

Casbrook Home Care Ltd

Casbrook Home Care Limited

Inspection report

74 The Hundred
Romsey
Hampshire
SO51 8BX
Tel: 01794 513555
Website: www.casbrookhomecare.co.uk

Date of inspection visit: 23 & 4 November 2015
Date of publication: 30/11/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Casbrook Home Care is a domiciliary care service providing care and support to people living in their own homes. The office is located in Romsey and the service currently provides care and support to people living in the surrounding area. At the time of our inspection there were 94 people using the service.

The service had a registered manager. This 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.

Staff had not received all of the training relevant to their role. Despite describing itself as a service providing support for people living with dementia only five staff from a complement of 36 had undergone training in this area.

Summary of findings

The provider did not have systems or processes in place to monitor and evaluate the quality of service being delivered to people using the service.

People told us they felt safe using the service. They said their care workers identified themselves on arrival and this made them feel safe. All staff had received safeguarding training and knew what to do if they had concerns about the well-being of any of the people using the service.

Staff were safely recruited to help ensure they were fit to work with people who use care services.

Staff supported some people with their meals. Most people said they were pleased with how their meals were prepared. Staff were flexible with meals and understood that people might change their minds about what they wanted on a day to day basis.

People told us staff were aware of their health care needs and knew when to call the GP or other healthcare professionals if they needed them. If people appeared unwell staff knew what to do. If people needed support with their medication staff provided this safely.

People told us the staff were caring and treated them with dignity and respect. Records showed that people's care was provided by either a single staff member or a group of two to three care workers. This enabled people to get to know the staff who supported them.

People were directly involved in the planning of their care and encouraged to be independent and make choices about how they wanted their support provided.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Staff recruitment was robust and there were enough staff to make sure people had the care and support they needed.

Risk was assessed and measures in place to reduce identified risk.

Medicines were safely managed.

Good



Is the service effective?

The service was not always effective. The programme of training had not been fully effective at ensuring that staff had all of the skills and knowledge they required to help them to carry out their roles and responsibilities in respect of people living with dementia.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care.

People were supported to make choices about the food they wished to eat and staff had completed basic training in food hygiene.

Requires improvement



Is the service caring?

The service was caring. People said their care workers were kind and caring.

People were involved in their care planning and made decisions about their care.

People's privacy and dignity was respected at all times.

Good



Is the service responsive?

The service was responsive. People received care that was responsive to their needs and care plans were regularly reviewed to ensure they contained accurate information.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Good



Is the service well-led?

The service was not always well led. The provider did not have systems in place to assess and record the quality of the experience of service users receiving care.

Requires improvement



Summary of findings

The provider carried out spot checks on staff to ensure they delivered high quality care.

Policies and procedures were in place and regularly reviewed by the registered manager.

Casbrook Home Care Limited

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 inspection took place on 2, 3 and 4 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the people we needed to talk to were available.

The inspection team consisted of one inspector.

Before the inspection the provider completed 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 plan to

make. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

We used a variety of methods to inspect the service. We looked at records in relation to six people's care. We spoke with eight people using the service, four relatives, the registered manager, deputy manager, four members of care staff and a care manager from the local authority.

We also visited and spoke with six people in their own homes to obtain feedback on the delivery of their care and to view care records held at people's homes.

We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

We last inspected this service in May 2013 where no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe. One person said, “I feel very safe when they are in my home with me. They are more like family than carers”. Another person told us, “The girls are generally very good. They know what they have to do and just get on with it”. A relative commented, “Definitely safe, I’ve been there when the carers have been there and I feel mum is safe in their hands. We have had a few hiccups along the way with a few little things but nothing that has put my mum at risk”. Another relative told us, “My mum feels very safe with her carers. She has never had any problem with them”. People said care workers identified themselves on arrival and this made them feel safe.

