

Calvern Care Limited

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Inspection report

Calvern 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

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of the inspection, it was providing care to 26 people.

People's experience of using this service:

People experienced a reliable service, with personal care delivered by compassionate, kind and well-trained staff. One person said, "I can't fault them they are very good. Nothing is too much trouble. They are meticulous and always arrive on time. The staff are tremendous and very pleasant. If I need emergency cover they send someone as extra cover. Another person said, "They treat me and my husband with respect. They maintain our privacy. They are brilliant, and we know them all. They are very well trained."

Staff had a good understanding of people's needs and provided person-centred care which put people at the heart of the service. They continued to find ways of supporting people to have a good quality of life.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported by consistent staff. Enough staff were available to ensure people's wellbeing, safety and security were protected. Robust recruitment and selection process' were in place.

Staff were provided with an induction and had been trained to ensure they could meet people's needs.

Positive relationships had developed between people and the staff that supported them. People and their families were involved with care planning and staff knew people well and could explain their histories and personal preferences.

Information included guidance for staff, so they could follow a structured approach to providing person centred care. When people had been supported at the end of their lives, relatives told us, staff were supportive, competent and understanding.

Systems were in place to seek the views of people who used the service and monitor the quality of the service people received. Spot checks, care planning review meetings and audits were carried out on a regular basis.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: This service was last rated Good. (8 June 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive, and inspect the service if risk is indicated.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector and one 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 care service. This person had experience of this type of service.

Service and service type: The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection: We gave the service 48 hours' notice of the inspection site visit, because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection activity started on 30 April 2019. We visited the office location on 1 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did: Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed this information to help plan our inspection.

Before the inspection we sent out questionnaires to some people, so they could share with us their experiences of the service. We also spoke with three people, seven relatives, five members of staff, and the registered manager.

We inspected three care plans, and two staff files. We looked at audits and quality assurance procedures relating to the management of the service, which had been developed and implemented by the provider. When commissioners or visiting health professionals have provided feedback, we have included this within our report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- People told us they were supported by consistent staff who arrived on time. No one we spoke with had experienced a missed visit. One relative said, "[Name] has two staff, who use the hoist. They are never afraid of this task. The staff keeps them safe. There have been no missed calls." Another said, "If the staff is going to be late they contact me. If they are going to be very late then the company will send someone else in a timely manner."
- Some staff told us their rotas did not always include travel time, but when we confirmed this with the office, we found that staff were paid mileage, and were grouped together to work in small geographical patches.
- Appropriate checks had been carried out to ensure the safe recruitment of suitable staff. The registered manager had obtained references and undertaken a Disclosure and Barring Service (DBS) check on staff before they started work to ensure they were not prohibited from working with people who use a health and social care service.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person said, "I feel very safe and I would say yes they are very good."
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- Staff had a good understanding of what abuse was and could describe how they supported people to keep safe. One staff member said, "I have had safeguarding training. I would report any concerns of abuse to my manager, or the with the CQC or the local authority."
- Relevant training had been given in safeguarding and there were policies and procedures to advise staff their responsibilities to enable people to be protected from abuse.

Assessing risk, safety monitoring and management

- Care plans had individual risk assessments which provided guidance for staff to know how to work in a safe way.
- Risk assessments were in place which provided clear instructions for staff, which were individualised, and person-centred.
- Detailed information for staff was available, so they could understand how to support people if they were at risk of falls, malnutrition, dehydration, or if they were at risk of developing pressure ulcers. One staff member said, "There are risk assessments in the file. It has everything about how the person needs to be supported, and highlights what we need to do when the risk is there. These are specific to each person."

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People were supported by staff who were trained and competent to administer people's medicines. One staff member said, "We have had the training, and they carry out regular spot checks. They watch how you give medicines to people, to make sure you are doing it properly."
- People told us they received their medicines in the right way. One relative said, "They dispense [Names] medicines into a little cup and watch them take it. We know they have had their medicine. The company has this well under control."
- One person had their medicine administered in a covert way. Records confirmed that the correct agreement had been obtained, and this was being carried out in the person best interest and in a safe way.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had been given infection control training and had been given personal protective equipment (PPE) to use. For example, disposable gloves and aprons.
- People told us the staff used PPE when they were providing personal care. One relative said, "When washing [Name] they use gloves and aprons and allow them privacy."

