

# Care 121 Services Ltd

## Head office

### Inspection report

Business And Technology Centre  
Bessemer Drive  
Stevenage  
Hertfordshire  
SG1 2DX

Tel: 01438537444

Date of inspection visit:  
27 April 2017

Date of publication:  
30 May 2017

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection was carried out on 27 and 28 April 2017 and was announced. This was the service's first inspection since registering with the Care Quality Commission in October 2016.

Head Office [Care 121 Services Ltd] provides personal care for people living in their own homes. At the time of the inspection five people were receiving a service from them.

The service did not have a manager who was registered with the Care Quality Commission (CQC). At the time of the inspection the previous manager had left and a new manager was in the process of registering. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Prior to this inspection we had received information that suggested people were at risk of harm. When we inspected Head Office we found no evidence to support these concerns, however we found that further development was required in areas relating to management of the service.

People told us they felt safe and their individual risks were assessed and managed. There were sufficient staff available to meet people's needs who had undergone rigorous employment checks prior to working in the service. People who required their medicines to be administered to them received these as the prescriber intended.

People were supported by staff who had received appropriate supervision and day to day support from the management team. People's consent was sought before care was offered and the staff were familiar with the principles of the Mental Capacity Act 2005. People were supported to eat and drink enough to maintain a healthy diet and health professionals were contacted on people's behalf if needed.

People told us they were treated with dignity and respect and were involved in planning and reviewing their care. Their confidentiality was promoted and records were held securely.

People received personalised care that met their needs and there was effective communication within the service to help ensure staff had up to date information. People were supported with interests important to them and staff amended their social interaction with people based on their individual needs. There had been no complaints to review but people knew who to speak with if they had a complaint.

There were systems in place to monitor the quality of the service however these at the time of inspection had not been effectively utilised. These were being developed further to support an increase in people who used the service when needed. People's care records lacked detail about the person, and were not updated when people's needs changed. People knew the manager and told us they felt the service was well run. Staff were very positive about the new manager and management team.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by sufficient numbers of staff who had been recruited following a robust process.

People told us they felt safe with the care provided by staff who had been trained to identify potential areas of abuse or harm and respond accordingly.

Risks to people's safety and welfare were managed safely by staff, but not always clearly documented.

People received their medicines as the prescriber intended, but records relating to medicines management required updating.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were supported by the manager.

People's consent was sought before care was offered.

People were supported to eat and drink sufficient amounts.

People were referred to various health professionals where needed.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People and relatives were involved in planning and reviewing their care.

Confidentiality was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

Staff were aware of how to meet peoples preferences and shared effective communication regarding peoples needs between them.

People were supported with individual interests and social interaction.

There had been no complaints received but people knew who to speak with if they had a complaint.

### **Is the service well-led?**

The service was not consistently well led.

The service did not have a registered manager in post.

Further development was needed to ensure peoples records were continually updated as their needs were identified.

Systems in place to monitor the quality of the service were being developed.

People and relatives told us they felt the service was well managed and communicated with them positively.

Staff and people were positive about the provider and management team. .

**Requires Improvement** ●

# Head office

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and carried out by two inspectors. We gave the provider 48 hours' notice to ensure that they would be available to support us with our inspection and to ensure staff were available for us to speak with.

Prior to the inspection we received concerning information suggesting people were at risk of harm because they did not receive safe care when being assisted with their personal care needs, and that assessments of people's needs were not safely carried out prior to care being delivered.

We reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We spoke with a health professional from the local authority commissioning team regarding the care at Head Office.

During the inspection we spoke with two people who used the service, one persons relative, two staff members, the administrator, the manager and the provider. We viewed information relating to three people's care and support and we also reviewed records relating to the management of the service including employment records, auditing tools and training and development records.