Staff we spoke with were able to explain different forms of abuse and knew how to recognise abuse. Staff told us what action they would take where people were at risk of abuse. One member of staff said, “Any abuse seen would be reported to the manager or deputy manager”. Staff told us and training records confirmed they had received training on how to keep people safe and recognise the signs of potential abuse. For example, staff told us they would speak with people and observe for signs of bruising or changes in their behaviour which may give cause for concern. The provider had clear procedures in place to keep people safe and knew how to report concerns to the Care Quality Commission and the appropriate authority.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

People’s care records included appropriate risk assessments. Records showed these covered people’s physical and mental health needs, health and safety, and areas of activity inside their homes. Risk assessments identified the level of risk and the measures taken to minimise risk. These covered a range of possible risks such as falls and mobility. For example, where there was a risk to a person of falling in their own home, clear measures were in place on how to ensure this was minimised.

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Staff also had to complete health questionnaires so that the provider could assess their fitness to work. Records also showed staff were required to undergo a Disclosure and Barring Service (DBS) checks. DBS enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

There were sufficient numbers of staff deployed to keep people safe. We looked at the staff roster for a two week period and noted consistent cover was always available. Staff rosters showed that enough staff were on duty to meet the required amount of support hours and to meet people’s individual needs. For example, where two staff were required to help people who needed to use a hoist. The registered manager and deputy manager tried to ensure the same staff covered the same call runs on a regular basis so consistency of care was offered. The registered manager told us, “It works well until someone is unable to work because of illness or on a day off. I know our client’s find it traumatic and we try to make it as good as we can but people do become ill, but we always cover the call”. Some people also told us they didn’t always have the same carers but also commented that this didn’t happen often, didn’t cause any real concerns and they always received a visit.

People and relatives told us they received their medicines safely and on time. One person said, “They (carers) always remind me to take my tablets and write it down in my record book”. A relative commented, “Mum takes her tablets. I check to make sure when I visit. It’s always recorded”. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. A relative told us, “They give medication four times a day. They do a good job. They know what they are doing”.

Is the service effective?

Our findings

Staff had not received all of the training relevant to their role. Some of the people being supported by the service were living with dementia, however not all staff had received training in this specialism. Training in this area would give staff a greater understanding and would promote good practice to enable and support people to live their lives fully in the community they live in. A number of staff told us that they felt additional training in dementia awareness would be helpful and would assist them to understand in more detail how people live with dementia. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Staff told us they had received a comprehensive induction before starting work with the agency. Records showed that this covered subjects such as infection control, safeguarding, the mental capacity act, food hygiene and health and safety. The registered manager told us the company were in the process of implementing the new care certificate which covered the 15 standards that are set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff received regular supervision but had not had an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. The deputy manager told us and we saw that an action plan was in place and all annual appraisals would be undertaken by the registered manager during December 2015 and January 2016.

Staff understood and had knowledge of the main principles of The Mental Capacity Act 2005 (MCA). Staff put this into

practice on a daily basis to help ensure people's human and legal rights were respected. Staff told us how people had choices on how they would like to be cared for and told us that they would always ask permission before starting a task. One member of staff told us, "I don't just go in and start doing things for people I ask if they want me to help them and offer them choices about what they wear and everything". One relative told us, "Although my mum is a little forgetful the carers always ask her what she wants to wear or what she wants to eat. They never assume anything".

Staff supported people with food shopping and meal preparation. Staff were required to prepare or heat up simple meals or serve food prepared by family members. People were supported at mealtimes to access food and drink of their choice. Staff we spoke with confirmed they supported people with eating and drinking and always offered people choices. Staff were aware of how to support people who may be at risk of poor nutrition and hydration. One staff member told us, "If people were not eating and drinking, I would try to encourage them and report the concerns so we could monitor them". People and relatives told us staff were aware of people's health care needs and knew when to consult with families or seek medical attention if there was a problem. A relative commented, "If my relative has any health problems the carers always ring me on my mobile to let me know."