Learning lessons when things go wrong

- The registered manager looked at ways learning could take place when things had gone wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were fully consulted when an assessment of their needs had been carried out and told us they had been involved in regular reviews.
- People were asked their views about how their care and support should be delivered and they were encouraged to make their own decisions wherever possible.
- Care plans explored people's needs in a holistic way and focused on outcomes for people. For example, personal interests, backgrounds, hobbies, likes and dislikes, religious and cultural needs had been explored in detail. One relative said, "We have continuity of care for my parents. They have been very supportive, not only to my parents but to us as a family. They communicate very well and follow a very comprehensive care plan."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in a safe and effective way. One relative said, "All of [Names] nutritional needs are met, and they encourage [Name] to make light meals. They always leave a drink out before they go."
- Care plans had detailed information about how to support people to eat and drink safely. For example, detailed guidance from the speech and language team was in place, explaining how the person could be supported to eat and drink in a safe way.
- Staff knew how to support people to eat and drink in a safe way, and could explain how to support people in line with their assessed needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where necessary, staff worked with health and social care professionals to promote people's health and wellbeing.
- Staff observed and recorded how people were each day, so they could check for any changes which might indicate people needed support to access additional health and social care services.
- Appropriate referrals were made to other professionals, such as speech and language professionals or district nurses.

Staff support: induction, training, skills and experience

- People were confident staff were well trained and competent. One person said, "I have no concerns at all. The manager comes now and then to see me. I think the staff are well trained and I would recommend them to others." A relative said, "The staff are very skilled in managing complex needs and show great patience with my relative."

- Staff had a robust induction, which included two weeks of shadowing, before going on to complete the care certificate. The care certificate is a set of agreed standards people who work in social care need to understand.
- Regular supervision was carried out, along with an annual appraisal. One staff member said, "I have had supervision, and spot checks. They look at how you work then put this in writing. We discuss what I did right, or if there is anything I can improve on."

Ensuring consent to care and treatment in line with law and guidance

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had been trained in the principle of the Mental Capacity Act 2005 (MCA)
- People's consent had been obtained when care had commenced and was recorded within people's care plans.
- When people held either Enduring or Lasting power of attorney (EPA or LPA) documents were retained within the care plan. An enduring or lasting power of attorney (EPA or LPA) is a way of giving someone the legal authority to make decisions on a person's behalf if they lack mental capacity.
- People were presumed to have the mental capacity to consent or refuse treatment. When people lacked capacity, appropriate assessments had been carried out, with decisions made prioritising the person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People continued to receive support from staff, who treated them with dignity, respect, and upheld their rights to privacy. One staff member explained, "Showing people dignity is very important. We maintain people's dignity and privacy and make them comfortable. We speak to them and ask what they want. Even if they usually have a routine they may change their mind, so we always ask. We have the time to sit and talk to people."
- Both staff and management were fully committed to ensuring people received the best possible care in a caring way. One relative said, "The staff are very kind to my parents. [Name] can become very frustrated, but they manage this very well. They are kind and patient."

Supporting people to express their views and be involved in making decisions about their care

- People continued to be involved in decisions about their care, and about the support, they were provided with. One person said, "They consult me on my care plan. It runs perfectly. I cannot recommend them highly enough."
- Care plans explored people's needs in a holistic way. For example, people's personal interests, hobbies, likes and dislikes, religious and cultural needs had been explored. One relative said, "They interact well with [Name]. They chat away to [Name] about things they used to do. They know them very well."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us the staff respected people's wishes. One person said, "I am very happy with this service and we get on very well. The staff show me a lot of kindness and respect and will do anything that I ask them to do. They wash my hair and help me get washed and soak my feet, which makes me feel nice."
- People confirmed staff were polite and respected them, their homes and their possessions. One person told us, "I have a key safe, we have never had any safety issues."
- Confidentiality continued to be well maintained at the service, which meant information held about people's health, support needs and medical histories was kept secure.
- People told us staff supported them to maintain their independence. One relative said, "They are very kind and caring. They help [Name] stay independent and continue to live at home."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

