

Care South

Care South Home Care Services Bath

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 was announced and took place on 21 December 2018. This was because this service provides care to people in their own homes and we needed to ensure senior staff were available to speak with us.

Care South is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection, the service was providing support for 151 people.

A registered manager was 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.

Care South was previously inspected on 6 June 2016. The overall rating for the service was good.

Systems were in place to keep people safe. People's medicines were managed and administered safely. Staff were recruited following the provider's recruitment policy. People received care and support on time and as agreed.

Staff were passionate about supporting people in making their own choices and decisions. People were involved and consulted about their care and support. Care plans provided guidance for staff about people's needs and the way they preferred their care to be provided.

People were involved in planning their care and care records had been reviewed and updated where necessary. When people's care needs had changed, the service engaged and worked with the appropriate Health and social care professional.

People were supported by staff who were trained, competent and had received training to provide care and support to people. Staff felt supported and received supervision and an annual appraisal.

People were supported to receive their medicines safely and when required and staff could demonstrate the correct use of personal protective equipment to prevent cross infection.

People were supported by staff who had suitable checks in place prior to being employed by the service.

Staff were able to demonstrate a good understanding of abuse and who to go to should they have concerns.

People were supported by regular staff who knew them well including their likes and dislikes and they respected their routines. Staff were kind and caring and offered people choices.

People received support from staff as required with their food and drinks. People and relatives felt able to raise concerns with the registered manager and all felt they were accessible.

Staff were recognised for their individual contribution to the service and support they provided people with. Staff had access to the training they needed to carry out their roles.

People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Staff understood people's healthcare needs and supported them to maintain good health.

Staff were kind and caring. People had developed positive relationships with staff members and enjoyed their company. Relatives said staff treated their family members with respect and maintained their dignity when providing care. Staff supported people to maintain their independence wherever possible.

The agency was not providing end-of-life care at the time of our inspection. The provider had an end of life care policy, which gave guidance to staff if they had to provide care to a person now.

Staff worked in partnership with healthcare professionals, such as community nurses, to provide people's care. People had opportunities to contribute their views about the service they received. People knew how to complain if they were dissatisfied. People who had complained told us action had been taken as a result of the concerns they raised.

A range of audits were undertaken to monitor the quality of the care and the accuracy of records used to record people's care and support. This information was not always shared with people to ensure they were aware of what action had been taken to improve the service.

Notifications were being made to the CQC as required. Accidents and incidents were recorded, investigated and lessons learnt were shared with staff and the relevant people involved.

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 remained safe	Good ●
Is the service effective? The service remained effective	Good ●
Is the service caring? The service remained caring	Good ●
Is the service responsive? The service remained Responsive	Good ●
Is the service well-led? The service remained well-led	Good ●

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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 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 was an announced inspection that took place on 21 December 2018. It was carried out by two inspectors, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We spoke with 14 people and 10 relatives about the quality of the care and support provided by the agency. We also spoke with the registered manager, the operational manager, a Reablement coordinator, two senior carers, five care staff, and two planning co-ordinators.

We looked at five people's care records, and documentation in relation to the management of the service. This included three staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We observed care practices and the administration of medicines.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 reviewed the information we held 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.

Is the service safe?

Our findings

People were protected from abuse. Staff were able to demonstrate their understanding of abuse and what to do should they suspect abuse. Staff reported any concerns to the registered manager or deputy manager and were confident they would take action. Staff told us, "I'd write down what the client said and report it to the office" and, "If I felt nothing was being done I'd go elsewhere with my concerns." Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. The provider had a safeguarding policy in place which was reviewed and updated.