## Is the service safe?

### Our findings

People told us they felt safe. One person told us, "I do feel safe, they [staff] are very good and I am very comfortable with them around." Staff spoken with were aware of how to recognise and report signs of abuse and had received training at induction in this area. Where staff identified a concern they documented this and where an injury occurred also completed a body map. However there was some inconsistency with how the incident was reported to the management team, although we have reported on this in the well led section in more detail as staff took the appropriate approach to keep people safe. For example, when staff were concerned about possible financial concerns they raised this to the local authority. The management team had a good understanding of how to respond to any concerns about people's welfare and visited people in their homes frequently throughout the week, ensuring people were satisfied with the care they received when they spoke with them.

There were sufficient numbers of staff available to provide care for people. The provider told us they had reviewed people's care needs since the concerns raised in January 2017 and people were allocated care staff who were matched to their particular needs. One person told us, "They are always on time and they spend with me as long as I need. Usually one hour but it can take a bit longer or less time depends on what I need them to do." People confirmed their calls were at the time they requested and for the length of time they were booked for. People told us that staff also had time to carry out extra tasks when needed. Staff spoken with told us they had sufficient time to spend with people and did not feel rushed. One staff member said, "I had one person who was new to me and just reading the file is not enough to get to know them, the call was for an hour but it took me two as I needed to understand them and how they needed their care given." Staff told us they were not under pressure by the provider to cover other calls or to cut the length of their call to accommodate short notice absences or emergencies. People and relatives confirmed that the consistency of staffing had improved since the management changes. One person's relative said, "Staff comes in on time and there are no issues with missed visits anymore there was one in the beginning but none since."

People told us they felt that individual risks were assessed and managed positively. People had a full reassessment undertaken following the departure of the previous registered manager which identified current areas of risk. For example, one person with diabetes had this accurately documented in their care plan and staff liaised with health professionals to monitor this person's condition. Staff had been provided with specific training in this area to meet the person's needs and staff were able to describe the care they provided daily to this person. This person's relative confirmed the care staff provided was safe by telling us, "[Person] often has low blood sugars but the care staff, especially [Staff member], are very aware of what the symptoms are and they will give [person] something to eat." We saw for other people risks were identified and monitored, for example those people at risk of skin integrity breakdown were assessed and reviewed, and people at risk of weight loss had their food and fluid intake monitored.

When people were initially assessed prior to care being carried out, staff carried out a thorough risk assessment of the person's environment. This enabled staff to identify any potential risks such as trip hazards and to identify any risks that may be present to either the staff member or person when care is

provided. For example by assessing the space available to carry out certain care tasks safely.

Staff told us they frequently discussed with the management team any changes to people's needs, and that they responded promptly when needed. This meant that although the care records did not document accurately the change in people's needs, staff had shared the risks through handover and responded accordingly.

The service followed a robust recruitment process that helped to ensure staff were of sufficiently good character to work in a care setting. We saw that application forms were completed, gaps in employment history were explored, references were sought, staff identities were checked and there were criminal record checks undertaken prior to staff starting work. Where any concerns were identified following these reference checks, the provider completed a robust risk assessment to ensure staff were safely employed to work with people.

People received their medicines as the prescriber intended and their medicines were handled in a safe manner. Where people required medicines to be given at specific times, these happened when required, and all staff who administered people's medicines had received the appropriate training to do so. The provider carried out spot checks of people's medicines to ensure they were managed safely, and medicine records had been completed as medicines were given. Where staff applied creams to people prescribed by a doctor, they made a note within the care record to note they had done so. We did find that when people were away from home, or in hospital, staff did not indicate this in the record and left this blank. When staff entered new medicines onto the MAR they did not record any carried forward stocks, however this did not suggest people had not received their medicine. The provider told us that some people were not always able to communicate their needs, such as pain or continence. Those people had been prescribed medicines to manage this on an as required basis, however documented guidance was not available to staff to follow that informed them how the person would communicate their needs. These areas for documentation have been reported on in the well led section.

## Is the service effective?

### Our findings

People told us they felt the staff were experienced and were skilled and knowledgeable. One person told us, "The carers are very good and well trained and I am very comfortable with them around."

