

Constable Care Ltd

Constable Care

Inspection report

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Date of inspection visit:

05 February 2019

12 February 2019

28 February 2019

19 March 2019

Date of publication:

24 April 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service for children (aged from 4-18 years), younger adults and older people, covering a range of needs: learning disabilities or autistic spectrum disorder, mental health needs, physical disability, and dementia. At the time of the inspection they were providing personal care to 14 people, whose ages ranged from 17 to 90 plus.

People's experience of using this service:

- One person said they were, "Very lucky to get allocated [by social services] with Constable Care."
- A relative felt people benefited from it being a small service, as it felt more personal, enabling staff to, "Get to know the client."
- Staff supported people to keep safe, and acted when necessary to prevent any harm or discrimination.
- People were supported by management and staff who were skilled, highly motivated, kind, and compassionate.
- People were consulted over their care and support needs and actively encouraged to make decisions for themselves.
- There was an open culture, where people and staff felt comfortable to approach the management team to raise any concerns, knowing they would be listened to, and acted on.
- Staff knew people well. They had developed good relationships with people, and where applicable their relatives.
- Improvements were needed in the management of the service to ensure required paper work and reports were being completed, reviewed and submitted on time.
- People and their relatives were happy to recommend the service to others.

Rating at last inspection:

- This was the first inspection following the provider registering a change of location in March 2017 which meant the service had a new registration with us.

Why we inspected:

- This was a planned inspection.

Follow up:

- We will re-inspect this service within the published time frame for services rated good. We will continue to monitor the service through the information we receive.

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

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

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.

Constable Care

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to children from four years old, younger adults and older people.

The service did not have a registered manager in post. A registered manager is someone who, alongside the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The services manager was in the process of applying to be registered with the CQC.

Notice of inspection:

We gave the service five days' notice of the inspection visit because it is small and the manager and provider were spending most of their time providing care. We needed to be sure that there would be someone in, as well as ensuring that our inspection did not impact on people receiving their care and support.

What we did:

Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.

We asked, but the provider did not complete the required Provider Information Return. This is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

Inspection site visit activity started on 5 February 2019 and ended on 19 March 2019. During this time we spent two days at the location's office and contacted people using the service and staff to hear their views. We looked at records relating to three people's care, incident reports, policies and procedures, recruitment procedures, training records. We also looked at audits and systems in place to check on the quality of service provided.

We spoke with the Operations Director (which we have referred to as the provider), service manager and four staff; senior support worker and support workers. We also spoke with three people using the service, four people's relatives and a social care professional.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care, and knew who to contact if they felt unsafe. One person said, "I always feel comfortable with them [staff], always been very nice."
- Staff had received training in safeguarding and knew how to recognise and protect people from the risk of abuse.
- A staff member spoke of the importance for staff to be constantly aware of their responsibility to take action if they identified signs which could indicate a person was at risk. Such as changes in the person's behaviour, "Become withdrawn," and / or, "Unexplained bruising."
- Staff knew how to report any safeguarding concerns, within the company, and externally. A staff member commented, "If I thought there was a safeguarding, I would come in [to the office] straight away and say there is a problem that needs to be addressed." Another said, "I have no qualms in reporting," any concerns to external agencies, if they felt the management weren't acting on their concerns.
- Management were aware of their responsibility in reporting any concerns, and knew how to contact the local safeguarding authority.

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

- Staff supported people to keep safe. People provided examples of how staff were 'risk aware' when providing support. For one person this included staff, "Watching carefully," and being close at hand when using their walking frame, in case they became unsteady.
- Personalised risk assessments in people's care plans provided staff with guidance on providing safe care. This included risks associated with people's mobility and accessing the community.
- Staff spoke about signs they looked out for, such as a change in a person's behaviour or physical health, which could indicate the person was developing an infection. They acted to minimise risks by liaising with the person's GP, and / or relatives, if required, and increasing the level of support the person received to keep them safe, until the situation was resolved.
- Staff were aware of what action they should take if the person had an accident, or suddenly became unwell. One staff member said, "I wouldn't leave anyone if they are ill, will check them over, phone an ambulance if I am worried, or their doctor."
- There were systems in place to ensure the provider had oversight of any incidents, so they could be reviewed to see if any further action could be taken to reduce the risk of it happening again.