People were supported by adequate staff each day and sufficient allocated time to meet their individual needs. People felt the staff they received were regular and people felt staff arrived when they should. People told us, "The carers who are assigned to me are on time or earlier which is very good. They have not missed a call." A relative commented, "They generally arrive on time and stay for the correct amount of time. We do get informed, if they are late or there is change in the rota." Staff also confirmed they were given travel-time between visits and had enough time allocated with people. One said, "I do what I have to, I won't leave anyone unattended when they clearly still need my support. I call the office and let them know so they can send someone else or inform the next call that I am running late." The service utilised a scheduling system to allocate staff to people and try to keep staff in the same patch to ensure people receive care from staff who are familiar with their needs. Staff told us "Sometimes I have to move to other areas but generally I work in the same area, this works very well.

Staff were recruited safely. Checks undertaken prior to employment included verifying the member of staff's identification, references and undertaking a disclosure and barring service (DBS) check. A DBS check confirms if the individual has any past record that might make them unsuitable to work with vulnerable people.

Medicines were stored and administered safely. Medicine administration records (MAR) detailed people's, GP and any allergies. When medicines were given 'as required', guidance was in place for staff. Care plans described what people's medicines were for and how they preferred to take them. Topical medicines guidance was clear with body maps to indicate where to apply them.

The provider had undertaken individual risk assessments which identified potential risks to people and guided staff how to support people safely. Assessments included nutrition and hydration, personal care and mobility. Risk assessments promoted independence by detailing what people could do for themselves and where support was required.

Staff had training on infection control and access to PPE. Staff told us they had all the gloves and aprons they needed. Staff were given guidance for using cleaning materials in people's home.

The registered manager had a severe weather plan to ensure calls could still be made. Staff could walk to people who lived nearby and there was access to four-wheel drive vehicles to drive staff around. This plan had been effective the previous winter. The registered manager told us, "We had a carer who walked miles;

everyone walked. Makes you really appreciate what everyone did, it was humbling." Staff confirmed this and said, "We know the shortcuts. We cover for each other when staff are off sick, we're flexible."

Accidents and incidents were recorded and staff were clear about their responsibilities for reporting them. Records identified any action taken. The manager analysed all incident and accidents monthly so that any trends could be identified to prevent similar situations from occurring again.

Is the service effective?

Our findings

People had their care needs assessed before the service commenced. The assessment considered the environment, the person's physical and mental health needs and their medicines. Staff confirmed they had training for people's individual needs and one member of staff said, "If we haven't had specific training for something then we've always got the information available."

Staff had received training and an induction to enable them to support people competently. Staff completed mandatory training in safeguarding, moving and handling, health and safety, dementia awareness, basic life support and stroke and medicines training. Where people had complex needs they were supported by staff who knew them well. Staff were provided with specific training and information for care needs such as strokes or feeding via tubes. Staff said, "We have some updates every year, and then do some training every two years" and, "They always offer new training. If we say we need more they'll provide it."

Staff had regular opportunities to meet one to one with their line manager for supervision and appraisal on an alternate basis. Staff said they felt well supported by their team members and senior staff. Supervisions were a combination of observed spot checks or face to face meetings. Staff felt able to approach the registered manager in between their supervision sessions. Staff told us, "They are available all the time and you can talk to them about anything". Supervisions were an opportunity to discuss topics such as conduct, training and development needs.

Staff told us people were always asked for their consent before staff assisted them with any tasks. People's care plans reminded staff to ensure permission was gained before administering any medicines. If people refused, staff were required to document this clearly and alert the office immediately. Staff received training for Mental Capacity Act 2005 (MCA) during their induction and again in the essential training update. Staff also had access to a booklet giving them the information they needed. Staff said, "We look after a couple of people who get confused, but they're able to make their own decisions" and, "We learned about the MCA in induction. We always make sure we've got the person's consent; I wouldn't do anything without this." Other comments included, "It's all about the person, we give people choices wherever we can."

People were supported to access healthcare professionals if they were unable to do so themselves. People's care plans identified the professionals such as social workers, speech and language therapists, occupational therapist or District Nurses who worked with the person. Where people were being discharged from hospital, staff worked with Occupational Therapists to ensure people had the equipment they needed. Staff also liaised with social services to arrange appropriate care.

