

Care2Care (Yorkshire) Ltd

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Inspection report

Office 9 First Floor, Beck Mill
Reva Syke Road, Clayton
Bradford
West Yorkshire
BD14 6QY

Tel: 01274880321

Website: www.care2care.me.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 5 November and 16 November 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, adults, young people, people with learning and profound disabilities and people at the end of life. Not everyone using Care2Care (Yorkshire) Ltd 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 the time of the inspection 29 people were receiving personal care from the service.

At the last inspection in August 2017, the service was rated requires improvement. There were breaches in Regulation 17 good governance and Regulation 19 fit and proper persons employed. At this inspection we found some improvements, however, the service was still in breach of Regulation 17.

There was a registered manager in post. 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.

People told us they felt safe. Staff knew how to recognise and report any concerns about people's safety and welfare. Risks to people's health and safety were not always assessed to help protect people from harm.

We found medicines were not always managed in a safe or proper way. We found discrepancies with medicine administration records (MARs).

There were enough staff deployed to ensure people received care. Safe recruitment procedures were followed to help ensure staff were of suitable character to work with vulnerable people.

Staff did not always receive appropriate training. However, they told us the training they had received was good and relevant to their role. Staff were supported by the manager and were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care records did not always contain sufficient detail for staff to know what support to offer people. People felt they participated in planning their care. Care records included information about people's preferences, likes and dislikes.

The service worked in partnership with other agencies including health professionals to help ensure

people's healthcare needs were met.

Staff knew about people's dietary needs and preferences. People told us their choice of meals was followed.

A complaints procedure was in place, which enabled people to raise any concerns or complaints about the care, or support they received. However, the service did not always record complaints in a consistent way.

People using the service, relatives and staff we spoke with were positive about the management team. Staff said the registered manager was approachable and supportive.

We found the provider's quality monitoring systems were not always working as well as they should be. Some of the concerns we found at our inspection should have been identified through a robust system of checks.

We found three breaches of regulations in relation to safe care and treatment, good governance and staffing training. We are considering the appropriate regulatory response to our 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 not always safe.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe. However, where risks had been identified, action had not always been taken to mitigate those risks. Care plans did not always give staff enough guidance about how to provide safe care.

Medicines were not always managed safely.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were not always trained to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Requires Improvement ●

Is the service caring?

The service was caring.

People using the services told us they liked the staff and found them attentive and kind.

People provided positive feedback about the standards of care, telling us staff treated them with dignity and respect.

Good ●

Is the service responsive?

The service was not always responsive.

People's care records were easy to follow, up to date and being

Requires Improvement ●

reviewed on a regular basis.

A complaints policy was in place; however, outcomes and actions were not always recorded.

Is the service well-led?

The service was not always well-led.

People were complimentary about the service and most people we spoke with said they would recommend it.

Improvements were needed to the processes for checking the quality and safety of the services provided. This was highlighted following the last inspection.

Requires Improvement 

Care2Care (Yorkshire) 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 checked 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.

This inspection took place on 5 November and 16 November 2018 and was carried out by one adult social care inspector and one assistant inspector.

Inspection site visit activity started on 5 November and ended on 16 November 2018. On 5 November we visited the office location to see the manager and office staff; and to review care records and policies and procedures. On 16 November we spoke with some people using the service, relatives and staff over the telephone.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with three people who used the service and one relative. We tried to contact 15 care workers, however, we only managed to speak to three, the manager and the provider. We looked at four people's care records and records relating to the management of the service, including staff training records, audits and meeting minutes.

Is the service safe?

Our findings

At our last inspection in August 2017 we found medication administration records (MAR) audits were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we still found a breach of Regulation 17.

People had a list of medicines in place which provided information on what they were prescribed and the reasons why. This included information about possible side effects and contraindications. Protocols were not in place to provide staff with guidance for some people's 'as required' medicines.

