

Care Packages UK Limited

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Inspection report

Unit 306F, The Big Peg
120 Vyse Street, Hockley
Birmingham
West Midlands
B18 6NF

Tel: 01215056136

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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 11 April 2017 and was announced. We gave 48 hours' notice of our inspection to ensure that staff were available to provide the information we needed and we could make arrangements to speak with people who use the service.

Care Packages UK Limited provides personal care to people in their own homes. At the time of our inspection the service was supporting six people. We last inspected this service in January 2016 when the service was assessed overall as 'Good'. Some improvements were needed to the system for monitoring the quality of the service and at this inspection we found these had been done.

At the time of the visit 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff received training in recognising and reporting any signs of abuse. The registered manager had assessed and recorded the risks associated with people's medical conditions

People told us and records confirmed that people received their calls at their chosen times and by the number of staff required to keep them safe.

People received their medicines safely by staff who were trained and had undertaken competency checks.

People were supported by staff knew people's latest care needs. Staff reflected on their practice at regular informal and formal supervisions.

People told us and records showed that they were regularly involved in commenting on their care and choosing how they wanted to be supported.

People who required support to eat and drink said they were happy with the assistance they received. Staff knew what people liked to eat and drink.

People were supported to make use of the services of a variety of health professionals to receive the appropriate care promptly when needed.

People's relatives told us that the registered manager and staff were caring. People were supported by the same staff who they liked.

People were approached to comment on the care they received and staff respected their wishes. People told us that the members of staff respected their privacy and independence.

People told us they felt comfortable to complain if something was not right. The registered manager had clear policies and procedures for dealing with complaints.

The registered manager had taken effective action to address concerns from our last inspection and understood their responsibilities to the Commission.

Staff told us that the registered manager and care co-ordinator were supportive and led the staff team well. Staff stated they enjoyed working at the service for several years.

There were systems in place to ensure people were involved in commenting on their care plans and influence the service they received.

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 received training in recognising the possible signs of abuse and how to report any suspicions.

People received their calls at their chosen times and by the required number of staff.

The medicines were administered by staff who were trained to do so and had undertaken competency checks.

Is the service effective?

Good ●

This service was effective.

People were supported by staff knew people's latest care needs.

People's rights were respected in line with The Mental Capacity Act 2005 (MCA).

People were supported to eat and drink by staff who knew what they liked.

People were supported to make use of the services of a variety of health professionals.

Is the service caring?

Good ●

This service was caring.

People were supported by the same staff who they liked.

People were approached to comment on the care they received and staff respected their wishes.

Is the service responsive?

Good ●

This service was responsive.

People had regular reviews of their care so they could be supported in line with their latest needs and wishes.

People were comfortable to complain if something was not right. There were clear policies and procedures for dealing with complaints.

Is the service well-led?

This service was well-led.

The registered manager had taken effective action to address concerns from our last inspection.

Staff told us that the registered manager and care co-ordinator were supportive and led the staff team well.

Staff had enjoyed working at the service for several years.

Good ●

Care Packages UK 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.

We conducted a comprehensive announced inspection of this service on 11 April 2017. The registered provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to ensure there were care records available for review had we required them. The inspection team consisted of one inspector.

As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we visited the service's office and spoke with the registered manager and care co-ordinator. We sampled the records, including three people's care plans, three staffing records and quality monitoring. We reviewed the registered provider's system for monitoring that calls times were in line with people's care needs.

After our visit we spoke with the relatives of three people who used the service. We spoke with three members of care staff.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt people were safe using the service. A relative told us, "Safe? Absolutely. No problems." Another relative said, "Staff always tell us what's happening."

Staff we spoke with demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse. They were aware of the need to pass on any possible concerns regarding the conduct of their colleagues and they knew how to do this. The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. We noted that staff were due to receive additional safeguarding refresher training shortly after our visit.

The registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment which may have posed a risk to staff or people using the service. The records which we sampled contained clear details of the nature of risks to people and any measures which may have been needed in order to minimise the danger to people. For example, there were details of how to staff were to support one person who was at risk of falling. One person who used the service was currently in hospital and the care co-ordinator told us, "I will visit them [in hospital] to see how they need supporting safely when they come home."

Although no one had recently been employed at the service we saw that the registered manager had conducted interviews and had systems to conduct checks when staff started work. These included Disclosure and Barring Service (DBS) checks and obtaining suitable references. When staff had worked for several years, further checks were undertaken to ensure they remained suitable to support people who used the service.