Staff provided assistance to some people in the preparation of food and drinks as detailed in their care plan. For example, one person's care plan stated, "I usually like some porridge with some fruit on top. I really enjoy a cup of tea, please make a teapot full as I will usually help myself to a second cup." Clear guidelines were in place where people had specific diets in place. Staff respected people's choices around what people ate and drank. One person was assessed by a Speech and Language Therapist for a soft diet, but the person chose to ignore this. Staff who provided support had been trained how to support the person in the event

they choked.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. People said, "They're brilliant, they make sure I'm alright", "When they are here they are kind", "They are very caring, they give me a choice and they listen to me", "All are chatty and have time to talk to me in between doing things. They help the day go by." Staff told us, "We try not to do things for people if they can do things themselves." Other comments included, "People have feelings. They'd love to have their old lives back", "We're family" and, "I treat clients how I would treat my Mum."

During our inspection we observed staff interacting with people in a positive way. Staff adapted their approach to people when required. One person wanted staff to support them with prepping their meal so they could cook it themselves after staff had gone. The member of staff respected the person's wishes and followed guidance around supporting this individual with food preparation.

People told us staff maintained their dignity and respected their privacy during personal care. One person told us, "The carers always cover me up and close the door." Another person told us, "The ladies who deal with me are very professional. They do have sense and of appreciation and don't make me feel a ginger bread man. They do treat with me dignity and respect. They help me in the shower, they are very careful, its team effort the carers and me, taking care of mind and of my body." Staff explained how they provided care and one member of staff said, "100% we respect people's privacy and dignity. Even if the phone rings, I take myself to another room so they can take their call in private."

People could express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to comment on the care they received. People were asked if they would like any further support. Family members were involved in reviews and were asked for feedback. Staff would also alert staff in the office if they noticed any problems.

People were supported by staff who knew them well and had built positive relationships with them. One person said, "My carers are polite and we have a good rapport." One relative told us, "My relative is a shy person and wouldn't have a shower with the previous care provider, we had before this one. The carers at South Care have built their trust up and they will let them shower them"

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. One person told us, "They do what I want them to do and I am the boss they respect that", "The carers all know me well and get on with me. I feel I can trust them" and "They know everything I need and remember to do everything". People were able to make choices about all aspects of their day to day lives. The registered manager said, "I'd like to think we're responsive because as soon as something comes in we deal with it." Staff said, "There is always someone to ask if we're not sure about anything", "Our clients are lovely, they make me so happy because they've got amazing stories to share.

The registered manager used an electronic system for generating staff rotas. This system meant that staff were matched to people according to their training, availability and interests. The registered manager kept a log of calls made to people. Where people had asked for the times of their visits to be changed, the registered manager told us, "We will tell people we might not be able to make the changes they request but will give a timeline when it would be expected we could meet the required changes." However, some people told us they had found it difficult to change the timing of their visits. One person told us it had taken over a year before they eventually cancelled the call. The person did confirm that they had been informed at the start of the service that it might not be possible to change the time. The registered manager said this was far too long and that they risk assess every request to ensure people are not unsafe while a care slot is being arranged.

People or their relatives were involved in developing their care, support and treatment plans. One person said, "I know what's in my care plan and can say if I want it changed; they go out of their way to help." Staff told us, "People can ask for their care plans to be changed, for example, one person wanted a newspaper collected for them every day. Their care plan was changed and this is now being done."

Care plans were person centred and clearly identified support unique to that person. One person said, "If they know I'm upset the boss comes out to cheer me up, they don't hesitate and don't ask, they just do it." This person's plan, described the support a person needed when they became upset. Staff were knowledgeable about the people they supported and confirmed that care plans are updated when there was a change. Staff said "The care plans give a good level of information and they're all updated. There's a new system as well, which means we get a code via text; this means there's a change and we should phone the office, it works really well." Staff told us the care plans were dynamic documents which changed as people's needs or preferences changed. One person said, "If there's a change they talk about it with me and get my views."

