

Carevisions@Home Ltd

Carevisions@Home Ltd

Inspection report

Cargo Fleet Offices
Middlesbrough Road
Middlesbrough
Cleveland
TS6 6XH

Date of inspection visit:
04 March 2016

Date of publication:
06 May 2016

Tel: 07964123013

Website: www.carevisions.co.uk

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

We inspected Care Visions At Home, Middlesbrough on 4th March 2016. This was an announced inspection. We informed the registered provider at short notice (48 hours before) that we would be visiting to inspect. We did this because the service delivers domiciliary care and we wanted the registered manager to be present at the service on the day of the inspection. This meant they could provide us with the information that we needed.

The service is registered to provide personal care and nursing care to people living in their own homes. The service can provide care and support to adults, children and young people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service were providing care packages to 50 people at the time of the inspection and had 61 members of staff providing 12-1400 hours of care.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the person's likes, dislikes and personal choices. However some care plan records needed further detail to make sure care and support was delivered in a specific way for the person. The registered manager and branch manager were aware and had already taken steps to update care plans.

There were enough staff employed to provide support and ensure that people's needs were met. However staff told us that at times rotas were changed at the last minute which meant people would also get last minute changes to staff who would be visiting. Staff also told us that they did not always get work near to where they lived which meant that sometimes they would be late due to travel time and this could impact on the call. The managers were aware of and addressing these issues.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what they would do if they witnessed any abuse..

Prior to the package of care commencing environmental risk assessments of the person's home were carried out. Safety checks looked at among other things equipment to be used and general environment. This meant that the registered provider ensured the premises was safe for people and staff.

There were risk assessments in place for people who used the service. The risk assessments and care plans had been reviewed and updated on a regular basis. Risk assessments covered areas such as environment, medicines, finances and travelling. This meant that staff had the documentation and guidance they needed

to help people to remain safe.

Systems were in place for the management of medicines so that people received their medicines safely. Care Records we reviewed contained detail of people's medicines, how they should be administered and what time they should be taken.

Staff told us that the registered manager and case managers were available, approachable and supportive. Most staff had received regular and recent supervision and also spot checks to make sure they were doing their job correctly. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff.

Staff were up to date with training. Staff told us they had received training which had provided them with the knowledge and skills to provide care and support to the people they visited. Robust recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included two references from previous employers to show staff employed were safe to work with vulnerable people.

The registered manager and staff we spoke with had an understanding of the principles and responsibilities in accordance with the Mental Capacity Act (MCA) 2005. The registered manager told us that staff had been trained in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

People and relatives told us that staff were kind and caring and treated people with dignity and respect. Staff on the whole arrived at the time agreed and stayed for the time allocated.

Staff at the service worked with other healthcare professionals to support the people.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, positive and supportive culture.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and said that they would report any concerns regarding the safety of people to the registered manager or case managers.

There were sufficient staff employed to meet people's needs. The system for rotas needed to be improved. Safe and robust recruitment procedures were in place.

Systems were in place for the management and administration of medicines.

Is the service effective?

Good ●

The service was effective

Staff had a programme of training which supported them in providing care and support to people who used the service. Most staff had received supervision spot checks of practice.

The registered manager and most staff had an understanding of the Mental Capacity Act 2005 and had received training.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

This service was caring.

People told us that they were well cared for by kind and respectful staff.

People were encouraged to maintain their independence and their privacy and dignity were respected. People and their relatives were involved in making decisions about their care. The staff were knowledgeable about how to care for people.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and they had individual care plans. Some plans needed more detail to ensure that the care was specific for the person.

People we spoke with were aware of how to make a complaint or raise a concern. Where concerns had been raised most people said they were dealt with effectively and in a timely way.

Is the service well-led?

The service was well led.

Staff were supported by their registered manager and the case managers and felt they were available and approachable.

There were systems in place to monitor and improve the quality of the service provided. The service had an open, positive and supportive culture.

