

Calvary Care Ltd

Calvary Care

Inspection report

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Calvary Care provides personal care to people in their own homes in the community. At the time of our inspection, 4 people were receiving personal care from the service.

People's experience of using this service and what we found

During this inspection, we found improvement was needed in relation to medicines management and assessing risk. There were systems in place to assess and monitor the quality of the service provided, however were not sufficiently robust to identify the issues found at this inspection.

People's care plans did not reflect the appropriate support for people and were task focused.

We have made a recommendation about person centred care planning.

Relatives told us they felt people were safe using the service. Staff followed appropriate infection control practices. Accident and incidents were recorded and acted upon. Any lessons learnt were used as opportunities to improve the quality of service.

Assessments were carried out prior to people joining the service to ensure their needs could be met. Staff had the training and knowledge to meet people's needs. People were supported to maintain good health and access healthcare services when needed. People were supported with their food and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were procedures in place to respond to complaints. The provider had investigated and responded promptly to any concerns received.

The provider worked in partnership with healthcare services and professionals to plan and deliver an effective service.

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

This service was registered with us on 15/03/2019 and this is the first inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern.

Enforcement

We have identified a breach in relation to medicines management at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Calvary 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team on site consisted of one inspector.

Service and service type

Calvary Care is a domiciliary care agency. It provides personal care to people living in their own homes.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We reviewed and discussed four care plans, five staff files and medicines records. We also spoke with the registered manager and deputy manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care documentation and quality assurance records. We also spoke with two care workers and two relatives to gain their views about the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant 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

- Medicines were not managed safely. Medicines administration records (MAR) did not accurately reflect the support people received. Therefore, we cannot be assured that people received their medicines as prescribed.
- One person was prescribed 'as and when required' (PRN) medicines including pain relief such as paracetamol. However, staff did not have clear guidance on when and how to give them medicines and records did not show the reasons why they had been administered."
- People required support with the application of topical creams. However, there was limited information in people's care plans detailing whether they were prescribed and when and where on the body the creams should be applied.
- For one person, there were multiple unexplained gaps on their MAR sheets.
- For people who required transdermal patches, there was no body map detailing where the patch should and was applied and any information to prevent potential skin damage to the site of application.
- In one person's plan, their current medicines were listed but there was no further information. We queried this with the registered manager who advised us the person manages their medication themselves and does not require medication support. However, this was not clearly detailed in their care plan.
- For some people, records showed both staff and family members administered their medicines. However, there was limited information in people's care plans which did not clearly outline the exact medicines support required by family members and staff and when this should be provided. MAR sheets showed inconsistent entries recorded by both staff and family members. Medicines risk assessments were in place which stated staff to observe for symptoms and agree with family before administering. However, there was no information detailing what these symptoms were and the circumstances in which it would be agreed for medicines to be administered and by whom.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, systems in place were not robust to ensure the proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Risk assessments were in place to prevent or reduce the risk of people being harmed which covered areas such as moving and handling. Risk assessments detailed measures staff needed to take to ensure people were safe in areas such as transferring and repositioning to

minimise the risk of harm.

- However, improvement was needed as we found risk assessments for two people were not place. For example, in one person's care plan, it stated they were at risk of falls and a referral for a falls alarm had been made, however there was no risk assessment in place detailing guidance for staff on how to support this person safely and minimise the risk of potential falls.
- For another person, who had developed a pressure sore, although a district nurse was involved and the person's care plan stated staff to observe skin integrity and support with the application of topical creams, there was no risk assessment in place to minimise the risk and prevention of further pressure sores developing.
- When speaking to people and relatives, they told us staff were aware of their needs and provided them with the support they needed to keep them safe from harm. A relative told us "No problems with the staff. I do keep an eye on how they do things like transferring [person] to ensure they do it safely and they always do."
- Staff understood where people required support to reduce the risk of avoidable harm. A staff member told us "Risk assessments are done to make sure people are supported safely. We have been trained in manual handling. I shadowed a staff member and they taught me how to do this correctly."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There were safeguarding and whistleblowing policies in place and staff had completed safeguarding adults training.
- Staff were aware of the different types of abuse and reporting procedures to follow if they had any concerns of abuse. A staff member told us "If I saw any unusual marks, I would report it to the manager and record it. I know I also have a right to report to the Police, local authority and social services. For emergencies, I would report it to the manager and call the ambulance."
- Relatives told us they felt people were safe using the service. A relative told us "[Person] is 100% safe with them [staff]." Another relative told us "They [staff] have an entry book which they use to record everything, and they let me, and the manager know if there is anything wrong."

