

Civicare Central Limited

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Inspection report

Suite 3, Orchard House
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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 25 January 2016 and was announced.

Civicare Central Limited provides personal care and nursing care for people in their own home. There were 41 people receiving services for which CQC registration was required at the time we inspected.

There was a registered manager in place who is also the registered provider. 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.'

People we spoke with told us that they felt safe when staff entered their home and that staff knew how to support them. Staff were able to tell us of the needs of the people they provided care for and their roles and responsibilities in keeping people safe.

There were sufficient numbers of suitably qualified staff, who had a good understanding of protecting people from the risk of abuse. Medicines were administered by staff that had received training to do this. The provider had procedures in place to check that people received their medicines as prescribed to effectively and safely meet their health needs.

People told us they received reliable care from a regular team of staff who understood their likes, dislikes and preferences for care and support and that they were kept informed of any changes.

Staff supported people to make their own choices and decisions about their care and support. We found people were actively involved in how their care was planned and their needs met. Staff supported people to access health care services such as their GP.

People spoke positively about both the support they received and the staff that provided it. People told us they were treated with dignity and respect and staff demonstrated their understanding of people's right to refuse care.

The provider encouraged people and staff to share their opinions about the quality of the service through reviews and an annual satisfaction questionnaire. They encouraged staff to come to the office for support when needed. Staff confirmed that they received support and could get information or advice if required.

People were positive about the care and support they received and the service as a whole. The provider ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe with the staff that supported them and staff knew how to keep people safe in their own home.

People received care from regular staff who had received training on how to support them with their medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were well trained and supported by the registered manager.

People were supported to access healthcare services when required by staff who knew their healthcare needs

Is the service caring?

Good ●

The service was caring.

People were involved in the planning of their care.

Staff provided care that took account of people's individual preferences and were respectful of their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's individual support needs and preferences.

People knew who to speak to if they had concerns and told us they felt listened to.

Is the service well-led?

The service was well led.

People who used the service, relatives and staff were positive about the service.

The provider ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made.

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 inspection took place on 25 January 2016 and was announced. The provider was given 48 hours' notice because the location provides homecare services and we needed to be sure that someone would be in. One inspector carried out this inspection.

The provider had 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 reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke to six people who used the service and four relatives by telephone. At the service we spoke with the registered manager, a senior care co-ordinator, a nurse and five members of care staff. We looked at the care records of four people to see how their care was planned. We also looked at three staff files, communication log, quality assurance records, surveys, management meetings minutes and the complaints and compliments logs.

Is the service safe?

Our findings

People who used the service told us that they felt safe in their homes whenever staff visited. One person said, "I feel safe with staff. They always check everything is okay before leaving and everything is to hand for me." A relative told us, "Staff keep [person's name] safe, they know what to do." Staff told us they kept people safe, one member of staff said, "It's important to keep people safe and respect their homes."

Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. They were clear about the steps they would take if they had any concerns. Staff told us they were confident to report any concerns with people's safety or welfare to the registered manager. One member of staff told us, "I reported a concern and action was taken." They advised they were happy the situation was resolved and they said they would be confident to take such action again.

Staff spoken with were able to tell us the risks to different people and how they supported them. For example, some people received care from two staff to support their mobility. Staff told us they always ensured two staff worked together and they followed their training and the risk assessments in people's care plans. One relative confirmed, "Details of how to use equipment are in the care plans for staff to follow."

People told us that they had the same staff provide their care. One person said, "I get the same carers." People said that on occasion different staff visited. For example when covering staff holidays or sickness, a relative told us, "We have main two carers, but other carers covered when one was off work but we didn't mind." The registered manager told us they monitored care calls and would only agree new care calls if they had sufficient staff available.

The provider checked to ensure staff were suitable to deliver care and support before they started work for the provider. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed.

People we spoke with told us that there were sufficient numbers of staff available. Staff also commented that there were enough staff to meet the needs of the people they provided a service to. They told us that when staff were off work other staff supported to cover calls, one staff member said, "We all chip in and cover each other as a team."

Staff told us they had received training in supporting people to take their medication. They were able to tell us what they would do if someone refused their medication, one member of staff told us, "I would explain why the medicine was needed and if they still refused I would record it and advise the office. Depending in the medication they would take action to seek advice." Checks of the medication sheets were made to ensure staff had correctly recorded the medicines they had given to people.

Is the service effective?

Our findings

People told us that they were supported by staff who knew how to look after them. One relative told us staff had been trained and were able to use the specialist lifting equipment their family member needed.

Staff we spoke with told us that training helped them to do their job. One member of staff described the training as, "Very good with practical examples which make it work." All six staff confirmed that they felt access to training was good and each of them was able to give an example of how training had impacted on the care they provided. For example, one member of staff explained how training on equipment to support moving people had enabled them to understand people's experience better and be mindful of how it may feel.