Good ●

Carevisions@Home Ltd

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.

We inspected Care Visions At Home on 4th March 2016. This was an announced inspection. We gave the provider short notice (48 hours) that we would be visiting.

The inspection team consisted of one adult social care inspection manager.

Before the inspection we reviewed all the information we held about the service for example notification of incidents. The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 50 people who used the service and 61 staff employed.

During the inspection we spoke with one person who used the service and five relatives / representatives. We also spoke with the registered manager, case manager, the training manager and six care staff. We contacted the local authority to find out their views of the service. They did not report any concerns. We looked at three people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people if they felt safe and they told us : "Yes I am always very safe with them."

One relative of a person told us, "safe yes always." Another relative told us, "The carers make sure {relative} is kept safe."

When we spoke with people who used the service and their relatives they told us they were aware of who to speak with if they had any concerns. The service had safeguarding and whistle blowing policies and procedures in place. Staff were aware of the policies and procedures and they informed staff what action they needed to take if they suspected abuse.

We asked staff to tell us what they understood about protecting people who used the service. Staff told us they had completed safeguarding training and we saw that they had when we checked training records. Staff were aware of the different types of abuse and what to do if they witnessed any incidents of abuse. They said they would report immediately to the case manager or the registered manager.

We saw written evidence that the registered manager had notified the local authority of all safeguarding incidents and CQC of most safeguarding incidents. There had been a couple of instances where CQC had not been informed and when we spoke to the registered manager they said that they would look into this and ensure that in future all notifications would be completed. The registered manager had taken immediate action when incidents occurred in order to protect people.

We were shown records which showed that prior to the package of care starting a meet and greet would take place and as part of this, environmental risk assessments were undertaken of the person's home. We saw information to show individual safety checks had been carried out. The registered manager told us that equipment such as hoists would also be checked to ensure that they had been serviced and were fit for use. Sometimes they said occupational therapists and social workers would be involved in this process. This meant that the registered provider had a process in place to ensure the safety of people and staff.

There were risk assessments in place for people who used the service. Risk assessments covered areas such as travelling, medicines and environment. Care records also described how to keep people safe, for example one person could suffer adverse effects from excessive activity so there were steps in place to guide staff on how to keep this person safe such as break from activity and use medication if needed then on return home to inform relative of any incidents. This meant staff were provided with the information needed to keep people safe.

During the inspection we looked at the records of six staff to check that the agency recruitment procedure was robust and effective. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out to confirm the staff member's suitability to work with vulnerable adults before they started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable

adults.

Two references had been obtained for each person and where possible one of these was from the last employer. This meant that the registered provider followed safe recruitment procedures.

Staff we spoke with during the inspection told us that they had been interviewed, references sent for and a CRB check completed before they started to work for the agency.

The registered manager told us that the service employed 61 staff and there were 50 people who used the service. They told us that there were enough staff employed to meet the needs of current people. The registered manager told us and we saw evidence that they over recruit which meant that if staff left or went off sick there would still be sufficient staff to meet the needs of the people.

We were told and saw records which confirmed that people's needs were assessed on an individual basis. The registered manager told us that people who used the service and/or their relatives were provided with a weekly rota, which informed them which staff would be providing support and at what times. This meant that people would be aware of the times and staff who would be supporting them for the week ahead. One person said, "staff are always on time." Another person said, "most of the time I get rota." Another person said, "most of the time we get who it says on the sheet."

Staff we spoke with told us that they didn't always get work near to where they live and sometimes calls allocated did not allow for travel time. This could mean that staff were late for the call. Staff also expressed concern about the rota being changed last minute and this would therefore mean changes for the person who they were visiting. We spoke to the registered manager and the case manager about this and they confirmed that they were aware of these issues and were working to improve the rota so that travel time was allowed, staff were allocated calls nearer to where they lived and last minute changes prevented.