Staffing and recruitment

- The provider had a system in place to review and monitor staffing levels and timekeeping to ensure there were sufficient numbers of staff deployed to meet people's needs.
- Relatives told us people had regular staff and they arrived on time for their visits. A relative told us "The staff are consistent, and they get on well with [person] which is great." Another relative told us "We have been provided with very regular and consistent staff. They are very reliable."
- Staff told us they received details about their shifts on time and they had regular people they supported and cared for. A staff member told us "I have regular people and the call visits are consistent and we can work around them."
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before staff were employed.

Preventing and controlling infection

- The service had an infection control policy in place. Staff had received training and were aware of safe infection control practices. They told us they had access to gloves, aprons and other protective clothing. A staff member told us "The manager provides us with all the PPE including aprons, masks, gloves and sanitisers. We need to protect people."
- Relatives told us staff always wore protective clothing when providing people with personal care. A relative told us "Yes, staff do wear PPE. They get changed near the entrance and keep all their PPE there."

Learning lessons when things go wrong

- The provider had a system in place to record and respond to accidents and incidents in a timely manner.

Records showed us any lessons learnt were relayed to staff and used to improve the quality of service to embed good practice.

Is the service effective?

Our findings

outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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 were carried out before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care.
- During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans.

Staff support: induction, training, skills and experience

- Staff had completed an induction programme based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for people working in care.
- Records showed staff had completed training the provider considered mandatory in areas such as safeguarding, moving and handling, health and safety, medication, fluid and nutrition and first aid. A staff member told us "Yes we have training every year. The manager makes us do it, even if we know what to do, we do the training, it is good for us."
- Staff also received supervision and appraisals and their competency was assessed by spot checks. This involved staff being observed by a member of staff and assessing how they carried out their duties. A staff member told us "I have regular supervision. The manager asks about any challenges I may have and anything we might need to improve on. We can discuss these and make any adjustments if we have to. She asks questions and makes sure I am okay."

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

- People were supported to eat and drink based on their individual preferences. People's care plans contained some information on the support they required with their food and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when required. The provider worked in partnership with other services, and health and social care professionals such as district nurses, occupational therapists and GPs. A relative told us "They [staff] let us know if anything is wrong. For example, they noticed some redness on [person's] skin and told me about it. They monitored the redness and let me know as they went along, we called the GP, and everything was okay."

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

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Records showed the service obtained consent from people about their care and support. If a person lacked capacity to make specific decisions, the registered manager would ensure the best interests decision making process was followed which would include involving relatives and healthcare professionals to ensure decisions were made in people's best interest. A relative told us "They do ask for consent, in fact they check with us both, [person] and me before they do anything."
- Staff sought people's consent before providing care and support. One staff member told us, "I also ask them [people] before I do anything. I ask them what clothes they would like to wear and food they would like to eat. Even if they are unable to verbally speak, they have a choice and they let me know by touching and pointing at what they want."

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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

- Relatives spoke positively about the care they received and told us staff were kind and caring. One relative told us "The carers click very well with [person] and they have a good relationship together with the family." Another relative told us "The carers are very good and very respectful. They knock [persons] door before they enter, they are very patient and extremely good."
- People's cultural and religious beliefs were detailed in their care plans and accommodated for.
- Staff had a good understanding of equality and diversity. A staff member told us "People are different in many ways such as cultures, upbringing and individual preferences. We need to respect these differences and not generalise about people."

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

- Records showed people and their relatives were involved with decisions about their care. A relative told us "Yes, the manager always makes sure they tell us both everything, not just me but [person] is fully involved too. We feel lucky to have them. We feel engaged and they have done really well." Another relative told us "Yes we have seen the care plan. We review [persons] care together."
- People received information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A relative told us "Yes they [staff] maintain the person's privacy and dignity 100%. They wait outside whilst [person] has a shower. There are no issues at all with this."
- Staff were able to tell us how they maintained people's privacy and dignity, and ensure they were comfortable when providing people with personal care. A staff member told us "You have to treat people with dignity and respect. I treat people the way I would want to be treated. I knock on the door before I go into their room and close the door so they have their privacy."
- People were supported with their independence and encouraged to do as much as they could for themselves. Staff understood the importance of promoting people's independence. A staff member told us "I encourage and explain to them what I am doing so anything they can do, they do it for themselves. Even though I am supporting them, I always make sure they are involved too and give encouragement like a 'well done' when they have done something themselves."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not person centred and lacked detailed guidance on how people should be supported safely in accordance to their specific needs. The language used was often a list of instructions.
- For example for one person who received their care in bed and needed two carers to support them with their personal care, their care plan stated 'requires support with oral hygiene, dressing up and grooming' and '...apply cream to skin areas....Change pad and dress in fresh clothes.' 'Support with oral care.'
- For another person, their care plan stated they required a carer in the morning to help them with their personal care and getting washed and dressed and in the evening to help them get ready for bed as they are very fatigued.' However, the care plan did not provide any further detail on how staff should be providing this support.
- For a third person who received four visits a day and required support with their personal care routine, there was no information detailed on how staff were to support the person with their personal care. This person also required support with their catheter, however their care plan only stated, 'staff to manage catheter care' and there was no further information detailing how staff were to manage this.
- For one person there were multiple care documents in place, it was unclear and confusing at times to know which documents were relevant to the person's current personal care routine.
- Despite care records not being clear, staff were able to describe how they provided personalised care and relatives told us they were happy with the support people received which met their needs. A relative told us " They do go the extra mile and help [person] with all the small things which matter to them as well as the general support they provide. If there are any concerns about person's health and wellbeing, they let me know and we work together to ensure [person] has what they need."