End of life care and support

- At the time of the inspection, the registered provider was not delivering care to people who were at the end of their life. However, staff had been given training in end of life care, and policies and procedures were in place.
- When people have ended their life, their relatives told us, their instructions had been carried out. When this support had been given, staff had worked proactively with other health and social care professionals to ensure people had a good end of life. One relative said, "We couldn't have wished for better care for [Name]. The staff did an excellent job."
- When in place, copies of do not resuscitate records (DNARs) were kept within people's care plans.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Detailed assessments of people's needs were carried out and the support to be provided with described in care plans. People and their relatives were involved in reviewing and making decisions about the care they received. One relative said, "The care plan is followed and regularly reviewed. I would recommend this company with no hesitation. "
- Each person's care record contained information about the person's details. This included the person's preferences, interests, and details of individual daily needs such as mobility, personal hygiene, nutrition, and health requirements.
- Care plans gave staff specific information about how the person's care needs were to be met and what staff needed to do to deliver the care in the way the person wanted.
- The service identified people's information and communication needs by assessing them, and staff understood the Accessible Information Standard (AIS). The AIS aims to make sure people with a disability or sensory loss are given information they can understand and the communication support they need.
- People's communication needs were identified, recorded and highlighted in care plans. For example, detailed information was available about how someone could communicate. Such as, [Name] can nod their head to answer yes or no, or by making a noise to indicate their agreement with eyes. Give them time to respond and speak using clear language. These needs were shared appropriately with others.

Improving care quality in response to complaints or concerns

- No one had reason to make a complaint about the service. In the last six months, no complaints had been received. A robust policy was in place to address complaints if they were made. One person said, "The manager is very easy to contact. I have no complaints about my service. None what so ever."
- When their service began, they were given an information pack which outlined how the service operated and how to make a comment or complaint.
- Numerous compliments about the service had been received. One said, "Thank you for all the help, kindness and compassion that you have given [Name.] They wouldn't have been able to stay at home as

long as they did without it. They have been so well cared for."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had been retained, and many staff had worked for the service for a very long time. This had resulted with staff developing strong relationships with people.
- The registered manager listened to their team and responded effectively to any concerns raised. As a result, staff was committed about their work. One staff member said, "The manager always asks if we have any concerns. What is nice is that when we are finished we must call to confirm we are home. It is very good, I must say. It is a good place to work. Everyone has worked here from to 10-15 years. So, they must be happy."
- Quality assurance surveys were completed annually and had a high response rate. The feedback was positive.
- The vision and ethos of the provider was 'to offer a bespoke and flexible service, which met people's needs, by providing a high-quality service.'

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People who used the service, family members and staff were regularly consulted about the quality of the service they received. One relative said, "I have good communication with the office and they know who I am. They are very professional, and I would recommend them. They seem to retain staff and they have provided us with a good continuity of care."
- Systems for monitoring the quality of care being experienced were in place. Staff practice was observed on a regular basis to check if they were working in the correct way.
- The registered manager continued to have a robust approach to quality assurance. They conducted regular audits and improvements were carried out when these had been identified. The quality of the service was monitored and assessed consistently.

Continuous learning and improving care; Working in partnership with others

- People and their relatives told us they were actively encouraged to share their views and provide feedback about the service.
- People had the opportunity to express their views and be listened to in the annual monitoring review survey. We saw this included people's views on all aspects of the service and was analysed to look for any areas that needed improvement.
- The registered manager worked in partnership with other organisations and had worked with the local authority to further develop the service.

- The service worked collaboratively with other services and the registered manager ensured that good practice was shared and acted on throughout the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a well-defined management structure, which provided clear lines of responsibility and accountability.
- The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- People continued to speak positively about the management and leadership of the service. They told us they knew the registered manager and spoke positively about them.
- People told us they were confident in the way the agency was managed. One person said, "The manager is very easy to contact." A relative said, "I have no concerns at all. The manager comes now and then to see me. I think the staff are well trained and I would recommend this service to others."