

Carestaff Solutions Limited

Carestaff Northwest

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

The inspection took place on 17 October 2017 and was announced. We gave the service short notice of our inspection. This was due to the nature of the service and to ensure the registered manager was available to assist us during our inspection.

Care Staff North West is registered to provide personal care to people living with a dementia, learning disabilities or autistic spectrum disorder, mental health, older people, people with an eating disorder, physical disability, sensory impairment and younger adults in their own homes. At the time of our inspection one person was in receipt of care from the service.

At the last comprehensive inspection on 1, 5 and 23 October 2015 the service was rated as good overall and was meeting the requirements of the regulation at that time. During this inspection the service remained good and was meeting current regulation requirements.

The service had a registered manager in post at the time of our inspection. 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.

A relative told us they felt their family member was safe and well cared for by the service. Staff we spoke with understood the appropriate procedures to take when dealing with any allegations of abuse. Risk assessments had been completed that were relevant to the care people received.

Systems demonstrated that safe recruitment was taking place and staff we spoke with told us they had completed an induction on commencement of their role. Staff had completed detailed training that supported the delivery of effective care to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Records confirmed and staff told us consent was always sought before undertaking any care or activity. People were involved in decisions regarding the care they received from the service.

The care people received met their needs and wishes and it was clear staff understood the person's needs, respected their wishes as well as knew how best to support them. Care records were detailed, person centred and provided staff with up to date relevant information about people. Activities were person centred and tailored around the person's likes, hobbies and interests.

Policies and guidance was in place about how to deal with complaints. Evidence was seen that demonstrated the appropriate procedures taken by the service to deal with any complaints. We saw positive feedback in evaluation and surveys from people who used the service and relatives about the care they

received and the quality of the staff who delivered their care.

We received positive feedback about the leadership and management of the service. Staff and the relative we spoke with were complimentary about the registered manager and the support she provided. Audits and quality monitoring was taking place which demonstrated safe care provided by the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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|--|---------------|
| Is the service safe? The service remains safe. | Good ● |
| Is the service effective? The service remains effective. | Good ● |
| Is the service caring? The service remains caring. | Good ● |
| Is the service responsive? The service remains responsive. | Good ● |
| Is the service well-led? The service remains well-led. | Good ● |

Carestaff Northwest

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 October 2017 and was announced. We gave the service short notice so that the registered manager could be available to assist us with our inspection. The inspection was undertaken by one adult social care inspector.

As part of the inspection we spoke with a relative of one person who used the service. This was to obtain their views and experiences of the care their family member received. We also spoke with three staff members, the compliance manager, the nominated individual and the registered manager who took overall responsibility of the service. We checked a number of records relating to the operation and management of the service. These included duty rotas, audits, training records, staff files for two staff members and care records for one person who used the service.

We also checked the information we held about the service. This included any feedback, concerns and statutory notifications. A notification is information about important events which the service is required to send us by law. We also looked at the Provider Information Return (PIR) we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

A relative of one person in receipt of care from the service told us they were happy with the support and care they received from the staff and felt that their relative was safe. All of the staff we spoke with had an understanding of the types of abuse and the appropriate actions that they would take if they suspected abuse had occurred. They told us, "If I had any concerns I would speak with the [name] and I would call the [registered] manager" and "I would call the office and speak with the family. I would always report it to the office."

The registered manager understood their responsibility when dealing with allegations of abuse and the procedure they would take to keep people safe. There was an up to date policy and procedure in place to support any allegations of abuse. Since our last inspection there had been no safeguarding allegations or investigations.

The care plan we looked at had risk assessments in place to guide staff how to support the person and protect them from unnecessary risks. There were incident and accident forms available for staff to complete in the event of any incidents. The record identified details of the incidents as well as the actions taken by staff to prevent any future concerns. The registered manager told us they were informed of all incidents and accidents, so that any actions required to keep people safe were completed and lessons learned were shared with all the staff team.

The person receiving care from the service at the time of our inspection required no support with medicines. However, we saw staff had undertaken the relevant training in the administration of medicines, if medicines administration was required in the future. Policies, procedures and guidance were in place for staff to follow and these included the relevant documentation that supported the safe handling of medicines.