The registered manager confirmed referrals to relevant healthcare services were made quickly when changes to health or wellbeing had been identified. Staff knew people well and monitored people's health during each visit. If staff noted a change they would discuss this with the individual and with consent seek appropriate professional advice and support. For example, a GP was contacted promptly when a person showed signs of being unwell. A relative commented, "Carers consider every aspect of mum's health and act quickly to get her the support she needs, when she needs it".

Is the service caring?

Our findings

People told us they were well cared for and treated with kindness and compassion. One person told us, “Staff are very caring, I’m happy”. Another person told us, “Casbrook is the best company I have ever used”. A relative said, “The carers are very understanding, they treat mum with care and consideration”. A second relative commented, “The care my Dad gets is excellent. The carers are wonderful”. Staff comments included, “It’s all about caring for people, I have a passion for caring for people” and “We take care of people very well”. All the staff we spoke with understood the importance of providing support that was caring.

People received care and support from staff who knew their likes and dislikes. People told us they were able to make decisions and plan their own care. For example, one person requested their care package was reduced. They had made improvements in their ability to manage their own health needs, and had family who could offer additional support. The care record had been adjusted accordingly to reflect their decision, and was signed by the person.

People and relatives we spoke with said that they were directly involved in the planning of their care. One person told us, “The care I receive is the care I need. I told them what I wanted and that’s exactly what I get. They came out to see me before my care started and spent time going over everything with me”. A relative said, “I was involved in the

planning of Mum’s care. We needed to ensure she was prompted to have food and medication when the carers called. They do it well. She has maintained her weight and never misses her medicines now”.

People and relatives also told us staff always consulted with people before providing care. One person said “They always ask if it’s ok to help me wash. Sometimes I try to do it for myself and I’m a bit slow but the carer is so patient with me. She gives me the time I need”. Another person said, “A good bunch of carers. Always willing to help and encourage me to do things for myself like washing my hair or shaving”.

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety. Staff told us they assisted people to remain independent and said if people wanted to do things for themselves, then their job was to ensure that it happened in a safe way. All the people we spoke with said staff treated them with dignity and respect and protected their privacy. One person told us, “They treat you with respect. They always make sure that I do as much as I can for myself.”

We observed staff in the office speaking to people on the telephone in a warm and caring manner. Staff were patient and took time to let the person speak and discuss any issues they may have. The office staff were as familiar with people’s needs as the staff who delivered care. All the staff we spoke with including the management, office and care staff, referred to people in a respectful and caring way.

Is the service responsive?

Our findings

People and relatives told us staff provided a personalised service that was responsive to their needs. One person told us, “The carers know me well and know what I need. Nothing is too much bother for them”. A relative commented, “The carers understand my mum. If ever they have any concerns or worries they always give me a call to tell me”. People told us staff asked at each visit what they would like help with. Care records confirmed people had agreed what care they needed when they started using the service. People told us the deputy manager had visited them to see if the service was meeting their needs and to review their care. Peoples care was reviewed every three months or as needs changed. Staff told us they always discussed the care with people. This meant that people received care and support as agreed with them.

Most people told us care workers arrived on time or called to let them know if they were running late. They said the care workers always stayed for the full time they were allotted and sometimes longer. One person told us, “They arrive on time and if they are going to be late they ring me.” Another person said, “You can set your watch by them”. A relative commented, “They are generally on time and stay until they have finished the job.” However two people told us carers were not always “on time” and didn’t always let them know they would be late. We spoke to the registered manager who told us, “Sometimes traffic or medical emergencies do delay staff and they overlook telling their next client they are running late. We will strive to put this right going forward”.

Records showed the service was responsive to people’s needs. For example, one care plan highlighted that the person had good and bad days. The care plan summary clearly explained the response required from staff to support the person on good days, and the extra support that may be required when they were experiencing bad days. A second care plan detailed the person’s life history and emphasised their right to make choice about all aspects of their life including meals, and trips out.