Some medicines administration records (MARs) were well completed which provided assurance these medicines were given as prescribed. However, we found other MARs were not always properly completed. For example, staff had not signed a person's MAR to indicate a medicine had been administered on numerous occasions during August and September 2018. We saw other medicines prescribed for the same person had not been signed.

The daily records indicated 'medicines given', although did not state what these medicines were. This meant the record did not provide sufficient evidence the person was getting their medicines as prescribed. Documentation discrepancies which indicated unsafe practice, had not been identified by auditing systems to ensure they were promptly investigated to check whether people were safe. We had also identified this as a concern at our previous inspection in August 2017.

This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

At our last inspection in August 2017 we found safe recruitment processes were not always followed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection found improvements had been made and the service was no longer in breach.

Safe recruitment procedures were mostly in place to ensure only staff suitable to work in the caring profession were employed. We looked at four staff recruitment records and saw, for example, they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession. However, where one person had a gap in their employment this had not been investigated during interview. The manager assured us they would follow this up and provided an explanation during the inspection.

People were kept safe from abuse and improper treatment. People who used the service told us, "I feel very safe when visit, they are very good" and "I feel very safe, they are the best agency I've used. A relative told us, "I am confident that my [relative] is well looked after and is safe when staff visit".

Some staff had completed safeguarding training and said they would not hesitate to report concerns to a

senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

Assessments were mostly in place to mitigate risks to people's health and safety which included those for moving and handling, environment, use of the bath/shower and falls. These provided information to staff on how to deliver care safely, although some of these needed to be more tailored to people's needs. For example, one person received medication for a specific health condition. There was no care plan or risk assessment to reduce the risks associated with this.

In another person's care records, we saw they required two staff to support with moving and handling, however there was no risk assessment or care plan in place to guide staff how to do this safely. Another person who required moving and handling risk assessment stated that staff needed to check they had the correct sling as sometimes they get muddled up with other family member's. However, there was no information in place to inform staff which were the correct slings.

Where staff cared for people who used oxygen there was no detailed care plan in place to guide staff in relation to correct levels of oxygen required. One person's plan stated. "check saturation levels with tester kit." However, there was no information what the person's usual levels were and what to do if they were different. There were no records of the readings that the staff had taken. Therefore, we concluded there was a risk of some people not receiving the correct support.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

Daily records of care demonstrated there were sufficient staff to provide care. They provided evidence that calls consistently took place and staff largely attended at appropriate times each day, indicating there were enough staff deployed. Electronic call monitoring was used. This allowed real time monitoring of staff activity to help improve the safety of the service. If staff were late for a call or if a call ran over the system would alert the office. The office would contact staff to clarify if there were any concerns.

Accidents and incidents were recorded. However, they were not analysed to see if any themes or trends could be identified. Records did not always show what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again. When investigations had taken place, this information was not stored with the accident and incident information. There was no evidence outcomes and lessons learned were shared with staff members and there was no clear record of what actions were taken because of the accident or incident. For example, following one complaint about a person's care, the incident form recorded a meeting was required with the staff members involved. However, there was no evidence this was completed.

Staff told us they had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

Is the service effective?

Our findings

At our last inspection in August 2017 we found training which staff had completed was not always recorded. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we still found this was a continued breach as training was not always completed.

Some staff had received training in a range of subjects including safeguarding, moving and handling, epilepsy, dementia, food hygiene and infection control. A training matrix was in place which indicated what training staff had completed and when refresher training was required. However, out of 51 staff only four had completed basic first aid. The training matrix recorded 'ongoing'. No staff had received training or updates in relation to the Mental Capacity Act (MCA) and DoL's. We spoke to provider about this who informed us they had plans in place to address this and had an ongoing update programme in place.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

New staff completed training on the Care Certificate. This is a government-recognised training scheme, designed to equip staff new to care with the required skills for the role. Training was provided using a mixture of on-line training and face to face sessions held at the provider's office.

New staff received a five-day induction programme which included initial training, familiarisation with policies and procedures, and shadowing an experienced staff member for several shifts, dependent upon their experience.

