Care Concern (NW) Limited

Care Concern (NW)

Inspection report

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12 March 2019
13 March 2019
15 March 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

About the service:
Care Concern is a home care provider which offers domiciliary care services and personal support. The service provides care and support for people of all ages within their own homes. Support provided includes assistance with personal care, medication, nutrition and hydration, pressure area care and accessing the community. At the time of our inspection the service provided support to around 300 people.

The service provides services to rural parishes in Southport and Lancashire, its office is based in Birkdale village.

People's experience of using this service:
Medicines were not always managed safely. We looked at a sample of medication administration records (MARs). Some people had been prescribed medication which required a minimum amount of time to have elapsed between doses, we found that staff had not recorded the time of administration, meaning it was not possible to identify whether the correct amount of time had passed before the next dose. This meant that people were at risk of not receiving their medication as prescribed.

People's care records did not always contain adequate information about the management of risks. Although risks had been identified there was no record of action taken to address and mitigate risks.

People's care records were not always person centred, meaning their life history, preferences and preferred routines had not always been documented.

Regular checks and audits were carried out to determine the quality of the care and to achieve compliance with regulations. However, audits were not always effective and had not highlighted the concerns we identified during our inspection.

Staff received adequate training, induction, supervision and support so they could effectively perform their roles.

The service recorded the investigation and analysis of incidents and accidents.

Both people being supported and their relatives told us staff were kind, caring and dedicated and knew people's needs and preferences well.

The registered manager worked in partnership with health and care professionals and the local community.

The service had displayed the latest rating both at its office and on its website. When required, notifications had been completed to inform us of events and incidents, this helped us the monitor the action the provider had taken.

More information is included our full report.

Rating at last inspection:
At our last inspection, the service was rated overall as "Good.'' Our last report was published in April 2017.

At this inspection, the service did not meet the characteristics for a rating of "Good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "Requires Improvement.''

Why we inspected:
Services rated as "Good" are re-inspected within 30 months of prior inspections. Our scheduled inspection was brought forward based on feedback we had received from the Local Authority. We needed to check the safety and quality of care people received and that people were not at risk.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care and act on information received. Further inspections will be planned for future dates.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-led findings below.

Care Concern (NW)

Detailed findings

Background to this inspection

The 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notifications of incidents received about people's experience of using the service. We needed to check the safety and quality of care people received.

Inspection team:
The inspection was completed by two adult social care inspectors.

Service and service type:
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community as well as specialist housing. It provides a service to older adults and younger disabled adults. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and the safety of the care provided.

Notice of inspection:
The inspection was unannounced. Inspection site visit activity started on 11 March 2019 and ended on 13 March 2019. We visited the office on these dates to see the manager and speak to staff; and to review care records and other documents. We also made visits to people receiving care in their home and spoke to people over the telephone on 15 March 2019.

What we did:

The inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House.

We asked the service to complete a Provider Information Return. 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.

We spoke to seven people who used the service and three relatives to ask them about their experience of the care provided. We also observed the delivery of care to two people in their own homes.

We spoke with the provider who was also the registered manager, the training co-ordinator, two care supervisors and five care staff.

We reviewed a range of records. This included ten people's care records and medicine records. We also looked at four staff recruitment files, various records in relation to training and supervision of staff, records relating to the management of the service and a variety of policies and procedures and other records about the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:
● The management of medicines was not based on current best practice. For example; some records we saw showed that staff were not recording the time of administration of medicines. Some medications required a minimum time period between doses. This meant it was not possible to determine if the correct amount of time had passed until the next dose. This is important as some medications, such as painkillers, require a minimum period between doses to prevent overdose. We raised this with the registered manager who informed us this would be addressed immediately.
● Staff had received training in medicine management, however following the concerns we raised, the registered manager informed us that care supervisors were to receive refresher training in medicine management.

Assessing risk, safety monitoring and management:
● We checked a sample of people's care records. We saw that although risk assessments were in place to reduce the risks to people, some identified areas of risk had not been actioned. This meant that risks to people had not always been mitigated. For example, one person had been deemed as high risk when walking but the action box to address this risk was blank. Information about risk management in people's care records lacked detail and guidance for care staff to follow and so appropriately manage the risk.

Staffing and recruitment:
● Overall, there was enough staff to support people's needs; there were designated support workers in place to provide support during staff sickness and absence.
● Staff had been recruited safely to ensure they were suitable to work with vulnerable people. However, we did note for some staff, there were gaps in employment history which had not been accounted for. We spoke to the registered manager about this who could verbally account for some gaps in employment records.

