

Carers Sitting Service

Carers Sitting Service

Inspection report

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Date of inspection visit:
05 November 2019

Date of publication:
15 November 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

About the service

Carers Sitting Service provides domiciliary care and a sitting service to 35 people at the time of the inspection. It provides personal care for some people living in their own homes, so they can live as independently as possible.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People received safe care from staff who knew how to protect them from harm and reduce the risk of infection. The staff had received the required recruitment checks and people received a consistent service from the same staff. When people required support with their medicine this was done in accordance with national guidance. When events had occurred, lessons had been learnt and used to drive improvements.

Staff had received training and an induction for their role. Information was accessible to enable staff to support people with their health care and nutritional needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care was provided in a caring and respectful manner. People and relatives had shared their appreciation through surveys and regular feedback to the service. Relationships had been developed. People's confidentiality had been maintained.

The care plans provided the information which included details shared by the people and family or friends which were important to them. The service was responsive to people's needs. They had worked with a local company to support people when they were end of life to ensure they could remain at home. The provider had not received any complaints, but had systems in place to address any concerns.

The service was managed by a committee as it was a not for profit organisation. The registered manager worked with the committee to ensure they followed all the requirements to meet the regulations. Audits were completed regularly, and this informed changes to drive improvements. Staff and people were able to contribute to the service. Staff work in partnerships to provide improved health care or to support people's wellbeing. The provider had displayed their rating as required.

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

Rating at last inspection

The last rating for this service was Good (published 21 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Carers Sitting Service

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. The provider in this instance was a committee as the service is a not for profit organisation.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, financial clerk, office

support and two support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns. One member of staff said, "We are the eyes and ears out there so it's important we report any concerns."
- The people and the relative we spoke with told us they trusted all the staff and would be happy to raise concerns with any of them.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks had been assessed to ensure the environment or any tasks had been considered safely. Where specific guidance was required this had been provided.
- Some staff used their car to take people out, the required documentation had been completed and the risk assessment identified how to support people when travelling.
- When any changes had occurred the risk assessment had been reviewed and any additional training or guidance was arranged. This meant lessons were learnt from changing events.
- The office environment had maintenance and safety checks in place. For example, fire evacuation procedures and electrical items had been checked.

Staffing and recruitment

- There were enough staff to support people's needs. Each person was allocated regular staff, and this proved to be a real value for people based on the feedback received. One person said, "I have the same staff and now they have become part of the family. It's like having another daughter."
- Arrangements were made four weeks in advance so that people and staff had their work set out. Staff told us, "It's useful as you can plan ahead, however if you need to do an extra shift or change your plans the office are really flexible."
- When new staff supported people, they were introduced beforehand by the registered manager. They told us, "It's our policy, so that everyone has an introduction, no one wants a stranger walking into their home."
- Safe and effective recruitment practices were followed to help ensure staff were of good character and able to do their job. The necessary checks were completed, which included references and background checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- For the majority of people using the service, they remained in control of their own medicine's management. However, when people required support this was completed safely and in line with the

provider's policy.

- Staff had received training in medicine management and before they were able to administer any medicine their competency had been assessed.
- We reviewed medicine records and saw they had been completed correctly. At the end of each four-week cycle, the registered manager reviewed the record sheets and detailed any errors. From these they supported staff to receive further training.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE), which they used to when supporting people with personal care or meal preparation.
- Staff were able to obtain PPE, from the office. One staff member told us, "You just ask, and they give you what you need. I have some in my car and we keep boxes at some people's homes."
- Staff had received training in food hygiene, this was so they followed the correct preparation and storage of food.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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's needs and preferences were assessed, and all information reviewed before the service commenced their support.
- All information was obtained about people's health conditions and this included liaison with the required professionals. This meant that information was shared with the staff to ensure people's needs would be met.

Staff support: induction, training, skills and experience

- Staff had received the required training for their role. Staff we spoke with said, "The training is good, it's often common sense, but the training adds to it."
- When new staff commenced their role, they received support from established staff and were introduced to people. One staff member said, "They're really supportive here. You always get introduced so you never go in blind and you are given all the information."

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

- Staff provided people with support for their meals. This was in accordance with people's preferences. People told us, "Staff look in the fridge and then give me a choice, they are very accommodating."
- Staff told us they always gave the options available to the person. One staff member said, "One person asked for soup for breakfast the other day, they just fancied it. It was their choice."
- Staff left people with refreshments and snacks between calls, so they didn't get thirsty.

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

- People retained control of their health care needs, however staff supported them, when required, to make or attend appointments. A relative told us, "Recently the staff arranged an appointment and took [name] to the GP's and I met them there. It is so reassuring."
- Care plans had been updated following any changes in health need. For example, medicines changes.

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

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- All the people currently using the service had the capacity to make decisions and choices about how they received their care.
- Staff understood their responsibilities to ensure they had consent to provide care. They told us how they used different communication techniques, for example an electronic tablet, to help people to make a decision.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's diverse needs were considered. This included understanding any spiritual needs.
- When people received care, they were given the choice of the gender of the care staff. The registered manager told us, "We have male carers and the men enjoy their company. We aim to match people up as best we can, in terms of preferred gender and personality."
- All the people we spoke with and the feedback we reviewed praised the service for providing consistent staff. One person told us, "Absolutely delighted and would not move away from this agency." A relative added to this, "With the support I am now able to be a daughter again."
- People were able to build relationships with staff had the time to really get to know people. One staff member said, "I have two hours with [name], so you really get to know each other."