Staff received supervision, appraisals and spot checks of their practice. This included checking they arrived at the person's home on time, stayed for the correct amount of time, completed the required tasks and treated the person with dignity and respect. This provided a support mechanism and allowed the service to monitor staff performance.

We saw people's needs were assessed prior to commencement of the service to ensure the service could fulfil these needs.

The manager explained the service matched people and their care workers from the same backgrounds wherever possible since the service supported people with a wide range of cultural needs.

Where the service supported people with their dietary needs, these were assessed, and care plans put in place to support people effectively. This included documenting people's dietary preferences. The daily notes we reviewed demonstrated staff supported people with meals, drinks and snacks where this was part of the person's assessed care needs.

People's nutrition and hydration needs were met. People who used the service told us they received the support they needed to eat and drink when staff visited. One person commented, "When staff visit, they

always ask me what I want to eat, I am happy with the food." Another person told us, "I don't like a lot to eat, staff always encourage me to eat. I have a good understanding of my own needs, but staff understand them as well."

Records were also being maintained of what people were eating and drinking. However, records did not show the amounts people were drinking and charts were not audited.

Where staff were concerned about people's health or had noted a change we saw they had made referrals to health professionals. This showed the service worked with other agencies to ensure people were supported to meet their health care needs.

Staff we spoke with told us they felt supported and said they could go to the manager at any time for advice or support.

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. In the case of Domiciliary Care, applications must be made to the Court of Protection. We found people using the service were not being restricted of their liberty as part of their care arrangements.

Staff told us they asked consent when carrying out personal care. People we spoke with told us staff asked for their consent before providing care and respected their choices. Care plans considered people's capacity to consent to their care and treatment. Where people lacked capacity, we saw relatives had been involved in decisions as part of a best interest process. However, this information was not documented in people's records how this happened.

The manager had oversight of which people who used the service had Lasting Power of Attorney (LPA) in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you are no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. This showed us the manager understood their responsibilities to act within the legislation.

Is the service caring?

Our findings

Staff treated people with dignity and respect. People who used the service told us, "Staff treat me with respect, they make sure I'm ok. I get on really well with the staff. They don't just look after just my personal needs, they look after my whole needs as well. Including my mental health." "Staff always ask what I want, they never just do things."

Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. Staff told us they explained to people what was happening at each stage of the process when delivering personal care. One staff member told us, "I always explain to people what's happening and check they're okay with it. I find talking people through each stage helps keep things relaxed."

We looked at daily records of care, which showed people had a core group of care workers; this helped ensure good relationships developed between them. People we spoke with confirmed this. One person told us, "Staff change sporadically. I can't cope with change. New staff are introduced to me if one of the staff are sick. I'm kept in the loop and reassured throughout. I have been told if I'm worried I can call the office." A relative told us, "The carers are lovely, they are outstanding to be honest. My [relative] has regular staff who know [their] needs."

Care plans were person centred and showed the service had sought information on people's past lives to help better understand them and the care they needed. Care plans focused on improving and/or maintaining people's independence, highlighting the tasks they could do for themselves and maintaining links with the community wherever possible.

We saw people's views and opinions were listened to by the service. People received an annual satisfaction survey. Feedback was generally positive. Comments included, "Always a happy voice at the end of the phone and they are willing to help anytime," and "Senior staff and branch staff are always able to help me anytime with anything. Communication is quality."

The registered manager told us where possible they matched care staff according to the background of people they supported, such as those whose first language was not English. This demonstrated the service was responsive to the diverse needs of people who used the service and working within the framework of the Equalities Act 2010. Other protected characteristics are age, disability, gender, marital status, religion and sexual orientation.

Is the service responsive?

Our findings

At our last inspection in August 2017 we found complaints were not always recorded appropriately. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made. However, the service was still in breach.