We checked the duty rotas for the staff team and saw a regular and consistent staff team was in place to support the person with their individual needs. Where changes in support were required the registered manager told us they tailored the support to suit the needs and choices of people who used the service. We asked about the staff that supported the person's needs. A relative told us all potential new staff were introduced to them and their family member prior to them commencing shifts with them.

We looked at how the service recruited staff. All records were scanned into the computer and held securely for each staff member. We saw appropriate checks had been completed. This ensured staff were safe and appropriate for the role in which they had been employed. Checks included; proof of identity, completed application forms, interview questioning, references and Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who use care and support services. Evidence that staff had completed an induction to their role was seen.

The service had been recognised as a disability confident employer. This recognised that the service employed people with registered disabilities and implemented the appropriate adaptations and support to

enable them to fulfil their role safely and with confidence. A member of the staff team who was registered disabled was extremely complimentary about the support they received from the service.

Is the service effective?

Our findings

The care people received was effective. This was because they received consistent and co-ordinated care from an established and skilled staff team. The relative we spoke with told us they were confident in the knowledge and skills of the staff team. They said, "The staff are good; they know what they are doing." We saw a comprehensive training programme in place that supported staff to deliver skilled care to people. Training included epilepsy, basic life support, equality and diversity, health and safety, infection control and information governance.

All the staff we spoke with told us the training they received enabled them to deliver individualised care which people required. They said, "I have just finished my training. They [the service] has a policy that if you don't do the online training you can't work. They give me the training I need." The compliance manager told us they were looking at improving the training delivered to the staff. They said this would include practical sessions as well as story board and interactive training. This would ensure staff had the knowledge and skills to care for people safely. The registered manager told us the next supervision sessions with all the staff was planned to take place following our inspection. Staff records we looked at confirmed detailed supervision had been completed with staff. This ensured staff felt supported and were monitored, to enable them to fulfil their role effectively.

The care record we checked identified any health conditions and included guidance that would support and maintain the person's health and wellbeing.

Staff we spoke with told us about the importance of ensuring people had agreed to their care before any activity took place. They said, "[Name] can make decisions. I always make sure [name] has a say on what's going on. I always get consent to do any activity [name] will always play a part in their care and the recording." A relative said, "They do what [name] wants to do." We saw clear evidence in the persons care file that decisions about care had been discussed and agreed.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff we spoke with demonstrated an understanding of the MCA and protecting the rights of people who used the service from unlawful restrictions. Staff we spoke with and training records we saw confirmed they had completed MCA training that supported their knowledge to keep people safe and protect them from unlawful restrictions. Staff understood the principles of the MCA and DoLS and how this impacted on the care they delivered to people.

Is the service caring?

Our findings

A relative we spoke with said that they were happy with the care their family member received. They said, "Happy. They are good staff that give him his care. [Staff] was a fantastic support to [name]." It was clear the staff we spoke with understood people's individual needs, likes and preferences. As well as encouraging their independence. They told us, "I always involve [name] in what has been done and I encourage them to be independent in their care. [Name] gets the care he needs." The care file we looked at had detailed information about how to support the person's individual care needs, likes, dislikes, choices and wishes.

It was clear from our discussions with staff and the relative that people were treated with dignity and respect at all times. A relative told us the service, 'respected' their wishes. Staff told us they, "Delivered the support that [name] needed." The care file we checked had information that supported and protected people's dignity, with respect. We saw training records that confirmed staff had completed training in equality, diversity and inclusion. This would provide staff with the knowledge and skills to maintain people's privacy, dignity and respect.

The service recognised the importance of ensuring people's diverse needs were identified and appropriate measures were in place to protect and support them. Staff demonstrated their caring approach when dealing with the individualised needs of people who used the service. They clearly understood the person's needs and were sensitive in their description of the care they delivered. They told us, "I always involve [name] in what is going on" and "We have the same routine each week." The care file we looked at identified the person's needs in relation to their sight, hearing and specific needs to enable them to communicate effectively.

The registered manager provided us with a copy of the service user guide that was given to all people who used the service or their relatives. The guide provided information about how people's needs would be supported by the service. Information included, what the service offered and the aims and objectives of the service. There was a copy of the service's mission statement, which said they would, 'Provide a flexible high quality service that will improve and sustain the overall quality of life by recognising their differing needs.' The guide was completed in a written and pictorial format. This would ensure people who had alternative means of communication could access the information about what to expect from the service.

Is the service responsive?