Staff told us that additional training was available to support their practice when caring for people with specific needs. For example, one member of staff had requested and attended training to administer eye drops.

All staff told us they received regular supervisions, which gave them the opportunity to discuss any issues they had or request further training. In addition regular assessments were made to observe their care practice. Nursing staff had clinical support. One nurse we spoke to confirmed this and told us, "The in house nurse tutor is a professional link we (nurses) can refer to discuss nursing and care issues and matters."

Staff described to us their induction and told us they considered it to be, "Right for the role." They told us that part of their induction involved shadowing calls. One member of staff said, "You don't do calls on your own until you are confident."

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. We checked whether the service was working within the principles of the MCA.

The registered manager told us people had been able to consent to their care and were involved in care planning and reviews and had signed to confirm their agreement of the plan. They told us if people needed support with their decision making the provider had a system in place to record this and told us of the actions that would be taken. For example, speaking to the people who knew them well such as their family and relevant professionals, for example their social worker or GP.

All of the staff we spoke to told us they were aware of their responsibilities to ensure people's consent to

care and treatment was sought and recorded. One relative told us, "Staff always explain what they are going to do and ask her permission." Another relative told us, "Staff always ask him what he wants and before they move him they always give him choices." People also told us that staff asked them how they wanted their care and support to be delivered. One person commented, "They always ask me if I prefer a bath or a shower."

One person we spoke with had their meals prepared for them by staff. They told us, "They give me choices." Another person told us they prepared their own meals but, "Staff offer advice." One member of staff told us they supported people with special diets. They told us, "I know the foods they should avoid. They know too and are very good but I do sometimes remind them. I have also spoken to the specialist nurse for advice."

We spoke with people about the support they received to access healthcare. One person we spoke with told us when staff had seen changes in their physical health, they had encouraged and supported them to seek medical assistance. One member of staff told us, "When one person was ill, I asked their permission to phone their GP. I then called the office and then stayed with them." In the care records we looked at, we saw occasions when staff contacted a person's GP or district nurses on their behalf.

Is the service caring?

Our findings

People spoke positively about both the support they received and the staff that provided it. One person told us, "I like them (staff) and I get on well with them." A relative commented that, "Staff are very professional and their caring ability is outstanding." Whilst another relative told us, "The carers have become part of our family, we class them as friends. "

We saw that the registered manager and provider arranged coffee mornings usually twice yearly. The provider told us these were well attended and one person told us, they had enjoyed attending. We saw that the provider had also sent notices to people receiving care inviting them to other events. For example, people were given opportunities to attend a senior citizens day at Worcester races which the staff were also attending. These events gave people the chance to meet up and socialise.

People told us that they were supported by staff who knew how to provide their care in the way they wanted it. One person told us how they had a good relationship with one member of staff, they said, "She is absolutely wonderful," and, "An addition to our family."

People told us they preferred receiving care from the same staff although they understood this was not always possible with annual leave and sickness. One person commented that staff were, "Very punctual" and this reassured them.

Staff spoke warmly about the people they supported and provided care for. One member of staff said, "We know all the people we support well. Continuity is important." During our conversations, staff were able to tell us about the people they supported and their likes and dislikes. Staff told us they were given details of people's care when they first supported someone but they would build up further knowledge as they provided care. A member of staff said, "There is no better way to learn about a person than talking to them."

One member of staff also told us about how they had built up knowledge of one person and how they managed to communicate with each other through gestures. This enabled them to communicate directly with the person to ensure they knew their choices.

People we spoke to felt involved in their care. We saw that when a person first started to use the service there was a telephone call within the first four weeks to check they were satisfied. The call gave them opportunity to give feedback on the care provided. A relative told us how they gave feedback to the carers, they told us "We work together as a team, we discuss things together."

People told us that care staff offered encouragement so they could maintain their independence in their personal care. One person told us, "They help motivate me. They help me bathe. They communicate with me." Another person told us, "I lost my confidence following a fall, but [worker's name] has been good in helping me do things again."

People told us that care staff respected their home and that their privacy and dignity was respected. One

relative told us, "I've seen that they treat [relative's name] with dignity and respect. They close the door and blinds whilst dressing her." Another relative told us staff, "[Relative's name] is always treated with dignity and respect. They always explain what they are going to do." Another person told us that, "Staff respect my home, they look after things and take care."

Is the service responsive?

Our findings

People told us that they received their care the way they wanted it and that they were involved in planning their care and had reviews when required. One person told us "Everything I have asked, they have done." A relative told us, "I am involved with all care plans and reviews. I tell them my views, they never ignore me."