Staff explained to us how they provided responsive care. One told us, “We meet the clients before we begin caring for them and we read the care plan. However I always like to talk to them myself to see if there is anything they want done differently or changed.”

The provider had a complaints procedure which detailed how people’s complaints would be dealt with and what to do if they wish to make a complaint or were unhappy about the service. We saw copies of the complaints procedure which was in the Service User Guide in each of the six people’s homes we visited. People said they felt confident raising any concerns or issues they had with the registered manager and staff. A relative said, “I would feel comfortable raising any issues. They are quite approachable”. Another relative said, “On one occasion I made a comment about something I wasn’t too happy with and it was followed up quickly and dealt with”.

Is the service well-led?

Our findings

The Providers Information Return submitted to the Care Quality Commission in February 2015 states, “We conduct an annual survey and encourage feedback from service users so that we can analyse the information to identify any shortfalls in our service”. The provider’s service user guide states in section 6:2, “Part of our on going commitment to quality is to ask you to complete a simple questionnaire about your views of the service”. People and relatives we spoke with all told us they had not completed questionnaires and had not formally been asked for their views about the quality of the service provided. The registered manager and deputy manager told us they asked about the quality of service every time they reviewed a person care plan but did not formally record the person’s responses. The service could not demonstrate that they routinely conducted surveys of people using the service in order to find out their views about the quality of care and support provided. The provider therefore could not effectively assess, monitor or drive improvement in the quality and safety of the service provided, including the quality of the experience for people using the service. This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Staff were enthusiastic and positive about their work. They described their roles and responsibilities and gave examples of the systems in place to support them in

fulfilling their duties. They said they had been provided with job descriptions, contracts of employment and an employee handbook, which outlined their roles, responsibilities and duty of care.

There were clear lines of accountability and responsibility within the service’s structure. Staff confirmed the registered manager, deputy manager and office based staff, were readily contactable for advice and support. One member of staff said, “We can speak up about any issues. We have a good team at present”. Another told us, “Yes I enjoy working here. I feel supported and the registered manager or deputy manager is accessible if I need advice or support”.

One member of staff however felt that the registered manager needed to be more approachable and understanding of care workers personal issues that can impact on their role and the delivery of care. Another member of staff felt the registered manager was, “unsympathetic and not a good listener”.

Care staff told us the deputy manager conducted unannounced checks (spot checks) to make sure they delivered the service as agreed. A member of staff told us, “They check we are in uniform and are wearing our identity badge and check we are where we should be. They check the home, medicines, the way we deliver care and ask the person if they are happy with their care.” We saw records of the unannounced checks were kept on staff’s files and referred to during face-to-face supervisions. A member of care staff told us, “We have supervision meetings and they tell us what we have done well and any improvements we can make.”

Policies and procedures were detailed and gave adequate information to staff, people who used the service and their relatives, were fit for purpose and had been recently updated. Policies and procedures are documents that guide staff on how things are to be done. They need to be dated to show they are regularly reviewed and reflect the practice of the service.

The deputy manager told us the provider had an on call mobile phone that staff and relatives could contact them on during times when the service was being provided. Staff, people and relatives we spoke with said they were always able to contact the office or call the mobile phone. The provider had recently moved its office location to a new site in the town centre. The registered manager told us, “We needed to be visible and in an area that was easily accessible for people to visit us”. Staff people and relatives we spoke with told us they were able to visit the office whenever it was open.

There was a business continuity plan. This informed the staff what to do if an emergency happened that could disrupt the service or cause danger to someone who used the service or staff. This included severe weather, absence of key personnel, and computer failure.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met: Persons employed by the service provider in the provision of a regulated activity had not received appropriate training as is necessary to enable them to carry out the duties they are required to perform.</p> <p>Regulation 18 (2) (a)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider did not have systems or processes in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users receiving those services).</p> <p>Regulation 17 (2) (a)</p>