

Contrast Care Limited Support Service

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Type of inspection: Unannounced
Inspection completed on: 6 April 2017

Service provided by:
Contrast Care Limited

Service provider number:
SP2015012617

Care service number:
CS2015342597

About the service

Contrast Care Limited is a service that is owned and managed by an individual. The service was registered with us to provide a care at home support service to adults or older adults who live in their own homes. This was Contrast Care Limited's first inspection since they registered.

At the time of inspection the service was supporting 12 people. Services were arranged through NHS Highland and some people were being supported to manage their Self Directed Support budget under option 2, which is often referred to as an Individual Service Fund.

The service had a mission statement which said:

We are dedicated to providing a team of compassionate carers to work in partnership with and provide quality care to people in the community. We will work to the highest standards of care and focus on employee excellence by implementing a culture of learning in the workplace.

Contrast Care Limited aims and objectives were:

- 1. Deliver a high quality, person-centred care service that is responsive to individual service users needs and improves overall quality of life.***
- 2. Ensure care delivered is respectful of each service user's rights to make informed decisions, promoting independence, equality and diversity and ensuring the right to privacy and dignity at all times.***
- 3. By adopting an outcome-focused approach, aim to achieve the goals and priorities identified by the service users at a time that suits them***
- 4. Provide continuity of care with one key member of staff to be assigned to each individual service user***
- 5. Ensure the development of knowledge and skills through formal qualifications and by implementing a programme of training and development***
- 6. Provide leadership, guidance and support for staff at all times and encourage staff involvement and ideas.***
- 7. Complaints and feedback mechanism in place for both staff and service user to ensure continual improvement.***

Contrast Care Limited was registered with the Care Inspectorate on 7 April 2016.

What people told us

As part of the inspection process we gathered peoples views in a variety of ways. Prior to the start of the inspection we asked the manager to hand out:

- Five Care Standard Questionnaires to people who were supported by the service and we received four back.
- Five staff questionnaires for staff and we received two back.

We spoke with:

- Three people supported by the service
- Three family members.

Things people told us were:

- 'I can't believe how lucky we are'
- 'I can think of no ways to improve the service'
- 'Great staff - they couldn't do anymore'
- 'I am very satisfied with this service'
- 'Angela and her team are fantastic'.

People we spoke with only had praise for the staff and the service they were receiving and this was reflected in our findings from this inspection.

Self assessment

We no longer request self-assessments from this type of service.

We spoke with the manager about improvement and development plans for the service. The manager had not formalised an improvement and development plan on paper, but had been able to tell us what developments or improvements they had planned. The manager was looking to create a plan for development over the coming months.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	3 - Adequate
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

The service was offering very good levels of care and support to people the service supported. The manager and staff had formed positive relations with people who were supported by the service.

The service had a service user handbook which informed people what they should expect from Contrast Care Limited. People were given a copy of this when they were considering support from the organisation to allow them to make an informed choice.

The manager met with people initially, getting to know their support needs and establishing their wider support networks. Through the initial support period the manager was able to built up clear knowledge about peoples support needs, building those professional relationships with people who were using the service. Additionally this meant the manager was able to confirm assessed support needs and create with the person their individualised care and support plans which considered appropriately any risks involved. Support and care plans linked well with peoples individual outcomes which meant the service was focussed on how their support could enable outcomes to be met.

Risk assessments were comprehensive in their approach and linked individually in a person centred manner in most areas. When the service considered medication within risk assessments we felt there the wording could be more person centred, rather than using a generic phrase. We also noted that headings sometimes changed within risk assessment documentation which made it less clear what the control measures were. **(See recommendation 1)**

People's care and support had been reviewed within the required six month periods, or sooner if their needs had changed and there was very good evidence of peoples involvement in these reviews. The link to people's outcomes was not as strong within the review paperwork and we discussed ways this could be developed.

People we spoke with were extremely satisfied with the care and support they were receiving and valued the strong relationships they had with the manager and staff.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The manager should review how they complete risk assessments to make sure they are:

- person centred in their completion,
- and the control measures are easily identifiable against the areas of assessed risk.

