

Civicare East Ltd

Civicare East Ltd

Inspection report

47-49 Main Road
Broomfield
Chelmsford
Essex CM1 7BU
Tel: 01245 409250
Website: www.civicare.co.uk/civicare-east

Date of inspection visit: 29 September to 6 October
2015
Date of publication: 12/11/2015

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 

Overall summary

Civicare East Ltd provides personal care services to people in their own home. At the time of our visit the service was supporting 45 people.

Civicare East Ltd has 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.

There were sufficient staff available to meet people needs and people told us that they liked having consistent carers. Staff worked in geographical areas and calls were at least an hour in length enabling staff to spend time with people and meet their needs.

Recruitment procedures were thorough offering protection to people. Staff were clear about safeguarding procedures and the actions they should take to protect people where a concern was identified.

Summary of findings

Medicines were safely managed but the agency was reviewing its practice and was planning changes to further strengthen the arrangements in place.

Risks to people were well managed through a risk assessment process which looked at both environmental and individual risks.

Training was well organised and staff undertook a combination of on line and face to face training. This ensured that they had the skills and knowledge to meet people's needs. Staff were aware of issues with regard to consent and observed the key principles in their day to day work , checking with people that they were happy for them to undertake care tasks before they proceeded.

Support was available to support people to maintain a balanced diet and to access health services.

People were happy with the care they received and had good relationships with staff. They told us that their privacy and dignity was promoted.

Care records were informative and provided staff with detailed guidance enabling them to care for people in a person centred way. Staff knew the needs of individuals they supported and people told us that they were involved in how their care was delivered. People told us that their preferences were respected.

There was a system in place to deal with complaints and people were encouraged to provide feedback.

Leadership was visible and staff felt supported by the manager and office staff. Feedback was sought by the manager in a number of ways including surveying people who used the service. Feedback was used to drive improvement and improve outcomes for people using the service.

Summary of findings

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

There were processes in place to ensure people were protected from the risk of abuse.

Risks were managed through an assessment process

People were supported to receive their medicines safely.

There were appropriate staffing levels to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective.

Training was well organised and provided staff with the knowledge they needed to carry out their role.

Staff understood their responsibilities in relation to consent.

People were supported to access food and drink.

People were supported with their health needs.

Good



Is the service caring?

The service was caring.

People who used the service told us the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected and their independence was promoted.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and as a result they received personalised care.

A system to deal with complaints was in place.

Good



Is the service well-led?

The service was well-led.

Leadership was visible and staff were supported by the manager.

People's views were taken into account.

There were systems in place to drive improvement.

Good



Civicare East 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 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.

The inspection took place between 29 September 2015 and 14 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an 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, and their expertise was in the care of older people.

We reviewed information we held about the provider, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

As part of the inspection we spent two days in Civic East Ltd office. We also visited two individuals who were in receipt of care and spoke with their carer. We interviewed another individual in the office and spoke on the telephone to 10 people. We spoke with three staff from the office team and five care staff.

We reviewed a range of documents and records including care records for people who used the service, records of staff employed, complaints records, and incident records. We looked a range of management records.

Is the service safe?

Our findings

People told us that they found their carers to be kind and helpful. One person said, “I feel like the queen, she gets all that help too.” People felt safe and one person said that they, “Trusted them.” Another said, “The staff support me to stay safe”.

We spoke to staff about their understanding of safeguarding and they demonstrated that they were aware of their responsibilities and the procedures in place. They described how they completed body maps when they noted an injury and provided receipts for any purchases made on people’s behalf. They were able to tell us who they would report concerns to and were confident that the manager would deal appropriately with any concerns. The manager kept a record of safeguarding alerts and the actions that they had taken in respect of these. There was evidence that they identified concerns and worked with the local safeguarding authority on investigations.

Risks were managed. Risk assessments were undertaken to assess any risks to the person using the service and the staff supporting them. This included environmental risks and risks due to the support needs of the person. We saw for example that risks such as mobility and moving and handling were considered. Where a risk was identified a plan to minimise them, was put into place which included giving staff clear guidance about how to use slings and the hoist. There were also arrangements in place to check on dates of the servicing of equipment to ensure that it was safe. The management of risks associated with security were clearly outlined and staff were given detailed guidance about accessing the property and reminders about the steps that they needed to take when leaving.

Staff were alert to risks around nutrition, pressure care and falls. We saw that the staff had sought advice appropriately when a risk had been identified. This advice was incorporated into individual’s plan of care.

There were sufficient staff to meet people’s needs. The majority of calls were an hour in length and the manager

told us that was to ensure that people were not rushed and the care was of a good quality. People told us that that the staff took their time and their needs were met. One person said, “They never rush me, they are very good with me.”

Staff told us that there were enough staff to undertake the calls. One member of staff said, “I like an hour call, everything gets done and you have time to sit down and have a chat.”