Staff told us they completed an induction when they started work with the service and this covered areas which included moving and handling, safeguarding people from abuse, health and safety and infection control. The provider had recently reviewed the training provided to staff and had sought support with providing additional training through a local training organisation. The provider told us that they were looking to provide training for staff in key areas such as dementia, which would then enable staff to take on 'Champion' roles in specific areas and to then support and develop colleagues.

Staff competency was further tested during regular spot checks and during supervision meetings. Staff told us that although the training and support provided to them was sufficient. One staff member told us, "The training and support from the office is good, I can always get the help I need and find the supervisions really useful."

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. We checked whether the service was working within the principles of the MCA and found that they were.

People's consent was sought before care was offered. One person said, "They do everything I ask them to do, and they always check that I am happy with what they want to do. I signed my care plan to say I am happy with it." Staff demonstrated a clear understanding of their role in relation to capacity and consent. The manager also had a good working knowledge of when an assessment of capacity may be required where a person's ability to make decisions had reduced. They were familiar with the need for family members to have legal authority if they were making decisions on a person's behalf.

People were supported to eat healthily and maintain their nutritional intake. Staff were able to tell us about people's particular needs in relation to food and fluid, and were clear about how they supported people either at risk of being underweight, or those who required a specific diet. For example, we were told about one person who was diabetic and how staff needed to be aware of certain foods they were unable to eat.

Staff when concerned about people's changing health needs contacted the manager who then referred people to various health professionals. For example we were told about one person's diabetes needs and saw that staff regularly reviewed the person along with the district nurse, and would refer them for specialist support when required. Staff worked with a range of other professionals including the GP, district nursing teams, pharmacists and social work teams.



## Is the service caring?

### Our findings

People told us they were treated with dignity and kindness by staff. One person said, "I cannot praise them enough. They really care and do things as I want them to."

People's privacy was respected and staff spoken with were able to demonstrate their awareness of how they protected people's privacy when providing care. Staff were aware of the need to close doors when providing personal care and being aware of other people in the home and also to ensure they close the curtains in the room and speaking at a lower level to avoid other people in the home overhearing.

People spoken with confirmed that staff ensured at all times their privacy and dignity was met. One person said, "I don't feel uncomfortable at all, I know my carers and they are very sensitive to how I like things done, having another person to help me is difficult but these carers make it easier to cope with."

People were involved in planning and reviewing their care. One person told us, "They came around to discuss my care plan with me and they make sure everything is done the way I like it." People told us and staff confirmed that there were frequent handovers between the staff who looked after them and the people they supported and any changes were then communicated to the manager. We saw from care records that people's personal preferences were documented and people confirmed that their care was provided how they wished. People told us they felt staff listened to their views and opinions about their care. One person said, "They are very good, they listen and act, I asked them to change my times in the morning to a bit later and they have done it."

People were however supported by staff who knew them well. Staff were able to tell us in detail about people's needs, preferences and how they liked to be supported. Staff were clear when describing people's individual routines and how they met people's varying and changing needs.

People's confidential records were stored securely and confidentiality was promoted. We saw that records at the office were held securely and that records in people's homes were stored securely to minimise the likelihood of someone visiting the person unwittingly glancing at the confidential information contained in them. Staff spoken with were aware of the need to maintain confidentiality at all times and would report any concerns they had to the manager.

## Is the service responsive?

### Our findings

People received personalised care that met their needs. One person told us, "They do everything I ask them to do on top of their usual things like help me dress, bath, medicines and breakfast." One staff member told us the care they provided would vary from day to day. They told us, "One person I visited at the beginning of the package was for an hour, but I felt I needed to stay longer to get to know them first, so I stayed for two hours which really helped me to get to know them."

Staff spoken with were clear in how they supported people's needs. An assessment had been carried out prior to care being delivered, which was completed with the person and a member of the management team. Care records were well written and consistently provided clear guidance for staff about meeting people's needs. There was effective communication between staff and people using the service about how they wished their care to be provided and staff were clear about what type of support people needed and how this should be delivered.