People we spoke with during the inspection said that the staff turned up on time and stayed for as long as they were expecting them to.

Some people who used the service told us staff helped with their shopping. People we spoke with and their relatives confirmed that staff always provided them with receipts for their shopping.

We asked the registered manager what staff would do in the event of a medical emergency when providing care and support for people who used the service. The registered manager told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. A staff member we spoke with said, "I would ring 999 and then ring the office to let them know what had happened."

All staff had received training in administration of medicines and had competency checks on an annual basis. We looked at Medication Administration Records (MAR) charts for people who used the service and they were correctly completed and had codes at the bottom for reasons medicines were not given or missed for example, asleep, not at home when medicines due, refused. MAR charts also had notes on why the person was taking medication/what it was for. We spoke to one person who had support with medication and one relative and they told us medicines were always correctly given and on time and there had not been any errors.

The registered manager completed an audit of the records made on the MAR when they were returned to the office to ensure that MARs were completed each time medicines were administered.

Is the service effective?

Our findings

People told us they felt staff were well trained and equipped with the knowledge and skills to deliver care effectively. One person told us, "I don't think you ever stop learning but they are good." Another person said, "they know what they are doing."

The registered manager showed us the staff training chart which recorded training that staff had completed during the last two years. The registered manager told us that staff completed a week long induction which included mandatory training such as basic life support, moving and handling, infection control, fire and health and safety. All staff were trained in administration of medicines.

We spoke to the training manager who was in the building on the day of inspection and they told us that they did induction training and client specific training as needed for both the Middlesbrough and the Newcastle branch. We met the five care staff who had completed the latest weeks induction and they were in the process of completing a written test. This would then be assessed and marked with a percentage by the training manager and if the score was below expected further training would be given. We spoke with the five care staff and they told us they had enjoyed the training and said that the training manager had made the induction week, "fun" as well as a good learning package. They had been completing moving and handling on the day of inspection which involved manoeuvring each other and the trainer in the manual hoist. They said this had made them appreciate how anxious the person being moved must feel. They had also been practising resuscitation on a lifelike doll which they had enjoyed and learnt from. The staff felt that the training they had completed had equipped them with the skills and knowledge to care for people and was a good mix of theory and practise. The staff told us that following the induction they had been told they would be shadowing other people for the first week then only going to calls requiring two people with an experienced member of staff until they were deemed competent. This meant the provider had taken steps to ensure staff were trained and had the right skills, knowledge, competence and confidence to care for people.

On the day of the inspection we spoke with staff about training they had undertaken. Staff we spoke with told us that on the commencement of their employment they undertook a full induction for a week which included mandatory training. This included reading policies and procedures and shadowing other experienced staff whilst they provided care and support to people.

Staff we spoke with during the inspection told us that they felt well supported and that they had received regular supervision and had spot checks completed while they were out on calls. We looked at the records which showed that most staff received regular supervision and spot checks. The registered manager told us that they did spot checks on all staff at different times of the day and this included looking at whether the staff arrived on time, were they wearing identity badge, use of PPE's (personal protective equipment worn to protect staff from health and safety hazards), observation of medication being administered if appropriate. These checks were completed by case managers or senior care staff. We saw records of these checks on staff files.

The registered manager told us that before they employed people on a permanent contract they are on a probationary period and a check is completed at 3 months and then at 6 months a decision is made whether to keep the person on.

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.

The registered manager told us that they assumed people who used the service had capacity unless they are told otherwise. The registered manager told us that if they had any concerns in relation to a person they would inform the person's social worker or health care professional. We were told that where necessary other professionals involved in their care would undertake assessments in relation to mental capacity. Staff we spoke with understood about seeking consent from people as needed. Staff told us that people and their families were involved in discussions and decisions about their care. The training chart informed that staff were trained in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

The service provided support to some people at meal times. This involved for example, preparing lunch with one person by supporting while keeping their independence and taking another person out for lunch but giving guidance on portion sizes and sugar content then feeding back to relatives about what they had eaten. This meant that staff encouraged and supported people to have meals of their choice whilst giving support and advice as needed and maintained independence.