People who used the service told us that there were enough staff to meet their needs. The service had agreed to be the first contact should one person who use the service activate their emergency pendent. Their relative told us that there was always enough staff available to respond promptly when alerted. People told us and the registered manager confirmed that people were usually supported by the same care staff. The registered manager told us, "We have recruited staff who live close to people so they can always make their calls on time." Both the registered manager and care co-ordinator told us they were available to provide cover when a person's regular staff member was away. They regularly visited all the people who used the service and were familiar with their care needs. One member of staff we spoke with said that calls were planned with enough time to get to them on time and that they lived close to the people they supported. People told us and records confirmed that people received their calls at their chosen times and by the required number of staff identified as necessary in their care plans to keep them safe.

People who required support to receive their medicines safely said they were happy with how they were supported. The medicines were administered by staff who were trained to do so and had undertaken competency checks. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about how to support people to take them as prescribed. We

sampled the Medication Administration Records (MARs) and found that they had been had been correctly completed. There were regular audits of the medication and the previous three audits had recorded that people been supported to receive their medication appropriately.

Is the service effective?

Our findings

Relatives who we spoke with told us that people were well supported by the service. One relative told us, "Everything is fine." Another relative told us, "It is fantastic, such a help." The results of a recent survey by the registered manager showed that all the people who used the service felt the service was very effective at meeting their care needs.

Staff told us, and records confirmed that all staff had received induction training when they first started to work at the service. This covered the necessary areas of basic skills. Staff then received annual updates in relation to basic areas such as safeguarding, medication, health & safety and first aid. One member of staff told us, "I am always being brought to the office for training." Another member of staff told us, "I have recently trained in peptic ulcer and tissue viability." Staff were being supported to undertake the nationally accredited, 'care certificate,' which provides training in how to meet basic care needs. Staff were able to tell us about people's latest care needs and we saw these were in line with people's care plans. One member of staff was being supported to undertake a degree qualification in health and social care.

The registered manager and care co-ordinator conducted observational audits so they could check that staff were demonstrating they had the knowledge to support people in line with their care plans. Staff confirmed that they received regular informal and formal supervision from the registered manager. One member of staff told us, "I am always speaking with the managers." These provided staff with opportunities to reflect on their practice and agree on plans and activities.

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

People told us and records showed that they were regularly involved in commenting on how their care was to be delivered and choosing how they wanted to be supported. One person's relative told us, "They always tell me what's happening." A member of staff told us, "Sometimes she says 'no' and I've got to respect that." People's mental capacity had been assessed when they joined the service to identify if there was any aspects of their care they needed support to make decisions about. When necessary the service had involved other professionals and those close to people to help them express their views.

Records contained details for staff about how people wanted to be supported and there were reminders for staff to seek consent and support people in line with their wishes. Although all the people who use the service were assessed as having mental capacity to make decisions about their care the registered manager demonstrated an understanding of how to support people should they lack this capacity. This included the use of advocates and meetings to make decisions in people's best interests.

Most of the people who used the service were supported to eat and drink by their families. However those

people who required support said they were happy with the assistance they received from staff. Staff we spoke with knew what people liked to eat and drink. One member of staff told us, "She likes salmon and broccoli bake and cups of tea." We saw these preferences were also reflected in the person's care records. There were processes in place should they be needed to monitor people's nutrition when they were felt to be at risk of malnutrition. When necessary people were supported to eat and drink sufficient amounts to promote their wellbeing.

People were supported to make use of the services of a variety of health professionals. One person's relative told us, "They helped her get to hospital and stayed with her until the ambulance arrived to bring her home." There were clear records of communications with other health and social care professionals when people's conditions changed which enabled staff to respond to their latest advice and guidance. The recent records of one person stated, "Hospital appointment went well. No changes to medication." We saw recent feedback from a district nurse who praised staff for the actions they had taken to improve a person's specific condition and reduce the risk of further deterioration. This meant that people would receive the appropriate care promptly when needed.

Is the service caring?

Our findings

People's relatives told us that the registered manager and staff were caring. One relative told us, "They are lovely, such a help." Another relative told us, "I can't do everything. It's good they are there."

Relatives told us that people were supported by the same staff who they liked. This had enabled them to build up positive relationships. One person told us, "I think they are very patient. They know what [person's name] is like". The registered manager confirmed they would endeavour to ensure people were supported by regular staff and respected people's right to choose, where possible, which staff they wanted to be supported by.

Staff spoke fondly about the people they supported and took pleasure in making people happy. One member of staff told us, "She likes lots of cups of tea. I like to make them just right."

People were approached to comment on the care they received and if staff respected their wishes. When necessary the registered manager had involved relatives to help people express their views and comment on the service. The relative of one person told us, "If they need anything they just pop a note through my door. I only live a short walk away." The registered manager provided a variety of ways for people to feedback their views which ensured that no one who used the service would be excluded from expressing themselves if they wanted. We saw the registered manager took action when necessary to ensure people's views were acted upon such as ensuring people were supported at their preferred times. This helped people to feel valued and included.