Systems and processes to safeguard people from the risk of abuse:
● The provider had effective safeguarding systems in place and all staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
● People we spoke with told us they felt safe and reassured by staff coming into their homes. They told us if they didn't feel safe they would speak with a member of the care staff, care supervisor or the office. One relative told us, ''The staff help to keep [loved one] safe, they know all their needs.''

Preventing and controlling infection:
● Staff had access to protective equipment such as gloves and aprons. This was collected by staff from the office as and when needed.

Learning lessons when things go wrong:

● We saw that the service acted on incidents to prevent reoccurrence. The service promoted a culture where lessons were learnt. For example, following an incident with medication, the member of staff involved had received refresher training and one to one support.

Good

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.

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:
● Assessments of people's needs were identified and care and support was reviewed when required. We did note that some care records lacked details of people's routines and preferences and how they would like their care to be delivered. However, on speaking with people and staff, it was clear that people's needs were being met and staff were knowledgeable about people's preferences.
● Through training, staff had developed their skills in supporting people living with dementia which helped them to better meet people's needs.

Staff support: induction, training, skills, knowledge and experience:
● Staff received training which was effective and gave them enough information to carry out their duties safely.
● The service had recently recruited a full-time training co-ordinator who provided training on site. This helped to ensure training was bespoke to meet both the needs of the people and staff. One person told us, ''The staff are well trained to meet my needs, they know exactly what to do.''
● Some staff had completed external courses in care such as National Vocational Qualifications (NVQs). These qualifications were funded and encouraged by the service. NVQs are work based qualifications which recognises the skills and knowledge a person requires to do a job helping them to carry out the tasks associated with their job role.
● Records showed that staff members received regular supervisions to support them in their job role. Supervision enables management to monitor staff performance and address any performance related issues.

Staff working with other agencies to provide consistent, effective, timely care:
● Staff responded to people's health care needs. For example, one member of staff had identified a person's weight loss and made contact with the person's GP. The person was then appropriately referred and supported by care staff with a special diet.
● Referrals had been made to a range of health care professionals when that area of support was required, for example, the falls team.
● We saw an example of care staff working alongside district nurses to ensure people received appropriate end of life care.

Supporting people to live healthier lives, access healthcare services and support:
● Staff told us they provided people with support to attend healthcare appointments if necessary. This was important for people who were unable to communicate and interact with healthcare professionals and needed an advocate to speak on their behalf.

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

● Some people were supported by staff to prepare meals. Staff told us they were aware of people's dietary requirements, for example, a diabetic diet. One person told us, ''I do have a special diet and the staff know about this.''

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

● We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and found that they were. The 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.

● Staff had received training in the Mental Capacity Act 2005 (MCA). Staff we spoke with told us they consistently asked people for consent to ensure they were able to make daily choices. One staff member explained, "I always ask the person what they want and what it is they prefer.''

Good

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.

People were supported and treated with dignity and respect; and as involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
● From our home visits and talking with staff, we saw people were treated with kindness and people were positive about the staff's caring attitude. We received feedback from both people and their relatives which supported this.
● Comments from people included, "I love all the staff, I treat them as friends,'' "They [staff] support me with what I need," "I'm happy. They do their job," "They're all nice and they all support me" and ''I see the same faces, that's really important to me.'' A relative added, "The carers here are truly dedicated, they are here for the long haul and genuinely do care."
● We observed staff were kind and compassionate and showed they had formed strong relationships and bonds with the people they supported.
● We saw that the service adhered to the principles of the Equality Act 2010. This is legislation designed to preserve people's protected characteristics such as age, disability, sexuality, culture and religion.
● Where people were unable to communicate their needs and choices, staff used their knowledge about the person to understand their way of communicating. Staff told us about communicating with people by reading their body language and facial expressions, so they could ascertain people's needs.

Supporting people to express their views and be involved in making decisions about their care:
● Care supervisors made regular visits to people to help ensure their needs were being met. During these visits people were encouraged to feedback their views about the service. This helped people to have a say in how their care was delivered.