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

- People were included in planning their care and able to make changes to support their needs.
- One relative said, "I can't praise the staff highly enough, [name] and my life is so much better with this support."
- People told us they had been able to establish relationships with the staff and this had a positive impact on their well-being. One person said, "The staff are all good, I cannot fault them. Nothing is too much trouble, they turn their hand to whatever I need."

Respecting and promoting people's privacy, dignity and independence

- People's care plans had detailed daily routines which stated how to maintain the person's independence through prompts; for example, encouraging them to do some aspects of their personal care
- When people received personal care, this was done in a respectful and dignified way. One person told us, "I was embarrassed to begin with, but now I know the staff I feel comfortable."
- Information was kept confidential and only shared with the staff who needed to receive that information. When people had a key safe, for storage of keys to their property the code was maintained in a secure place.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- All the people had a care plan which had been completed with them. Once the care was completed, people were supported to read the plan and when happy with the planned care sign their consent.
- Staff told us that all the information they required was included in the care plan and they had the opportunity to read the plans. Staff had also contributed to reviews or changes which meant they felt part of the care planning arrangements.
- Each person had a 'grab sheet' in their folder, this contained a summary of information should the person be required to receive medical attention.
- People's care was flexible, and planned calls had been amended to meet people's requests. For example, an earlier call to attend an appointment.
- Staff had access to support out of office hours, should they require advice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- All the people using the service were able to understand the written word. However, the registered manager offered large print. One person had requested the registered manager to read the care plan through before signing.
- Some people used electronic devices to aid their communication and staff encouraged this method to support decision making.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's package of care involved them being supported to access community events or activities which supported their interests and hobbies.
- We saw that people had enjoyed social time with friends and this was supported.
- Important relationships were also maintained. For example, the care staff would support the person to visit their partners who had moved into a care home. On other occasions staff had visited the person's partner when they had been unable to attend themselves.

Improving care quality in response to complaints or concerns

- There was a complaint policy available and this was included in the service information. However, there had been no complaints since our last inspection .
- One person had commented on the survey, 'No complaints. A first class service. It's so good to have time out knowing that [name] is being cared for by someone I can trust.'
- People we spoke to supported this view and had no concerns about their care, however felt confident they could raise things if they needed to.

End of life care and support

- No one was currently receiving end of life care. However, the registered manager had ensured that this area had been covered in care planning. This included any health requests and care needs.
- The service worked with Helen's Trust, this is a support service caring for people with any terminal illness who wished to remain in their own home. Staff had been able to work alongside other professionals to ensure people remained at home.
- Additional end of life training had been made available and this had been shared with staff at the meetings and supervisions.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the importance of duty of candour. They were open and transparent with people which was reflected in any communications or when making changes to care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People we spoke with told us they felt the service was open and responsive to their needs. One person told us, "Staff respond well to my needs and promote my independence."
- Staff felt the committee and the registered manager were supportive and had an open policy which they worked to. One staff member said, "It's a friendly company, they look after me and the people. It's a really good company to work for."
- The registered manager worked with a range of partners to support the people to maintain their health and wellbeing. For example, social and health care professionals. They also worked with the local community to promote their services.

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

- The registered manager completed a range of audits and checks on the service to ensure that the quality was maintained. For example, they reviewed any medicines administration records, completed audits on the care plans and evaluated the telephone and postal surveys.
- They also completed a daily check on the work being completed by staff. This was through an electronic recording system. This logged the times staff arrived at a location and when they departed. This enabled the registered manager to confirm if they had arrived promptly and stayed the allocated time.
- At the last inspection the manager had not been registered, at this inspection they had completed their registration and were aware of the required responsibilities. The service is run on a not for profit basis and run by a committee who meet on a bi monthly basis to support the governance of the service.
- The registered manager was aware of the need to send us notifications about important events, however since our last inspection none had occurred which would be reportable.
- The provider had displayed their rating at the location and on their website.
- At the bi monthly meetings with the committee, the registered manager and the financial office clerk provide a detailed report. This covered all aspects of the service and enabled the committee to make

decision about any improvements or changes to the service.

- The committee also completed their own audits on the service between the meetings, to check on the standards of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings were held twice yearly. They had a learning element along with social engagement. For example, the committee provided food for staff when they attended the meetings. At previous meetings there had been a focus on the medicine's administration records and at the most recent meeting a focus on end of life training.
- People's views about the service were encouraged and used to drive improvement. The registered manager ensured an annual survey was completed. We reviewed the data from the last survey, all the responses received were positive and reflected comments of thanks and appreciation for the care they have received and the staff who provided it. For example, "I can't praise the Carers Sitting Service enough and would highly recommend them. It has made a tremendous difference and [name] is so much happier and is glad of the care."
- At our last inspection we made a suggestion about obtaining people's views throughout the year. The registered manager had taken this on board and now completed telephone surveys every three months. This demonstrates a focus on continual learning and improvement.