Each person had a plan which clearly described the care and support they required and how staff should provide it. Daily records were kept by care staff. These were used to evidence that the planned care had been delivered and to note any significant events. Staff said, "We phone the office if there are any changes" and, "We write the information in the daily records so it's available for the next member of staff."

People who used the service and their families had been made aware of the complaints procedures.

Complaints were analysed to identify patterns and trends. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been four complaints since our last inspection and these had been investigated thoroughly and people and their relatives were satisfied with their responses. People said, "I could say if I had a problem."

The provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager confirmed people could receive their rota or other information in large print.

Some people were supported to access their community. People had been supported to attend family weddings and funerals. One member of staff said, "I'm over the moon I supported one person to attend a family wedding. They will never forget that. It was a small thing for us but huge for them." One person was supported to have a visit from the local priest. People were asked about their religious beliefs.

Where people identified differently to their gender they were born, staff were trained how to support them. Staff were provided with a booklet covering equality, diversity, and human rights topics.

Is the service well-led?

Our findings

The registered manager had a clear vision for the service, and a set of values known as the 'Heart Values'. The values were based on 'honesty, excellence, approach, respect and teamwork.' The registered manager told us their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Staff we spoke with were all aware of these values and how they were put into practice in their daily work. Staff said, "We ensure the guys have a full life and experience new things, be happy and comfortable in their home." Staff said, "We've got little cards that tell us about the value of quality of care, these include a passion for care, quality and pride."

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. The day to day culture was monitored by the registered manager who said they were able to pick any issues up straight away. They said, "I judge the feeling in the office by the amount of laughter. If anyone is unhappy we encourage them to say so, staff are encouraged to come into the office and speak with someone."

The registered manager was a registered social worker and kept their training up to date about current practices, legislation and national guidance. They told us, "The company training is really good. We get up to date information from Skills for Care and CQC newsletters. We also attend the providers' meetings with the local authority to share good practice."

People and staff felt the management of the service was positive and the management was approachable. People described management as, available, caring and approachable. People told us, "They have a new manager, he is very nice he listens," and, "The management style seems good, not had any issues". The registered manager told us they had an open-door policy, "Staff can speak with me at any time. I value what staff do. I always thank staff at the end of the day for what they've done." A member of staff told us, "We can raise concerns, there's always someone to go to."

People's experience of care was monitored through reviews. Staff told us, "People don't have to wait for their reviews. If staff pick up something isn't right there is a staff feedback form for them to complete and forward to the manager". The registered manager told us they had not done any surveys recently but had plans to do so.

Staff were recognised for their contributions and dedication. Staff were able to send monthly nominations for a 'Carer of the Month' award. The registered manager said, "Staff may be sent flowers or cards to say, 'thank you' and demonstrate that we know what staff have done." Where people wrote letters of thanks these were recorded. The provider operated a Star Award for the whole of the organisation and these were celebrated annually. The reablement team won the 'Best Care Support 2018' award.

Arrangements were in place to monitor the quality and safety of the service. The registered manager or deputies completed regular audits, for example health and safety; medicines and infection control checks. Where improvements had been identified, these had been addressed. For example, recruitment and

supervision records were now being stored electronically and only accessible to authorised person in line with the GDPR.

Clear lines of communication had been established between the registered manager and the staff team and a number of communication methods had been developed. These included quarterly team meetings, supervision, and written and electronic daily handovers using texts., "We're proud of our communication, keeping staff and clients' updates; it eases their worry." The registered manager told us they held supervisors and managers meeting to share information and learning which was cascaded to staff through newsletters. Staff confirmed they received newsletters and said, "The newsletters inform us about everything that's going on."

The service worked in partnership with other organisations to make sure they followed current such as CCG, GPs, district nurses and speech and language therapists.

The registered manager is required by law to notify CQC of specific events that have occurred within the service. Notifications were made in a timely way and appropriate records were maintained.