

Civicare Central Limited

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Inspection report

Suite 3, Orchard House
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Date of inspection visit:
16 January 2019
18 January 2019
21 January 2019

Date of publication:
11 February 2019

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

Civicare Central is regulated to provide personal care and support, including nursing care, to people living in their own homes. There were 80 people receiving services for which CQC registration was required at the time we inspected, including older people and children.

Not everyone using Civicare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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 so.

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 survey. 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.

Morale was good and there was a strong team ethic, with office and care staff working well together. The culture was a supportive and forward-looking one, with clear plans in place for the future.

Further information is in the detailed findings below.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

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.

We visited the service on 16 January 2019 and made further phone calls to people who used the service on 18 and 21 January 2019. The inspection was announced. We gave the provider 48 hours' notice to make sure that staff would be available at the office. The inspection team consisted of one inspector and one Expert by Experience. An Expert by Experience is someone who has experience of the type of care provided.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection.

During the inspection we spoke with eight members of staff: the registered manager, director, business development lead, three care co-ordinators and two care staff. We looked at two people's care plans, risk assessments, medicines records, staff training and recruitment documentation and quality assurance systems.

After the inspection we spoke with seven people who used the service and two relatives. We contacted a further two external health and social care professionals.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe. All people who used the service we spoke with confirmed they were made to feel safe by staff, who never rushed them and ensured they were well looked after. People said "They are very security conscious" and "I do feel safe with all of the carers that the agency provide. I think that's because they are so well-trained." External professionals raised no concerns about the safety of people who used the service and expressed confidence in the ability of staff.

Staffing levels remained appropriate to the needs of people who used the service and the rota was well planned by care co-ordinators who had a good understanding of people's needs, staff personalities and local geography, all of which factored in to planning. There were plans in place should someone miss a care call but people we spoke with confirmed they had never experienced this. Likewise, people confirmed staff were regularly on time and that instances of lateness were rare. People said, "They are always on time" and, "Considering the traffic round here they are usually within about 10 minutes of the time that we expect them. We've never experienced any totally missed calls and on the odd occasion of the carer being caught up in an emergency, someone from the office will always call us to make sure that we are okay." There were clear arrangements in place for out of hours emergencies, which all staff were aware of.

The provider supported children on occasion. All staff received specific children's safeguarding training and the provider had a children's safeguarding policy in place, which had been assessed and approved by the local authority, who commissioned these services. They told us, "Civicare have attended Child in Need meetings where relevant. They have always identified a worker and started promptly and are liked by the young people they work with."

Risk assessments were in place to ensure staff could help keep people safe. These included over-arching assessments of environmental factors that may present a risk, then areas specific to the person, for instance their risk of falls. Where external advice was sought this was incorporated into risk assessments so staff were fully aware of how best to reduce risks. Staff we spoke with demonstrated a sound understanding of these risks.

Staff understood people's medicinal needs and their competence was regularly assessed by senior staff. Medication records were audited regularly and we found no evidence of errors in the documents we reviewed. The provider had regard to guidance issued by the National Institute for Health and Care Excellence. Infection control policies were clear and equipment readily available. People told us, "I've never had to prompt mum's carers about washing their hands or using gloves."

Safeguarding training was in place. Incidents, including accidents and potential safeguarding incidents, were promptly acted on and reported to the relevant agencies. The registered manager engaged with external professionals at an early stage to ensure people were kept safe. They were receptive to our suggestion of more formally analysing the incidents and accidents that occurred. Pre-employment checks continued, for example Disclosure and Barring Service (DBS) checks and identity checks, to ensure

prospective staff did not present a risk to vulnerable adults or children. The provider ensured staff had current MOTs and car insurance in place.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. People who used the service received an effective service from staff who knew them well and who had the necessary skills and knowledge to support them. People said, "I've never had to explain how to do jobs to any of them. They are also excellent at tidying up and making sure that bathrooms and kitchens are wiped down thoroughly," and, "As far as we're concerned, there's never been any issue with the training they receive at all – the carers are great."