In making this recommendation we considered:

National Care Standards Care at Home: Standard 3 - Your personal plan.

Grade: 5 - very good

Quality of staffing

Findings from the inspection

The quality of staffing within the service was good. There was 11 staff who worked within the service who were in close contact with the manager regularly.

The manager directly managed the recruitment of staff and had largely implemented a robust process to ensure staff were recruited safely. The manager had systems in place to deal with some of the challenges involved with recruitment, for example references which give very little information. We discussed with the manager a document called "Safer Recruitment Through Better Recruitment" which is a guidance document that can be used to develop robust recruitment practices. To develop recruitment the manager should look at ways they can involve people who are supported by the service in the recruitment process.

The manager had created an induction plan for new staff and we found evidence of inductions taking place. Staff were trained on key areas they needed to carry out the job roles they were employed to do. The manager

organised monthly training sessions with an external training provider and there was a plan in place for what topics would be covered, for example health and safety, palliative care or adults support and protection. The manager had plans to develop these sessions further allowing opportunities for team meetings, or supervisions to take place. At present the manager had taken the decision to work in the service delivering care, which meant more staff were then able to attend the training sessions. The manager knew what training people needed and there were appropriate records, but we have asked the manager to create a training needs analysis and training plan to ensure training needs continued to be met. **(See recommendation 1)**

The organisation had a three monthly probationary period and staff were verbally confirmed in post. Although the manager was in close contact with staff regularly there hadn't been regular opportunities for staff supervision and team meetings. The manager was aware of this and had identified ways to address this. **(See recommendation 2)**

The manager was delivering direct care regularly which allowed them the opportunity to gather peoples views about the service. The manager was looking at ways to develop this more formally, for example the manager was looking at questionnaires that people could complete and the manager had asked a supported person to be support in composing the questionnaires.

People we spoke with told us the manager and staff were providing a very positive service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The manager should consider creating a training needs analysis which sets out the following:

- what training is required for staff working within the service,
- who will be providing the training,
- and when does the training need to be renewed or refreshed.

In making this recommendation we considered:

National Care Standards, Care at Home: Standard 4 – Management and staffing arrangements.

2. The manager should consider their supervision and staff support policies to ensure that:

- staff are offered a formal probationary review meeting to identify their performance and their on-going continued professional development needs,
- staff are offered formal staff support from their line manager regularly,
- staff team meetings are introduced and take place regularly.

In making this recommendation we considered:

National Care Standards, Care at Home: Standard 4 – Management and staffing arrangements.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The manager was providing a good standard of management and leadership by being in close contact with staff and supported people which enabled good and effective leadership.

The manager had clear standards which were expected as part of the service aims and objectives. People we spoke to felt they were receiving really good care and they found the manager to be very approachable. Staff told us they felt the manager was very supportive and was in close contact with them often. They also felt they were able to contact the manager whenever they needed assistance. People's views were being gained regularly in an informal approach and the manager was taking action when required.

The manager worked alongside staff when they were introduced to a person they would be supporting and this enabled the manager to set out the expectations and standards of care staff were to offer. Feedback from people who the service supports was very positive about this had allowed them to get to know the staff members.

Quality assurance relied on the manager of the service and the manager was able to demonstrate good knowledge about what was working and what was being or to be developed. The manager had identified a number of areas they were developing, for example their policy and procedures which had commenced

recently. Therefore the manager should develop formal quality assurance processes to monitor and evaluate how the service is performing, linking this in to an improvement and development plan. **(See recommendation 1).**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should put in place comprehensive and robust quality assurance mechanisms that:

- evaluate all areas of the service highlighting areas for improvement or development
- then allows the provider to create an action plan to address areas that require improvement or development and
- continually monitor performance within the service.

In making this recommendation we have considered:

National Care Standards, Care at Home: Standard 4 - Management and staffing arrangements.

Grade: 4 - good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

This service does not have any prior inspection history or grades.

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