Respecting and promoting people's privacy, dignity and independence:
● Staff told us they treated people with dignity and respect. One member of staff commented, ''We always treat the person how we would want to be treated.'' Another told us, "I always close the door when giving personal care and then explain to the person what I am going to do.'' One person said, ''They [staff] always ask me before they do anything, if I'm having a wash they cover me with a towel.'' A relative commented, ''Staff always treat [person] with complete dignity, it's so important.''
● Staff also told us they encouraged people to maintain their independence as far as possible. The manager told us about how staff had supported people with their recuperation following discharge from hospital. This support then helped people to continue living independently in their own homes in accordance with their wishes.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

● Care records did not always contain person centred information, for example, information about people's backgrounds and details of their preferences and routines. However, staff spoken to were knowledgeable about people and their needs. People and relatives felt the staff delivered care in line with people's needs, one person told us, ''Yes, they [staff] know what I need and they do it well.'' A relative told us, ''Yes, most definitely, they know about needs of [loved one].''
● Staff knew how to communicate with people and ensured they used their knowledge about people when giving choices.
● People and their relatives felt the staff were responsive and listened. One person told us, ''I needed my call earlier to fit in with my medication times, the staff did this for me.'' A relative commented, "I felt [person's] call was too early for bedtime, I told the supervisor and it was changed, this works much better for us and [person] now has a more settled night.''

Improving care quality in response to complaints or concerns:
● None of the people we spoke with had made a complaint. People told us if they had an issue they would call the office. People had information about how to raise a complaint in their service user guide.
● We saw that any complaints made had been investigated and addressed providing the complainant with a formal response.

End of life care and support:
● The service supported people who were on an end of life pathway. The majority of staff had received training in end of life care. Staff worked in conjunction with the advice of palliative healthcare professionals to ensure people had a dignified death at home and one in line with their wishes. A relative told us, ''It's a comfort [loved one] can stay at home as its where they would wish to be.''

Requires Improvement

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- Systems and arrangements used to monitor and improve the quality and safety of the service were not always effective. For example; medicine management, risk assessments and care planning audits had not always highlighted the concerns we found during our inspection.
- We saw there was no formal system in place to monitor late calls made to people, to document their frequency and identify any potential trends. Having such systems in place can help to prevent reoccurrence.
- Information such as service user's guides was not provided in an alternative format to support people's needs. This meant people with a sensory impairment were not able to access different information. This is a requirement by the Accessible Information Standard. We discussed this with the registered manager who told us there was no one they supported who required the information presented in an alternative format.
- The registered manager held monthly management reviews with senior members of staff. Reviews were triggered by an incident/problem or a new initiative, for example, General Data Protection Regulation (GDPR).

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on the duty of candour:

- The service did not always promote person-centred, high quality care and support. This is because audits had not identified that medication administration times were not always being recorded by staff. Audits had not identified that action plans to mitigate risks to people had not always been recorded in their care records and that care records did not always contain person centred information.
- The service employed dedicated members of staff who were relief workers and were assigned to cover permanent members of staffs annual leave and sickness. This helped to ensure continuity of care and decrease the incidence of missed and late calls.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The service used annual questionnaires to formally gather feedback about the quality of the service. We looked at a sample of questionnaires and found that feedback was generally positive, comments included, ''I can trust them [staff] and they don't let me down'' and ''[Staff] are always very attentive, they go beyond their duties.'' However, some people had highlighted call duration and time arrival as an issue, comments included, ''I have to wait a long time for them [staff] to come, I would like them to be on time,'' ''I would like to get a call if they are going to be late'' and ''Sometimes they have to rush as they have too much work on.''
- Staff told us and we saw records to show they had regular team meetings. Staff felt the meetings were

useful and gave them the opportunity to raise any issues. It was evident that best practice was promoted during these meetings and staff were encouraged to develop the service further, for example, by learning lessons from things that had gone wrong in the past.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

● Staff spoke positively about the registered manager and felt they were supportive, one staff member said, ''The manager is very supportive, they are always here and are very hands on and involved.'' The registered manager told us they encouraged an open-door policy for staff and people who used the service alike.

● During the course of our inspection, the registered manager assisted us with the inspection process by providing us with the information we needed and was receptive and responsive to our feedback.

● The registered manager had notified CQC of any events that had occurred within the service in accordance with our registration requirements. This meant that CQC were able to monitor information and risks regarding the service.

● Ratings from the last inspection were displayed within the service as required. The provider's website also reflected the current rating for the service.

Continuous learning and improving care:

● The service had recently employed its own in-house training co-ordinator. Care supervisors were also in the process of studying external qualifications to gain additional managerial skills.

● The registered manager positively encouraged people's feedback and acted on it to continuously improve the service. For example, during reviews of people's care packages, care supervisors would use this opportunity to ask people about the quality of the service. Supervisors would also visit people if staff identified any issues.

Working in partnership with others:

●The service had good links with the local authority and external healthcare providers and worked in partnership to improve people's wellbeing. For example, liaising with hospitals to help co-ordinate people's discharge home from hospital.