All staff told us they were well supported, through an initial induction period and introduction to each person's needs, then refresher training. This included safeguarding, infection control, fire safety, first aid, moving and handling, Mental Capacity Act (MCA), learning disability and Autism awareness and food hygiene. There was a training matrix in place to chart who required training and when. Staff told us, "They make sure you know people's backgrounds before starting," and, "The training is great – lots of face to face." Ongoing support of staff was in place, for instance supervisions, appraisals, competency assessments and staff meetings.

The rota was well planned with no gaps and evidence that people received support from a consistent team of staff. Travel time was included appropriately and the shortest call was thirty minutes in duration. This was in line with guidance by the National Institute for Health and Care Excellence. The rota was shared with staff and people who used the service in advance. People we spoke with confirmed they received this information and staff confirmed they were kept well informed.

People's needs were assessed by the registered manager or senior member of staff prior to care being delivered. This involved a home visit and compiling information about the person's needs, likes, dislikes, and relevant social, spiritual and medical history. We saw there was ongoing liaison with external health and social care professionals to ensure people's needs were met. One told us, "They have always been efficient and proactive." A new 'field supervisor' role was being trialled, which strengthened the link between office staff and care staff.

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. Care documentation demonstrated people had been asked to consent to the care given and the relevant sharing of information. This was in line with the General Data Protection Regulation (GDPR). People told us, "Yes, they always make sure I'm happy," and, "I usually decide which I'm feeling like and then we just arrange the jobs accordingly."

People were supported to make their own meals, or staff prepared meals where this was required. Feedback in this regard was consistently positive, for instance, "As soon as my carer is through the front door, she asks me whether I would like a cup of tea. If I do, the kettle gets put on and I'm usually sitting with a lovely hot

cup of tea that I can enjoy while she organises things." One person who had previously eaten two or three fast food meals per day had been supported by their care worker to try a range of healthier options and was now enjoying these regularly.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring. People who used the service confirmed they were treated with kindness, dignity and respect. They told us, "The girls are all lovely," and "Her carers know her really well because they are seeing her multiple times a week and have had the time to learn her likes and dislikes." Relatives we spoke with gave consistently positive praise about the commitment and attitude of staff. One said, "They are totally committed in my experience and have people's best interests in mind always."

We saw examples of staff completing smaller tasks in addition to their contracted role, where they had time and capacity. This demonstrated they understood what was important to people and also that they were focussed not merely on completing tasks but on ensuring people were content when they left their home. For instance, one person told us, "They'll often say to me that they think my husband's hair could do with a wash and they'll happily find some time to do it for him." Another said, "I very rarely have to ask my carer to do extra jobs because they notice them. Like my washing, or needing to change the bed linen or do a little organising."

Continuity was a theme from the majority of people and their relatives we spoke with. Feedback included, "I'll usually see the same carer," and, "It's never a surprise who's coming through the door, because the office call if there are any changes being made." People were at ease with their carers, having built trusting relationships over time and having confidence in who would come to support them.

Office staff and care staff confirmed the provider did try to 'match' staff to people in terms of their personalities and backgrounds, to ensure there was a good chance of a bond. Staff and people confirmed they were encouraged to spend time getting to know each other and that staff were not unduly rushed. One person said "We like chatting about what's happening in the soaps or other programs that we're all watching."

People's diversities were respected and rights upheld. Responses to the statement in a recent survey, 'My customs and traditions of my culture or background are respected' were uniformly positive. People were encouraged and supported to be fully involved in the planning of their care. People told us for example, "We only started with the agency a few months ago. We had a long conversation with the manager and we talked about everything to do with my health and my care needs. I was asked about the timings of my visits, male or female carers and how the tasks are spread out. I don't think I could have been any more involved than I was."

Recruitment was values-led, meaning the registered manager ensured prospective staff demonstrated caring values in line with the ethos of the organisation prior to any employment.