Staffing and recruitment

- Consistency of care was provided by the same group of care workers. One person said, "Normally I know who is coming," unless the service had to cover last minute sickness.
- There were sufficient staff to cover visits, at the time people wanted. Arrangements were in place to cover

absences by their own staff, to ensure it did not impact on people's continuity of care.

- People told us staff were reliable and never missed a visit. One person described staff's timekeeping as, "Pretty good." If on the rare occasion staff were held up due to traffic, or another visit taking longer than expected, "They will text me."
- One person said staff, "Did not hesitate to stay," when a change in their circumstances had required staff to stay longer to ensure their safety and welfare.
- Staff had been recruited safely to ensure they were suitable to work with people.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should.
- One person said they, "Never," had a problem with the support staff gave them in taking their medicines.
- Staff received training and their competency was assessed to ensure they were supporting people in a safe manner. Any concerns about staff's competency was addressed through supervision and, if applicable, further training.
- Staff were aware of what action to take if a person refused to take their medicines, which could impact on their safety and welfare. This included seeking the advice of the person's GP, or where applicable, speaking to the person's relative as well.

Preventing and controlling infection

- Staff had received training in infection control and knew how to prevent the risk of healthcare related infections spreading. One staff member said that, "Every house" they visited had a stock of disposable aprons, gloves, shoe covers and antibacterial hand gel, which supported them in putting their training into practice.
- A relative described how staff handled / disposed of continence pads in a safe manner, and ensured, "Good hand hygiene," when preparing meals.

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

Good: 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; Staff working with other agencies to provide consistent, effective, timely care

- Assessments of people's individual and diverse needs were in place, prior to the person using the service. This enabled the manager to check if they were able to meet the person's needs and expectations.
- A relative described how during the assessment the manager had taken time to get to know their family member as a person, not just their care and support needs, "Which I think was good."
- Another relative said staff having the skills to carry out effective assessments, meant they were able to assess and put in a care package which was, "Really good," at the, "Very last minute."

Staff support: induction, training, skills and experience

- Staff induction procedures and ongoing training, provided staff with the skills and competencies to carry out their role effectively.
- The manager, when assessing a person said they would ensure the staff had the required skills to meet their needs, before accepting the care package.
- One relative said, "Without a doubt," staff had the required skills to effectively carry out their role.
- A staff member said their training was, "Regularly updated every year," through face to face or E-learning.
- Staff new to care were supported to complete their Care Certificate. The Care Certificate is a national approach to ensure staff receive thorough training related to a career in care.
- One staff member said the induction had included, "Introducing me to people I'll be looking after." They had also 'shadowed' experienced staff members during visits to gain an insight into people's individual needs, likes and dislikes.
- Staff were supported to carry out their role effectively, through ongoing supervision and support. One staff member shared what they got out of supervision, "They will let me know if there is something wrong." It also gave them a chance to discuss any changes in policies, "Always something new to learn."

Supporting people to live healthier lives, access healthcare services and support

- Staff liaised with health and social care professionals prior to people being discharged from hospital back into their own home, to ensure any required equipment was in place to provide safe care.
- A staff member described how they are always vigilant in monitoring people's welfare. They said, "Get to know people we are going into," which assisted them in noting any changes and, where applicable, supporting them to access healthcare professionals.

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

- There was a strong emphasis on encouraging / supporting people to eat healthily. A relative said this

included, supporting a person with their weight loss programme, benefitting the person's health and wellbeing.