The service had a complaints policy. People we spoke with told us they knew who to complain to. Responses from people about the concerns and complaints process were mixed. One person told us, "Most of the time they respond, they do their best". Another person told us, "If you phone with a problem or concern you can ring anytime night or day. They are not just a nine to five service. If it's an issue they can't solve straight away they will go away, and they do come back to you with an answer."

There was no analysis or audit of complaints completed. Recording of complaints were inconsistent. For example, some were recorded on paper whilst others recorded electronically, and the information differed on the records. However, there was good evidence that demonstrated complaints were investigated in depth and responded to appropriately, although this was not consistent. We spoke to the provider about this who told us this was a recording issue and they would take the appropriate action to ensure correct documentation is used.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

People's needs were assessed, and care plans formulated to meet these needs. These included detailed information about the care and support staff were to provide at each visit. We saw care records focused on achievable goals for people, such as being able to remain in their own home, or to maintain contact with the community.

Care plans were person centred and contained information about people's preferences and how they wanted their care to be delivered. For example, one person's plan said, "[Person] can communicate. However, they prefer information to be managed by family."

Care records were reviewed with changes generally made where required. We saw people were asked if they were satisfied with the care and support they received.

Records demonstrated the service was in contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making. One relative told us, "The office does get in touch and let me know if anything is not right."

From speaking with staff and people who used the service, and reviewing care records, we concluded people's independence was actively encouraged. For example, one person's care records explained that on a weekend they liked to visit the city centre and they travel by using public transport.

The manager informed us they were currently providing care for one- person at the end of life. They explained that they work alongside other professionals to meet people's needs and wishes. Some staff had received training in relation to end of life care.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

Is the service well-led?

Our findings

When we inspected the service in May 2017, we found the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because although there were some quality assurance systems in place designed to continually monitor the service, they were not sufficiently robust. This was discussed with the provider at the time of inspection who confirmed they would address this matter.

However, on this inspection we again found some shortfalls in the service, which had not been identified through the audit and quality assurance monitoring systems in place.

There was a registered manager. However, a new manager had recently been recruited. The new manager was due to have their interview to become the registered manager. They were supported by team leaders. People who used the service and relatives told us the management team were well thought of and said they were approachable and empathetic.

Throughout the inspection, we found the provider's governance and record keeping systems had not been operated effectively. For example, concerns we identified with medicines administration records should have been identified through a robust system of checks.

Whilst a range of audits and quality assurance processes were in place with actions and analysis to drive service improvements, some of the monthly audits were not dated and did not highlight issues found and actions take. This meant that systems were not sufficiently effective as regular checks to monitor and improve the quality and safety of the service were not always in place.

We were concerned about the repeated breach of regulations found at this inspection. Robust governance and quality assurance processes should have ensured the service was compliant with Regulations.

This was a continued breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and relatives told us the management team were well thought of and said they were approachable and empathetic. Staff we spoke with were positive about their role and the management team. One person told us, "I can phone the managers for anything they are very helpful."

We found the management team open and committed to make a difference to the lives of people who used the service. We saw there was a clear vision about delivering good care and achieving good outcomes for people using the service.

Staff competency to administer medicines was regularly assessed to help monitor and improve the medicines management system. Staff received spot checks on their practice. This looked at a range of areas, including how they interacted with people, whether they completed care and support tasks correctly

and if they were of appropriate appearance. This helped ensure staff worked consistently in relation to medicines.

Staff morale was good, and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first.

Electronic call monitoring had been introduced. This allowed real time monitoring of staff activity to help improve the safety of the service.

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The manager told us they work in partnership with Bradford contracts team and the NHS. The manager and staff work in partnership with other agencies such as district nurses, learning disability team, GP's and social workers to ensure the best outcomes for people. This provided the manager with a wide network of people they could contact for advice.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care plans were not always up to date and did not contain sufficient information. |

The enforcement action we took:

Warning Notice

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Audits were not robust. Complaints not always recorded consistently. |

The enforcement action we took:

Warning Notice

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not adequately trained. |

The enforcement action we took:

Warning Notice