The registered manager told us they asked people about how they wanted to be cared for and supported when they first started to use the service. We saw that there were clear records for staff of how people wanted to be supported by. Records contained details for staff about how they could promote people's well-being. Examples included how people liked to be addressed, favourite foods and preferred activities. Care plans reflected these preferences.

People told us that the members of staff respected their privacy. There was clear guidance for staff about how to seek permission before entering a person's property and how to maintain their dignity when providing personal care. Care plans promoted people's independence such as instructing staff to support people to deliver their own personal care when they wanted. We saw that the care co-ordinator was actively supporting a person to return home safely from hospital. The person's care records stated that it was one of the person's wishes to live at home.

Is the service responsive?

Our findings

People who used the service said they felt listened to and involved in the service. One person's relative told us, "I feel very involved. They are always asking how can they help."

Staff knew what support people needed to stay well and would respond promptly when people's needs changed. Staff we spoke with could describe people's specific care needs and the actions they would take if there was a change in their conditions. One member of staff told us "I tell her before [we start] what we can do, then she can choose what she wants." The care co-ordinator told us how they were reviewing the care plan of one person so they could meet their latest care needs and preferences when they returned home from hospital.

People were supported to engage in things they liked. The care co-ordinator told us of a television show one person enjoyed and we saw this information was also included for staff in the person's care records. Records contained details for staff about people's preferences such as their favourite foods and drinks and how they wanted to be addressed. People's daily notes showed staff had supported people with the tasks identified as necessary in their care plans. We discussed with the registered manager that further information was required about how people were feeling and their general welfare. This would help inform staff attending later calls about any specific needs people may require support with.

People's call times were regularly reviewed and amended in order to reflect people's preferences. We saw that one person's call times had been changed when they said they wanted to get up earlier during the summer.

People's care and support was planned in partnership with them. We saw that people and those who supported them had regular reviews of their care. Records were regularly updated with information for staff to reflect people's latest needs and wishes. There was guidance for staff about key words and phrase to use so they could communicate in the preferred language of one person who used the service. The registered manager and care co-ordinator conducted visits to people's homes and made regular telephone calls to seek people's views of the service. Clear communication records enable the registered manager to review conversations and assess if care was being provided in line with people's care needs and expressed wishes.

People told us they felt comfortable to complain if something was not right. One person told us, "I've never had to complain. Everything's been fine, but they are nice people, I can speak with them." The registered manager had clear policies and procedures for dealing with complaints although they had not received any formal complaints. A comment from a recent service user satisfaction survey stated, "I know how to complain." People were provided with a copy of the provider's complaints policy when they joined the service which also gave people details of other agencies they could contact if they were unhappy with the service.

Is the service well-led?

Our findings

All the people who used the service told us they were pleased with the support they received. Comments included; "It is brilliant;" "Everything is fine," and "Such a help." A recent service user satisfaction survey showed that all the people were pleased to be supported by the service and would, "Recommend [the service] to other potential service users for domiciliary care."

The registered manager had taken effective action to address concerns from our last inspection about how they monitored the quality of the service. They had introduced an electronic quality monitoring system which reviewed specific aspects of the service. This would alert the registered manager if there was an increase in adverse events such as missed calls or complaints. Incidences were monitored for any patterns or trends in order to prevent them from happening again. The registered manager undertook regular record audits to ensure they were up to date and contained accurate information for staff. Spot checks and competency assessments were undertaken to assess if staff had maintained the skills and knowledge they required to meet people's latest needs. This enable the registered manager to check people were receiving the appropriate support.

Staff told us that the registered manager and care co-ordinator were supportive and led the staff team well. Staff told us they felt valued and listened to. One member of staff told us, "I couldn't do my job without the support of [the managers]," and, "They are a good manager." Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. Staff had recently taken part in a survey to express their views about the service and how it could be improved. Comments were very positive and staff we spoke with stated they had enjoyed working at the service for several years.

There were systems in place to ensure people were involved in commenting on their care plans. These included an annual survey, home visits and telephone reviews to obtain people's views about the quality of the service they received. Responses to these were generally positive. Additional systems were in place when necessary to help people express their views. We saw that the registered manager had taken action to ensure the service developed in order to meet people's changing care needs and preferences. People had the opportunity to influence and develop the service they received.

Staff were regularly involved in reviewing how the service operated and the quality of the care people received. Staff told us and records confirmed they reviewed peoples' care needs and any actions required to improve the service, such as additional training, at regular meetings with the registered manager and care co-ordinator.

The registered manager was aware of their responsibilities to the commission and they demonstrated knowledge of the type of events they were required to notify us of. Their latest inspection ratings were displayed appropriately and the registered manager could explain the principles of promoting an open and transparent culture in line with their required duty of candour.