- Staff were aware of people's likes and dislikes, adapting meals accordingly. Further demonstrated by the individual examples they gave, including how the food / drink was prepared, that reflected what people told us.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. This included having a say which staff they wanted supporting them.
- One staff member said the people they supported all had the capacity to make decisions, but knew what action to take if they felt their capacity level had changed.
- During the inspection we noted staff had been booked on MCA refresher training, and were being supported by a commissioner of the service to ensure staff's knowledge about people's capacity to make decisions, was fully reflected in their care records.

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

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

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

- People were being supported by kind and compassionate staff. One person described the staff as, "Lovely, very friendly." Another person also said they found staff to be, "All very friendly, very nice people."
- Management and staff spoke about people they supported in a compassionate, caring way, saying the best part of their job was being with the people they supported. Comments included, "Clients are lovely," and "They are fantastic."
- Examples given by staff, demonstrated the service's intuitive caring culture, going above and beyond, as it was not part of a care package, but because they cared. This included, the manager taking a person a Christmas dinner and responding to an anxious telephone call, to remove a bird which had got into a person's home.
- From induction, the provider said how staff were told, "Pretend it is your Gran you are going to...we never let people down." A staff member said how they had waited with a person for two hours until an ambulance arrived, "We won't leave someone alone."

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

- People were fully involved in making decisions about their care and support needs.
- People, or where applicable their relative, had signed to agree the contents of their care plan.
- A staff member told us, one of the most important ways of finding out what the person wanted, was by, "Chatting," to the person. This, and having consistent staff team, enabled them to get to know people well, and have a good insight (depending how much the person wished to share) on their lives.
- Staff had a good understanding of people's verbal and non-verbal communication which supported people in making decisions. This included facial expressions, hand gestures and use of repeated words, which people used to indicate their likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were aware of issues which could impact on a person's privacy and dignity, and acted to reduce it happening.
- A relative described how staff were respectful of them being in a person's home, carrying out their work without impacting on others living there, they, "Blend in."
- One person told us staff, "Always wait and close the door before they start anything," even if their partner is with them. They added that staff would, "Wait for [the partner] to go," before they started to support them.
- A staff member said when supporting people with personal care, they always covered any exposed areas of the body with a towel, to protect their dignity.
- People were supported with their personal care by their preferred gender of staff.

- Where people preferred not to be seen being assisted by staff wearing their carer uniform in the community, this was accommodated.
- As part of promoting independence, guidance given to staff encouraged them to 'do with,' rather than 'do too'. A staff member spoke about the importance of supporting people to retain life skills was by, "Encouraging them to do as much for themselves as possible."
- One person said their goal from when they first started using the service, was to maintain as much independence as possible. They commented, "The idea was to get me doing as much as I could, so I do what I can and they do the rest," which they did.

Is the service responsive?

Our findings

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

Good: 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

- People, and where applicable, their relatives, said they were fully involved in saying how they wanted to be supported; which was recorded in their care plan.
- One relative said they had read the care plan in conjunction with the person when it had first been put together. They told us, "Read it at the beginning," and told by management, "If anything not right will change," but had found everything was fine and reflected the support required, and still did.
- Staff were responsive in monitoring people's needs and reporting any changes to the management, who acted on the information given. Any changes were agreed with the person and recorded in their care plan.
- A staff member said when arriving at a person's home, "I will have a quick look [at their care plan] and keep myself updated of any changes."
- People and relatives told us that there had been no missed visits, and they received a reliable service.
- The manager only took new care packages on, if they could accommodate the time the person wanted. They also looked to match staff to individual people's needs, preferences and personalities.
- People were supported to participate in activities linked to their hobbies, education and interests. Staff told us they enjoyed being able to support people in accessing the community. Demonstrating a good knowledge of people's likes and dislikes in this area.