We saw that one relative had written into the service to thank them for the support to their family member. They said, "Your care staff have been very good and appreciated [person's name] health is changing. ...your staff give the best care."

People we spoke were involved in their care and were able to tell staff the care they wanted or needed. One person said, "I've just asked them to change the timing of a call and they have done." People told us staff were punctual and that they received care at the times agreed.

Everyone spoken with told us that they were happy with the service that they received. A relative told us that following a change in their family member's care needs, a review had been held and their care plans updated. They told us they were, "Very happy with the service." Staff spoken with were able to demonstrate a detailed knowledge of the people they cared for and how they supported them in the way they wanted to be supported.

People told us and we saw that care plans were reviewed regularly and that they had been involved in care plan reviews. We saw that care records held detailed instructions in the way people wanted their care delivered and these records were signed by the person receiving care to confirm their agreement.

All staff we spoke with confirmed management were good in terms of communication. One member of staff said, "They always let us know," and, "They (office staff) are responsive to any changes." They told us updates and changes or staff information was shared via telephone messages or in staff meetings.

All people and staff we spoke with felt that records reflected current care needs. Records we looked at detailed people's preferred way to receive care and provided guidance for staff on how to support the individual. For example, the steps to follow and where people were able to manage parts of the tasks.

People told us that they would be happy to discuss any changes that they would like. We looked at communication logs, which are a record of all communication with each person receiving care. These showed us where people had requested changes and how these had been actioned. For example, where a person had requested a different member of staff this had been actioned and rotas changed.

All the people we spoke with told us how they would raise concerns if they had them. One relative told us, "In the past I raised a concern and it was dealt with immediately." All other people told us they had not complained but would know what to do if they needed to. One person said, "I've no complaints but should I have one I would ring the office, I'm sure they would deal with it." Another person told us they, "Would go straight to the office," to raise a concern. Two people also told us they were aware they could go to external

organisations such as CQC if they had concerns.

We saw that the registered manager had a complaints folder in place. All complaints had been logged, investigated and responded to. The information showed actions taken by the provider which included contact with external agencies and additional training for staff.

Is the service well-led?

Our findings

We spoke with six people who used this service and four relatives, all of whom spoke positively about the service received. One person told us, "I've nothing to fault at all," and a relative commented, "We changed to Civicare from another provider. It's as different as chalk and cheese. The carer we have now is absolutely wonderful."

Staff spoke positively of the people in management. They told us they felt listened to and supported and that the manager and office staff were, "Very friendly and very responsive." Staff told us and we observed that they were given clear guidance on their roles and responsibilities. One member of staff told us, "It's an open office. I pop in all the time to check things." Another member of staff told us, "I can always ask if I have a query. They are always there with an answer." All staff we spoke with told us how they would visit the office get information or advice if required.

Two members of staff also told us that the provider gave them opportunity to progress. One member of staff commented, "They encourage you to progress and do the next level training." Another told us they had requested additional training and this had been agreed and arranged.

The registered manager felt that all staff worked well as a team. Staff confirmed this with one member of staff telling us, "Its good, they have just taken on new staff, everyone works together." Another told us, "It's a good company, I love my work." They also confirmed they were well supported by the registered manager and provider who one member of staff described as, "Friendly and helpful".

Two staff we spoke with told us they felt valued by the managers and received positive feedback from people using the service. We saw that the service had received a number of compliment cards from people and their relatives. The registered manager logged these and we saw that they then passed on the thanks and comments to individual staff.

The registered manager had introduced an award for staff called 'carer of the moment'. This was awarded by the registered manager in recognition of good work with the member of staff being presented with a certificate. One member of staff told us they had received the award. They said, "It was nice. You always get a thank you from the managers. It makes a difference." This and other information such as new staff and training information was reported in the team newsletter produced by the registered manager as one of the ways to keep in touch with staff.

All staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "Management ask our views on how things can be done better." We also saw that team meetings were held three times on the same day to accommodate staff on different shifts. The registered manager advised this ensured a better attendance and staff confirmed this helped them to attend. We also saw that management meetings were held monthly covering a range of topics and with actions carried forward, for example, discussion on carer recognition had seen the introduction of the staff award.

The provider had systems were in place to check and review the service provided. For example, they used an external agency to check people's and staff members overall views. The questionnaire for people using the service gave positive feedback with people confirming staff came at a time to suit them and did things the way they liked.

The staff questionnaire also gave positive feedback showing staff felt safe and were happy with training. Where staff had made suggestions for improvements we saw these had been discussed further and a response made to the member of staff.

The registered manager and provider told us that they kept their skills and knowledge current and linked to external guidance and organisations. For example, by accessing on-line information and attending local provider forums.