People told us they had built a close rapport with staff. One person told us, "The staff are very special and I like them all very much." One person's relative told us, "[Person] has an amazing relationship with their main carer. I cannot thank God enough I contacted care 1-2-1. It is just amazing."

People were supported with their individual interests and social interaction. Staff spoken with told us about one person's daily routine. They told us about this person's life, relationships and interests comprehensively. They told us they had helped the person devise a daily activity planner that incorporated all their interests, which the staff member would then support them with. One person's relative said, "They actually share tasks together around the house to make it an activity like cleaning, gardening, going out for walk. It is very good really."

People were aware they could make a complaint to the manager and were also aware of the provider and how to contact them. A policy was in place for this. However, since opening six months prior to the inspection, no complaints had been received. People and their relatives told us they had not had cause at that time to raise a complaint but knew they could approach either the service or external organisations if needed. One person said, "I have no complaints at all, I am very happy with the company and if I have a problem I can call 1-2-1."

## Is the service well-led?

### Our findings

At the time of this inspection there was not a registered manager in post. The previous registered manager left their employment in March 2017. The provider had identified an interim manager to replace them who was about to begin the process of registration with CQC as required, whilst they recruited a suitable applicant. However, at the time of this inspection the service did not have a registered manager in post.

The provider had commissioned two external quality audits of their service. We saw the first audit raised concerns in areas such as recruitment, training and development, care planning, obtaining consent and staffing. The provider developed an action plan that they shared with CQC and imposed a self-embargo on new admissions to the service until they felt they had made the required improvements. They brought in a consultant to support the changes required at Head Office, and reviewed the care needs of people using the service, and found alternative care provision where they felt they were at that time unable to meet their needs. In April 2017, the external quality audit had been once again completed, this time indicating significant improvements had been made.

We found however that there were still areas that required improvement with regards to the management of the service and people's care records. Significant improvements had been made with assessing and documenting people's needs. Care plans had been completely reviewed and updated, and although they contained more detail about people's needs, there were areas remaining that were not addressed. For example, one person's care record noted they suffered with a mental health condition; however this was not further documented or explored. Where people had suffered an injury or incident, staff had documented these appropriately however the incident was not consistently reported to the management team. We found one example of this where the staff member reported an unexplained bruise to the field care supervisor two days prior to the inspection; however this had not been reported to management.

At the time of the inspection, the provider had a suite of policies, auditing tools and systems they could use to monitor the quality of care provided, but did not utilise these fully. For example, they relied on staff reporting to the office, and where historically calls had been late and missed and not picked up by the previous manager, there remained a risk of these recurring. The provider contacted people regularly to help ensure calls were on time, however had also commissioned an electronic call monitoring system that would alert the office to a late or missed call automatically. Although the provider documented incidents such as medication issues, late calls and incidents they did not analyse them, or effectively review the care records to identify any reportable incidents that may have been overlooked and to effectively monitor any emerging patterns or trends. Staff had documented at times an incident in the daily records and body map, without then completing the appropriate incident form and alerting management. When we asked about the number of hours provided by staff to people, this information was not readily available and therefore had not been monitored in terms of care hours against staff capacity. These issues were manageable on a day to day basis whilst the service supported five people, however the provider agreed the governance in the service required tightening to support them as they developed.

Team meetings were not held with staff to discuss either the service improvement or needs of people who

used the service, or lessons learned from incidents or complaints. The provider told us they had done this informally when they saw staff, but they were planning on implementing team meetings in the near future. Staff spoken with told us they would welcome formal meetings to be able to discuss ideas and meet with colleagues.

People spoken with told us they knew the management team, saw them regularly and felt overall the service was well run. People and their relatives told us they were able to contact the office to discuss any changes to their care and these were responded to. One person's relative said, "Initially there was a bumpy start with [Head Office] however they have got over that and the bond between the regular carer and [relative] has now formed and all is nice and we are very happy with the service." At the time of the inspection the provider had sought feedback from people, staff, relatives and professionals regarding the quality of care they provide. The results of this survey were being externally and independently collated and the results would be with them shortly.