Staff communicated well with people who used the service and adhered to communication plans. One staff member communicated particularly well with one person whose independence had improved dramatically

since using the service. They demonstrated an excellent knowledge of their needs and aspirations and how that person communicated non-verbally. This information needed better incorporating into the person's file, should there be a change of care staff in future. The registered manager was responsive to this feedback.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People's needs were assessed prior to using the service and then at annual reviews, or earlier if people's needs changed. There was evidence of ongoing liaison with external health and social care professionals to ensure people's needs were met and their wellbeing maintained. New information was acted on and incorporated into care planning, for instance guidance on how to use new piece of equipment to help someone mobilise. Similarly, guidance about how best to identify a potential urinary tract infection (UTI) had been shared with staff and put on file for future reference.

Relatives had confidence in the ability of staff to identify people's changing needs, telling us, "I'm just grateful for the way they notice little changes in mum's overall condition and they always let me know about it straight away." One external professional told us, "My experience has been positive. The staff have met with me and the family to complete their assessment."

Staff took an interest in people's individualities and ensured their desire to learn new things and go to new places was supported. For instance, one person who had previously not taken part in hobbies or interests had been supported to gain voluntary employment and now relished this. This meant staff had regard to the importance of people leading fulfilled lives and also not suffering social isolation.

People and their relatives were regularly asked for their views on the service, whether through care reviews or more informal contact with staff. Additionally, the service undertook surveys. We reviewed the most recent responses and found them to be positive. Staff surveys were also sent out by the management team via an online service, whilst people who used the service were also given the option to share their views via an external reviews website. There was ample opportunity for people who used the service and their relatives to provide any feedback to staff and the registered manager.

The complaints policy was accessible and people we spoke with were comfortable raising concerns if they had to. We saw where concerns had been raised in the past they had been dealt with thoroughly and in line with the policy. No one we spoke with raised any concerns about the service. Relatives said, "Yes, we'd contact the office and ask for the manager to meet with us to discuss any concerns. However, we've never had concerns at all." Survey results reflected this, with over 90% of people being clear about who to contact should they have a problem.

Where appropriate, people were asked about their choices and plans regarding end of life care. This was appropriately documented and the registered manager told us how they worked well with external nurses when people were at this stage. Staff confirmed they received training in end of life care.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

The registered manager, director and the majority of senior staff had been in post for a number of years and demonstrated a comprehensive understanding of the service and the needs of people who used the service. They worked well together, as did care co-ordinators and care staff. They demonstrated a mutual respect for the others' role and shared good team spirit.

People told us they always found office staff helpful and the registered manager approachable, for instance, "We never have a problem getting hold of someone at the office." All staff we spoke with were complimentary about the level of support they received from their immediate line managers and from the registered manager. One staff member told us, "They have been very good with me – always flexible and always listening." The provider had regard to their duty of care towards staff, for instance ensuring they were reminded about the free flu jab for care workers, and being as flexible as practicable with people's need to sometimes work flexibly due to their circumstances.

There were well established systems of governance in place. These included audits of medicine, financial and care records on a monthly basis, as well as annual oversight from the director by way of ISO 9001 certification. This is an internationally recognised means of assuring the auditing and oversight processes in place at a service. They also had in place a clear and sustainable business plan for the next two years.

There was a focus on attempting to continually develop and improve the service. The provider had trialled new methods of logging care staff visits, and a different rota management system, and were not averse to change where it was in the interest of people who used the service. The registered manager and director attended local provider forums where they could share good practice with other providers.

Social media was used as a means of accessibly keeping staff up to date regarding non-confidential matters via a closed facebook group. Social media had also proved successful in the recruitment of staff and the provider used a range of means to try and encourage the recruitment and retention of suitable staff.

Morale was good and staff achievements were celebrated as part of team meetings, for instance the sharing of positive feedback from service users. Where staff had gone 'above and beyond' they were acknowledged and rewarded, for instance receiving a bouquet of flowers after completing care calls via public transport when their care had broken down.

The culture of the service and the conduct of the staff was in line with the key values of the organisation, such as: 'Recognise the individual uniqueness of service users, staff and visitors, and treat them with dignity and respect at all times,' and 'Offer skilled care to enable people to achieve their optimum health and wellbeing.' The service was well-led and well placed to build on this in the future.