The registered manager and staff we spoke with during the inspection told us they worked with other healthcare professionals to help support the people. The registered manager told us how they worked with district nurses, social workers and GP's among others. This meant that people were supported with access to healthcare services. People confirmed that this support was in place.

Is the service caring?

Our findings

People and relatives we spoke with as part of the inspection process were complimentary about the care and support they received. One person said, "carers quite nice really satisfied at the moment." The same person said they had some issues in the past with some carers not doing what they should be but they contacted the office and they got it sorted straight away. A relative said, "The girls are really really good with {relative} they have built up trust and relationships, they make {relative} laugh and smile." Another person said, "all very helpful, very kind, would recommend them to anyone no faults at all."

The registered manager told us that care packages were agreed with the person and their relatives before being put in place and care staff were introduced to people before the calls began. We asked people and relatives we spoke with if this happened and they confirmed that it did. One relative said, "they always come out before to meet us." Staff we spoke with said, "clients are lovely you end up being part of the family." Staff knew and understood the individual needs of each person, what their likes and dislikes were and the best way to communicate with them. We saw in one persons care plan that they had no means of verbal communication so staff communicated well with them by use of the persons phone, written messages and pictures and the person pointing to indicate what they wanted. One staff member told us how they treated people in the way they would want their loved ones to be treated.

In one person's care plan we saw that the staff supported the persons privacy and dignity by standing outside when taking the person to a public toilet while out for the day. The person needed to know staff were close by and there if needed due to a previous bad experience. This meant that staff offered support whilst protecting the persons privacy and dignity and promoting their independence.

Relatives we spoke to said staff were always respectful and if they were seeing to personal care needs they would cover the person with a towel, close curtains and doors as needed to give privacy.

Staff told us that they knew how to protect people's privacy and dignity whilst assisting with personal care but how they also ensured that people were safe. One staff member said, "You always knock before you go in and ask permission before doing any personal care." Another staff member said, "I always place towels over people, make sure curtains are closed and doors shut, respect people." Staff told us of the importance of making sure they did not take away people's independence and how they supported them to maintain their independence by encouraging them to do as much as they could for themselves but being there to offer assistance when needed.

All staff completed training in equality and working in a person centred way and staff had completed training in privacy and dignity as part of their induction and update training was available which 23 staff had completed.

Care files contained information about people, their medical and personal history and their likes and dislikes. This information helped staff to provide more person centred individualised care.

Is the service responsive?

Our findings

People and relatives we spoke with during the inspection told us that staff were responsive to their needs. One person said, "Up to now we get a couple of care staff that really get on with {relative}." Another person said, "I usually get the same few staff coming and they do what I ask them to."

During our visit we reviewed the care records of five people who used the service. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records also described what support each person needed for visits. Of the care records we looked at during the inspection some were very person centred and detailed what care and support the person needed both at home and while the staff were out in the community with them. For example one person needed to be prompted with hygiene and personal care and there were clear steps to guide staff through this. The same person also enjoyed going out in the community however needed constant supervision and activities were only to be for a specified amount of time. This was due to the restrictions of the person's condition. One person who also enjoyed going out in the community was accompanied to visit their allotment and go out for coffee and to visit garden centres with staff. Another person whose relative we spoke with said that staff took {relative} shopping and to the pictures and out for lunch. They said, "it's the highlight of the week."

Some care plans lacked specific detail for example one person who needed a hoist, the care plan did not specify where they were to be moved from and to and how many staff were needed. We spoke to the registered manager and the case manager and they said they were aware some care plans needed more detail and they were working to ensure all care plans had the information needed to offer specific care and support to each person.