We recommend the provider seeks advice from a reputable source on care planning documentation which would reflect personalised and person-centred care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information which showed how they communicated and how staff should communicate with them.

- The registered manager told us that no-one required information that needed to be tailored to people's individual needs. However, if they did, this documentation would be provided in the form of large print or in a pictorial format.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints.
- Records showed complaints had been investigated and responded to by the registered manager which also made reference to contacting the Local Government Ombudsman if people felt their complaints had not been handled appropriately. A relative told us "There was an instance in relation to time keeping, but the registered manager stepped in immediately and everything has now been resolved."

End of life care and support

- People received care and support at the end of their lives.
- Care plans detailed people's end of life care wishes they had with involvement from families and religious and cultural persons when needed.
- The staff had also established links with external health and social care professionals and local hospices to ensure people's needs and wishes could be met.

Is the service well-led?

Our findings

high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the 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 being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were some audits in place to monitor the quality of service which covered aspects of the service including call monitoring, complaints, accident and incidents, spot checks and service user reviews. A relative told us "[Registered manager] comes and checks on them [staff] and that is really good." However, we found improvement was needed in relation to medicines management, assessing risk and care plans not reflecting appropriate support in accordance to people's specific needs.
- The registered manager understood their responsibility under the duty of candour and took responsibility when things went wrong. We noted communications to people and their relatives showed the registered manager provided apologies and reassurances that action was being taken to minimise the risk of any reoccurrence of such events and any issues were resolved.
- Relatives spoke positively about the service and felt the service was well managed. A relative told us "The manager is in touch all the time. She is approachable and I can pick up the phone to her anytime." Another relative told us "The [registered manager] is very approachable, helpful and supportive. She is extremely good at managing [person's] care."
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service. A staff member told us "We have a good relationship with the manager. We can call and reach out to her to discuss any issues or problems. She is good and provides me with everything I need to do my job."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Feedback from people and relatives about the service was obtained via surveys. Feedback from surveys were analysed to ensure they improved the service where needed. A relative told us "Yes we sent back a survey by post. I have no negative feedback about the service."
- Records showed the provider acted upon people's and relative's feedback to improve the quality of care being provided. For example, a relative had fed back that there was an instance with regards to lateness and infection control not being adhered to by staff. The registered manager responded and put in place actions including reviewing and improving their communication with people when any issues with time keeping occurred and ensuring staff robustly followed infection control procedures including refresher training.

- Records showed the service also received compliments from people using the service and their relatives. A relative commented 'Thank you for all your care and attention in looking after [person], they really appreciated you all being there. Thank you for everything.' Another relative commented "[The registered manager] treated [person] with dignity, compassion and professionalism'
- Staff meetings were held to discuss the management of the service. Staff told us they had the opportunity to share good practice and any concerns they had. A staff member told us "We have staff meetings every one to two months. We can raise any concerns we have or challenges we are facing. Everyone has a chance to speak and we can talk about anything we want to."

Working in partnership with others

- The service worked in partnership with relevant organisations and other health and social care professionals to provide effective joined up care. Records showed positive feedback received from a local hospice. Comments included 'the carers visiting during the day are wonderful and [relative] was very happy that Calvary Care was picked for their care' and 'Staff are very caring and make the effort to get to know the person and family by name. They ask the family about person's preferences. If the family have any questions about the care, the carers look into it/look for solutions and are proactive.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The systems in place were not effective to ensure the safe management of medicines.</p> <p>Regulation 12 (1) (2)</p>