us examples where it had been identified there was not enough time to meet people's needs and this had been responded to and actioned. On other occasions, especially where people's health and well-being had improved, allocated funded time had been too long. In both scenarios, the registered manager had taken the appropriate action and additional time had either been allocated or reduced.

The complaints policy and procedure was provided to people when they started using the service and kept

in a folder in their homes. It helped people understand how to express what they were feeling and what they could do if they had any concerns. The registered manager and staff encouraged people to express any concerns or anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling.

Is the service well-led?

Our findings

The service was well led. It was a small family business that received positive feedback from people who used the service. New referrals were very often based on recommendations from existing and previous clients. At the time of the inspection there was a small staff team with a clear management structure. The provider/registered manager employed a deputy and assistant manager who also worked alongside care staff. People and staff told us, "They are always there to help us out in a crisis and will come out to people's homes if we need support", "The managers are excellent. When I have contacted them they have come immediately to see how they can help" and "They see us all as equals and work with us". The managers led by example, they knew people who used the service very well, they covered shifts and promoted team work".

Both managers had obtained a level five qualification in leadership and management. The provider/registered manager told us their intentions for the future was to promote the manager to registered manager and the assistant manager to deputy. As a team they had considered the Key Lines of Enquiry which CQC inspect against and how they will plan for the future to improve and further enhance the current good practice they were achieving.

The registered manager promoted and encouraged open communication amongst everyone that used the service. People told us they were always able to contact staff in the office if they needed to speak with someone and the service made regular contact. Monthly phone calls were made to people to check if they were happy with everything and whether there were any problems. People and relatives regularly popped into the office to catch up with managers, discuss any requests, share news and pass on their thanks to staff.

The registered manager recognised positive traits in all staff and how these should be used to have the best positive impact for everyone. This approach had helped identify staff who wanted to extend their roles and responsibilities in order to further enhance the service they provided. Staff members had taken individual lead roles and become champions (experts) in dignity. The roles had helped ensure the service was up to date with current best practice and legislation. The leads attended events, training and delivered learning sets for staff about these particular subjects. Additional lead roles were being considered for dementia, safeguarding, health and safety and infection control.

The service monitored and assessed the quality of service provided by giving people, their relative's and staff surveys to complete every year. The results and written comments were positive and evidenced that everyone who used the service was listened to. People and relatives were 'very happy'. The only thing it was thought could improve was the office telephone system. This had been addressed and a new service had been put in place. Calls made to the office provided options for people to choose so they got put through to the staff member they wanted to speak with and this had also reduced waiting times. Staff were asked what they liked about their job. Comments included, "Being able to help people, "I like everything. I love our team and the management are very supportive" and "They are very helpful and understanding. I asked for additional training and this was actioned".

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the service provided. Regular audits were carried out including health and safety, environmental factors, care documentation, staffing levels, training, staff supervision and medication. In the last 12 months the service had conducted 76 quality assurance visits to their clients. Action plans were developed identifying improvements/changes that were required.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.