Our findings

A relative told us the care their family member received supported their needs and followed their agreed care planning. They said care planning and 'periodic' review meetings were discussed with them and the person who used the service regularly.

The care plan we looked at identified the person's individualised needs and how staff could support them to meet their needs. The record included things that are important to me, things that are important for me, relationships, routines and an up-to-date support plan. There was a detailed care assessment that included information relevant to the person's care needs and guidance on how staff could support these during each visit. It was clear all the staff we spoke with were knowledgeable about what the person required. This would ensure the care delivered to them met their individual needs, choices and standards.

We asked about how the service ensured people who used the service were engaged in meaningful activities of their choice. The registered manager told us their aim was to ensure all people were supported to undertake activities of their choosing. All the staff we spoke with confirmed they provided quality support for the person who used the service, in relation to their activities. The care record we looked at had clear details of the person's choices of activities and how the staff could support them to undertake these regularly. This would ensure they continued to undertake activities of their choosing.

We saw that the service had a complaints system in place that contained details of how to complain. The service user's guide that was given to all the people who used the service and their relatives had details of how people could complain. This included both written guidance as well as pictorial information, which would support people with alternative ways of communicating. The registered manager told us and records we looked at confirmed any concerns or complaints were stored in people's individual care records. Where concerns had been raised we saw these had been acted upon, investigated and responded to appropriately. Staff told us, "If there was a complaint I would follow it right through and give them the information how to complain. I would report it to my line manager."

We saw positive feedback had been obtained in both surveys and emails about the care and support people received. Comments included, "Just to let you know that [staff] supported [name] on Saturday to [place] and she was a fantastic support to [name]."

Is the service well-led?

Our findings

We received positive feedback about the leadership and management of the service. Comments included, "[Registered manager] has been on leave. There has been replacement manager in place whilst she has been off. I have been able to contact her." Staff told us, "[Registered manager] is always supportive. She will speak to us about any changes. I feel so very privileged" and "It is a good company to work for; they do communicate with us. The [registered] manager is supportive. She sorts everything out." We observed positive and thoughtful interactions taking place between the registered manager and a member of staff who was visiting the service during our inspection. The staff member told us, "[Registered manager] and [Nominated Individual] and all the staff are brilliant. They help me, they are there for me. [Registered manager] is a lovely operational manager. I can go to [registered manager] and [nominated individual] I feel supported."

There was a registered manager in place at the time of our inspection who took overall responsibility for the service and how it was run. We spoke with the registered manager who demonstrated a clear understanding of the operation and oversight of the service. There were copies of relevant certificates on display in the office. This included certificates of registration with the Care Quality Commission, a copy of the ratings from the last inspection, employer's liability insurance and Investors In People (IIP). Investors in people are an external accreditation scheme that focused on the provider's commitment to good business and excellence in people management. This demonstrated the quality of the service delivered to people.

We asked about team meetings. The registered manager told us these took place regularly and were linked to the care they delivered to people. We saw minutes from the meetings and whilst evidence confirmed staff attendees, dates and minutes from the meetings. Topics covered were limited to the care delivered to people who used the service. The registered manager told us they had plans to introduce more structured meetings to include additional topics relating to the operation and management of the service as well as including staff views. Following our inspection the registered manager confirmed planned dates for teams meetings in the new format. This would ensure staff were kept up to date on the service and the delivery of care to people.

Feedback and surveys completed by both people who used the service and relatives were seen. Records we looked at confirmed these were produced in both written and pictorial format that would support all people's individual needs to provide feedback about their experiences. We saw positive feedback had been received about the care the service delivered to people. Where people had alternative ways of communicating we saw feedback had been provided using face drawings to answer questions about the care they received. The registered manager told us they evaluated all feedback to ensure improvements could be made to the service and the care they delivered to people.

Audits and quality monitoring was taking place that demonstrated systems were in place to ensure people received quality care from the service. Examples of audits seen included care planning. This helped to ensure the care plans were up to date and contained all of the required information. The registered manager told us about their plans to develop the auditing process, which would include support plans, risk

assessments, rotas, recruitment and medication. Monitoring of staff recruitment and training was in place that ensured all staff were knowledgeable and up-to-date to deliver safe care to people. Staff recruitment files were randomly audited to ensure all relevant checks and documentation was in place. This confirmed monitoring and oversight of the service had been effective in ensuring that appropriate levels of quality and safety were maintained.