We spoke to the case manager who told us that they and senior staff go out and review the care packages every six months and this involves discussing the care package with the person and their relative/s to see if the care plan is still appropriate and if anything has changed then the care plan is changed accordingly. Risk assessments are also reviewed. We saw in records that this happened and when we spoke to people they confirmed this. The case manager told us that if anything changed before the six months the care staff, person or relative would let them know and the care plan would be reviewed at that time.

We spoke to the registered manager and they told us that where people had specific needs they would try to send staff who were experienced in that area and had knowledge/training in that particular condition. They also said if people had particular preferences they would try to accommodate them. One person's relative said, "we asked for younger people and we got them."

We looked at the complaints procedure, which informed people how and whom to make a complaint to. The procedure gave people timescales for action. We spoke to people and their relatives and they said they knew how to raise concerns and they would contact the office and speak to the registered manager or the case manager. Only one person expressed any concern. They said that they had raised a concern and asked for a carer not to return to deliver care and support as they just did not get on with their relative but then some time later the same member of staff was sent back. They did say that they had raised this with the

office and it had been dealt with and was being looked into. People told us that they felt the staff at the office listened to any concerns they had and they were comfortable in approaching staff or the registered manager/case manager. One person said they had been unable to contact anyone out of hours then they contacted the office on the Monday and the office were really helpful and reminded them of the out of hours contact details being on the front of their file which they had forgotten.

We saw that people had been asked to provide feedback on the service they had received through questionnaires, telephone calls and at the reviews which were carried out six monthly.

Is the service well-led?

Our findings

People who used the service, relatives and staff that we spoke with during the inspection gave positive feedback in respect of the registered manager and case managers. They told us that they thought the service was well led. One person said, "staff in the office lovely very helpful." A relative said, "I usually deal with {case manager}, really lovely never flinches and when they come out we discuss any problems." One staff member said, "She [the registered manager] is really supportive." Another staff member said, "the managers are approachable." One staff member said, "management are really good, friendly and approachable and at the end of the phone."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to determine if the service they are providing is of a satisfactory standard and if there are any improvements needed. We found that checks were carried out on all aspects of the service. This included the checking of care plans and medicine administration charts.

We found there was a culture of openness and support throughout the service. Staff told us they were aware of whistleblowing procedures and would speak to someone in the office if they needed to without hesitation.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us that surveys were sent out to 43 people in December 2015. Only 8 were returned 18.6% therefore a decision was taken to do some shorter telephone interviews with people and this was still ongoing. We were shown the results of the surveys and telephone interviews to date. The issues identified included one person raising issues about the rota, one person raising issues about the office being disorganised and they were not told of changes. There was positive feedback such as, "carers really nice" And "If it wasn't for your sort of people we wouldn't have help I think you're marvellous."

There was an action plan commenced regarding the feedback so far which included rota planning, quarterly quality assurance calls to check improvement and further training in communication with office staff. The action plan had target dates attached.

The registered manager told us about and showed us minutes of different management meetings that took place. Weekly meetings looked at targets for supervision, complaints, safeguarding, spot checks, missed calls, outstanding training and sickness among others. Monthly meetings looked at packages per case manager, quality assurance and recruitment among others. Clinical and governance meetings looked at the business plan and some specific agenda items were in relation to the expansion of the business and benchmarking quality against CQC standards. Action plans were put together following these meetings with timescales. This meant that the management team met on a regular basis to look at quality assurance and governance and had action plans in place to address any issues and development.

The registered manager told us that senior staff also visited people who used the service in their own home to make sure that they were happy with the care and service they received. These reviews were completed six monthly and any changes needed to care plans/ risk assessments as a result were taken forward.

Staff told us they were kept up to date through staff meetings. We saw records to confirm that staff meetings took place regularly. We also saw a quarterly newsletter that was put together and circulated to staff. This included branch updates, training updates, congratulations page for staff who had been married or had new babies. There were also some monetary awards for staff for longest employed, no sick leave and most compliments received.