Most people told us they had had the same carer (or core team) for a while although it was acknowledged that there had been some recent changes with rounds to reduce travelling time. One person said “We have had the same carer for years she is brilliant almost part of the family. Originally we had a few carers until we found this one lady”. Another relative however told us, “I don’t mind having new staff as it stimulates my (relative) in a social way. It’s nice for them to have new staff they share new stories”.

We looked at the recruitment records for three staff who had recently been appointed. Prospective staff completed an application form which asked for an employment history and where gaps were identified records showed that these were clarified. Checks on people’s suitability were made prior to the commencement of employment. These checks included up to three references including one with the individual’s last employer and Disclosure and Barring Scheme (DBS) checks.

People were supported to receive their medicines as prescribed. One person said, “They just make sure I have taken my tablets”.

The agency currently supports six people with their medication and we saw that there were guidance notes for staff to follow. This included clarification of whether people required prompting or assisting. Staff told us that they felt confident in assisting people with their medication and were informed when people’s medication changed. We saw that where concerns had been identified medication safes were used to manage risks. Medication administration records were checked as part of spot checks and the records were also checked when they were returned to the office. The manager told us that they were intending to strengthen the auditing of medication and were planning to bring in more regular checks.

Is the service effective?

Our findings

None of the people we spoke with were aware of any specific training that staff undertook although everyone felt staff were skilled to carry out their role. One person said, “I feel they know what they are doing.”

Staff told us that they had received an induction which prepared them for their role. One staff member told us that they had shadowed an experienced member of staff and observed how they had provided care, before starting to assist people independently. Staff told us that they had good access to training. A carer told us, “There was lots of training.”

We looked at the records of induction and training and saw that these were detailed and well organised. We saw that staff had been supported to access training on a range of subjects including moving and handling, infection control and emergency first aid. The agency provides staff with a combination of face to face practical training and online training. Staff complete work books and quiz’s to confirm their understanding of what they have learnt and we saw that these were checked and feedback given as required. Mandatory updates were provided on key areas and the service was in the process of implementing the care certificate for new staff.

Staff told us that they could approach office staff at any time if they needed assistance or advice. They confirmed that they met with a manager to discuss their progress and observations were undertaken to check that they were following the policies and procedures. Records confirmed that observations were undertaken to check staff competency in relation to areas such as moving and handling and infection control.

People told us that they were involved in their care and listened to. The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and the agencies responsibilities. The manager was able to give us examples where the agency had ensured that people’s voice was

heard. We observed staff seeking permission from people before intervention. Staff were aware that people had to give consent to care and had the right to make their own decisions.

People who received assistance with meals told us that staff were helpful and prepared what they liked. People told that they had a combination of prepared and freshly cooked meals and that they were given a choice. Staff were aware of the importance of nutrition and the risks posed by diabetes and swallowing problems.

Pen pictures identified the levels of support required and where there were risks around nutrition clear guidance was provided about how the individual should be supported. We observed that the people we spoke with had drinks within reach, which they could access independently.

People were given support to help them stay healthy. One person said, “We go for some exercise every morning and evening.” Another person told us that they and their carer were, “Going to get some new glasses.” Staff knew the individuals they supported well and some had supported individuals for a number of years. Staff told us that they were alert to changes in people’s health needs. They gave us examples of where they had sought specialist advice and had undertaken training from the district nurse to enable them to meet a specific need. One member of staff gave us an example of where they were concerned about an individual’s swallowing and their ability to take their medication safely. They told us they contacted the office who rang the GP for advice about changing their medication to a liquid. Another member staff gave us an example of where they spoke with the district nurse where they had concerns about an individual’s skin integrity and a specialist pressure relieving cushion was provided. Staff were clear about what actions that they needed to take in an emergency and confirmed that they had undertaken training in first aid.

We saw that there were records in place which highlighted allergies and specific health conditions and how they should be managed.

Is the service caring?

Our findings

People were happy with their care, and told us that they had good relationships with staff. They told us that they received care from a consistent group of carers who knew them well. One person told us that the carers were, “Wonderful” and, “That they enjoyed what they do.” Another person said, “I feel quite comfortable with them. One is a bit like a friend, she is a bit older, she will sit and chat to me once everything is done.” Staff spoke about the individuals they supported in a fond and caring way. One member of staff said, “We build relationships with people.”

People told us that they were involved in making decisions about their care. One person told us, “They will do whatever you want.” We observed a carer asking an individual about their preferences and waiting for a response before moving forward. Staff we spoke with knew the individuals they supported well and were able to give a detailed account of their needs. They appreciated having time to spend with people and build up a relationship. One member of staff said, “I like the way they allow us to do things with people, it is not a rush to do and leave.” We saw records which showed that people had been involved in the assessment and review process and individual’s wishes were recorded. Advocacy arrangements were outlined in the statement of purpose.

We observed staff in the office speaking to people on the telephone in a warm and caring manner. The office staff were familiar with people’s needs and on occasions delivered care. All the staff we spoke with including the management, office and care staff, referred to people in a respectful and caring way.