The provision of accessible information:

- The service identified people's information and communication needs by assessing and recording the level of support a person required in their care plan. Staff demonstrated they had read and understood this information by providing examples of the range of support they gave, linked to the person's identified needs.
- People's communication needs were being assessed, and shared appropriately with others, such as health professionals when attending reviews. However, the management were not aware of the Accessible Information Standard, until discussed during the inspection; when they took action to research it. The manager said they would be sharing what they have learnt with staff during supervision / meetings.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a formal complaint, but hadn't needed to as they felt comfortable to raise any concerns at an early stage. This enabled concerns to be dealt with, so they did not escalate into a formal complaint.
- Two people said their concerns had been dealt with as soon as they brought it to the provider's attention. Giving them confidence that any concerns, if raised, would be dealt with in the same way. One person told us the provider had been, "Very amenable and sorted out," their problem, "I wouldn't worry," about raising any issues again, if they needed to.

- The provider had a complaints policy in place which they were in the process of updating, as well as producing an 'easy read' version, with pictures and symbols, to support people's individual communication needs.
- The manager said although they had not received any complaints, they took the view that any feedback, that identified areas they could improve in were welcomed. These would be used to drive improvements.

End of life care and support

- There was no one receiving end of life care at the time of our visit. The manager said when the need occurred, they would work alongside / seek guidance from local palliative care professionals.
- The provider's statement of purpose stated the service supported people with end of life care. Staff spoke with compassion about their previous experiences of supporting people at the end of their lives, however we saw this was not covered in their training. The manager said they would take action and incorporate into the staff's training plan.

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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support delivery of high-quality, person centred care. Some regulations may or may not have been met.

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

- The provider could not be given a rating above requires improvement, because they had not completed the required Provider Information Return (PIR), which we asked for in October 2018. This is an important document, which provides key information on how they are monitoring the quality of the service.
- The registered manager had not been working in the service since July 2018. They had not applied to cancel their registration, this was undertaken by the CQC in January 2019.
- The service manager who had been covering the registered manager's absence, had started the process of applying to be registered. This will ensure continuity as people and staff knew them well.
- Staff described the service manager and provider as very supportive. One staff member said, "We know we can go to either of them and know they will support us." Another described them as, "Very understanding, don't put pressure on you."
- The provider and service manager were open about the impact of covering care visits, whilst waiting for three new staff to start, reduced the time they spent in the office. For example, being behind in checking their policies and procedures reflected current best practice. However, it did support them in gaining direct feedback from people, and monitoring the quality of care people were receiving.
- People and their relatives were happy with quality of the service and said they would recommend it to others. One person said they had recommended the service, "I have no hesitation at all in recommending them."
- Staff were also happy to recommend. One commented, "I would use Constable Care any day of the week," if a relative needed it. Another said they, "Would definitely," recommend it.

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

- Management and staff were motivated, worked well as a team and shared the same values of putting the person first.
- One staff member said the service provided a, "Good quality of care...They [the service manager and provider] do generally care about the clients." They told us if someone had a 30-minute visit, and it took an hour and 30 minutes, they would ensure they had that time whilst they triggered a review; even if they were not getting paid.
- The service manager said they were taking action to increase their management and regulatory knowledge by using the CQC providers website and enrolling on an accredited management course.
- There was a clear organisational structure. Staff were aware of their roles, which was set out in their job

descriptions.

- One staff member said staff worked well as a team, "All friendly get on well together, really nice." Another said that, "It's a nice job, all the clients are fantastic."

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

- One person described the service manager as being very friendly and approachable, never getting stressed, "Takes everything in (their) stride."
- Staff's knowledge of people, their behaviours, verbal and non-verbal body language supported them in effectively adapting their approach when seeking their views, to ensure people's voices were equally heard.
- Reviews were used as an opportunity to gain people's views and experiences of the care they received, acting on any information, as part of striving to continually improve.
- A staff member said during staff meetings, "Carers are not worried about raising any queries or concerns as they know there will be no comeback on them."

Continuous learning and improving care; Working in partnership with others

- The manager spoke about the problems trying to recruit staff who shared the same values, and understood what was expected of them, including working unsocial hours. There was potential emotional impact on people, when staff supporting them left their job. To address this, new staff, would not be matched with a person straight away, until they felt the job was the right 'fit' for them.
- A social care professional described how the provider had been proactive in addressing shortfalls following a check by commissioners of the service.