Everyone told us that staff treated them with dignity and respect and no one felt rushed by staff. One person said, “The staff are very nice, they never rush me.” Another person told us,

“The staff always speak nicely to me.”

Staff told us that they were dignity champions and that they had signed up to this national initiative where people pledge to challenge poor care and act as good role models. They understood the principles of privacy and dignity and described how they ensured that these were respected by for example drawing curtains and closing doors before providing personal care. We noted that the service user questionnaire asked people about privacy and whether individuals had control and choice over the care they received. The results were positive.

Is the service responsive?

Our findings

People told us that they had documentation which told staff what their needs were. No one knew it as 'a care plan' as such but some people said it was signed everyday by staff after their visit. We saw that when individuals first started to receive a service, assessments were undertaken to identify their support needs. This assessment which covered areas such as appetite, allergies, mobility and activities of daily living. This assessment formed the basis of their care plan and pen picture.

These pen pictures gave descriptions of people's needs and the actions that care staff should take to meet them. The documentation varied in detail depending on the level of intervention but some were very individualised, detailing people's food preferences as well as giving practical guidance. We saw that when people's needs or preferences changed this plan was updated.

People confirmed that they had been asked about their preferences for a male or female carer. One person said, "I don't mind male or female as long as they look after me".

People told us they were happy with the service they received but could not always recall having a review of their needs. The manager told us that reviews were undertaken on a yearly basis but more often if people's needs changed. We saw records which showed that reviews were taking place and changed made to how care was delivered if required.

Staff we spoke with were knowledgeable about the needs of the individuals they supported and their preferences. They were able to describe what individuals enjoyed and what worked well. One carer gave us examples of how they promoted people's independence, and said, "It is important not to take over."

The manager was aware that if people needed extra support during a visit, this could cause staff to be late for their next call. They encouraged staff to call into the office if they were running late so the office could warn the next person. They told us that they tried to ensure staff had sufficient time to travel in between calls and had made a number of changes to minimise travel. They told us that they reminded staff to make sure they work the whole allotted time with each person.

People told us that they would speak with the office if they had a concern. One person told us that they had raised a concern about a carer and the agency had acted on it and arranged a different carer. Another person said, "If I had a problem I would speak to the boss, I know the telephone number but not sure who to speak to".

The manager told us that "Little acorns make big trees" and it was important to address small concerns promptly before they become an issue. They gave us examples of how they had dealt with concerns by arranging a meeting with the family or getting specialist support from a health care professional. We looked at the records of complaints and saw that only a small number had been made since the last inspection. We saw that the agency had taken steps to investigate the issues raised.

Is the service well-led?

Our findings

People told us that they were happy with the quality of the service they received. They did not all know the manager by name but expressed confidence in the agency as a whole.

The atmosphere in the office was friendly and professional. We observed care staff ringing for advice and heard the office staff giving guidance and offering to come out to assist. A number of staff came into the office during the inspection and those we spoke with confirmed that they were encouraged to drop in and discuss matters. The manager said that they tried to create an open culture at the service and were always happy to look at how they did things. Staff were positive about the support they received. One person said, “Sometimes staff moan but if the manager knows about it they will sort it.” Another member of staff said, “The manager’s door is always open and if there is problem they encourage us to sit down and talk about it so that we can find a solution.”

The manager was aware of their responsibilities and had recently completed further management training to build on their knowledge and skills. The agency was developing links with the local community and staff were involved in various fund raising initiatives for charity.

Monthly newsletters were produced to ensure staff were up to date on a range of areas including changes to policies and new training opportunities. The newsletters were written in a friendly style and gave staff good practice pointers. A newsletter was also produced for people who use the service each quarter and this provides updates on changes of personnel as well as health tips. The summer edition had an article on “How to keep Hydrated.”

The manager told us that they maintained an on-call rota. The manager or one of the senior staff was on call via a mobile phone when the office was closed. This ensured that someone was available for people and staff to contact at all times with any concerns or issues. The majority of staff we spoke with told us that they could always get hold of someone if they needed. The manager told us that staff who undertook on call duties did not undertake shifts to enable them to respond in an emergency.

There were a number of systems in place to check on the quality of care being provided. This included spot checks, questionnaires and an external audit by an independent consultant.

The manager told us that one of the changes that they had introduced as a result of feedback was to call people who use the service to advise them if there was a change of carer. This meant that people knew who was arriving in advance when there were changes due to sickness and holidays.

Staff confirmed they received supervisions and spot checks. Records were available which confirmed that these were undertaken on a regular basis. We saw that observations were undertaken of care practices such as how people were being assisted to mobilise and further guidance given if required. We saw that questionnaires had recently been sent out to staff and people who use the service. The results had not been formally collated but the initial analysis was positive. The results of the previous survey was on display and the comments from staff included

“I wouldn’t work anywhere else.” Another comment was “I love my work and (colleagues) are helpful, cheerful and considerate.”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.