

Care XY Limited

Care XY

Inspection report

Unit 10
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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

Our inspection was announced and took place on 25 January 2016.

This was the provider's first inspection since they had been registered with us in November 2012. This was because they [the provider] had only provided care and support to one person for a very short time before this care package. So there would not have been enough evidence for us to make judgements to rate the service.

The provider is registered to deliver personal care. They provided personal care to people who live in their own homes in the community. People may have conditions that include those relating to old age, physical disability, or a learning disability. At the time of our inspection one person used the service. They received care and support twenty four hours a day, seven days a week.

The provider was also the registered manager. 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.

Medicine management systems did not follow good practice or ensure that people would be protected from errors that could cause ill health.

Recruitment processes did not follow all that was required to ensure that unsuitable staff would not be employed.

The provider had policies in place and staff had received training on procedures they should follow to ensure the risk of harm and/or abuse was prevented. They had also undertaken risk assessments to maintain the safety of people who used the service.

Staff were available to meet individual needs. A relative felt that the staff were good and caring.

The staff had received the training they required to equip them with the knowledge they needed to support the people in their care.

The provider understood the requirements of the Mental Capacity Act (MCA) This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were encouraged to make decisions about their care. If they were unable to, their relatives were involved in how their care was planned and delivered.

People were enabled to engage in recreational activities that they enjoyed and met their preferred needs.

Complaints systems were in place for people and their relatives to raise their concerns or complaints.

A relative and the staff felt that the quality of service was good.

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.

Systems in place did not ensure the proper and safe management of medicines.

Recruitment systems may not fully prevent the employment of unsuitable staff.

Sufficient staff were provided to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had the knowledge they needed to meet people's needs in the way that they preferred.

Staff felt supported and guided to enable them to undertake their job roles.

Good ●

Is the service caring?

The service was caring.

People were supported by staff who were caring.

People's dignity, privacy and independence were promoted and maintained.

Good ●

Is the service responsive?

The service was responsive.

A relative felt that the service provided met their family member's needs.

People's needs and preferences were assessed to ensure that they would be met in their preferred way.

People's recreational needs were acknowledged and met.

Good ●

Is the service well-led?

The service was not always well-led.

The provider's audits had not identified the shortfalls in medicine management systems or record keeping.

There was a leadership structure in place that relatives understood. Relatives had confidence in the provider and the service they gave.

Requires Improvement 

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

Our inspection was announced and took place on 25 January 2016. It was carried out by one inspector. '48 hours' notice of the inspection was given because we needed to ensure that the provider would be available to answer any questions we had or provide the information that we needed.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We had not been made aware by anyone that any accidents or incidents had occurred. The registered manager confirmed that there had not been any accidents or incidents so they had not had the need to notify us of anything. The provider did not have a contract with any local authority at the time of our inspection.

We spoke with three care staff, the staff member who dealt with administrative and reception tasks, and the registered manager. We looked at the care files for the person that included their medicine records. We looked at recruitment records for three staff, training records, complaints, safeguarding and quality monitoring processes. With prior permission we visited the person and their family, spoke with a family member, and observed some support given by staff and staff interaction with the person.

Is the service safe?

Our findings

A staff member told us, "All checks were done for me before I could start work". Records that we looked at confirmed that before staff started to work checks had been carried out with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We noted however, that there was no provision on application forms for staff applying to work to verify why their last care employment ended. We also noted that a reference had not always been obtained from staffs previous care employer. The registered manager confirmed these recruitment shortfalls. This meant that the provider had not got all the required information to enable them to make a judgement on potential new staff's suitability to prevent any risk of harm to people.

A relative told us that there had not been any problems with their family member's medicines. The person's family took responsibility for ordering their prescribed medicines and gave instruction to the staff how they should be given. However, we found that the processes did not always accord with the provider's own policies and did not always ensure safety.

The provider's most up to date medicine policy highlighted that staff should not give people medicines that had not been prescribed unless the person's doctor had agreed with this. Records that we looked at, and staff we spoke with, confirmed that they had given the person medicines that had not been prescribed. They also told us they had not asked the person's doctor if it was safe to give the person those medicines.

Some medicines had been prescribed to be given 'as directed' but there were no instructions for staff of when and how these should be given. At least one medicine had been prescribed on an 'as required' basis and medicine records confirmed that the staff had given the person this medicine. There were however, no plans in place to instruct the staff under what particular circumstance the medicine should be given. This would ensure that the medicine was given when needed, and not given when it was not needed. There were no body maps in place to confirm to staff where prescribed creams should be applied.

The manufacturer's instructions for a medicine that was to be instilled in the ear stated that it should be used within 28 days once opened. However, the medicine bottle had not been date labelled when opened. The date labelling of the medicine would help to prevent staff using it longer than 28 days as the manufacturer had recommended.

A staff member told us, "I have had medicine training and have been assessed". Records that we saw showed that staff had received training to enable them to manage and administer medicines. This was confirmed by records we looked at.

Since our inspection the provider has told us that they have improved medicine management systems. However, we have not returned to the service to test that these improvements have been made.

A relative we spoke with told us that they did not have any concerns regarding abuse. The provider told us

told us that staff had received training in how to safeguard people from abuse and records we saw confirmed this. A staff member we spoke with knew the different types of abuse and the action they should take if they felt that a person was being abused. They said, "Any concerns about poor treatment I would report it straight away to the manager". Another staff member told us, "I would report to the manager. I could also report to the police or social services".

A relative we spoke with told us that they felt that their family member was safe. They told us that they would not use a service if they felt their family member would not be safe. They told us that they had continual Close Circuit Television (CCTV) monitoring in place to ensure this.

We saw that assessments had been undertaken to determine the person's individual risks that included, behaviour and mobility. Staff we spoke with told us what the person's risks were. What they told us reflected the risk assessments and care plans that we looked at.

A relative told us that two staff were provided at all times as was required and had been agreed by the provider. Staff we spoke with and the staff rotas that we looked at confirmed that two staff were always provided to support the person. This confirmed that the staffing provided had been sufficient.

Is the service effective?

Our findings

A relative told us that the service provided had been effective. A thank you letter from the previous person who received care for a short term read, 'Thank you for your excellent service and care'. Staff we spoke with told us in their view the care provided was good.

A staff member told us, "I had an induction before I was allowed to provide support. I had training and looked at procedures. I then worked with other staff who were experienced. It was very good". Another staff member said, "I have one to one supervision to look at how I do my job". The registered manager told us that all staff received regular supervision and annual appraisals were undertaken. Records that we looked at confirmed that those support mechanisms were in place. We saw that supervisions were provided to staff regularly and staff appraisals had been scheduled up to the end of December 2016.

A staff member said, "We [the staff] all have the training we need". Records that we looked at confirmed that a range of training had been provided to the staff that included, the principles of care, challenging behaviour and autism training. A relative told us that they felt that the staff had the knowledge to support their family member well.

A staff member said, "We always check and ask the person first before we give support. If we need to provide support and it is refused we wait a short while then ask again". The registered manager told us that staff were instructed to seek people's permission before they provided support. Our observations showed that staff asked the person if they would be happy to be supported with a task. We saw that the staff waited to get a response before they started the task.

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. The application procedures where personal care is being provided must be made to the Court of Protection and are called the Deprivation of Liberty Safeguards (DoLS). Staff told us and records confirmed that they had received MCA and DoLS training. Staff knew that they must ensure that people are not unlawfully restricted. The registered manager had knowledge of the principles of the MCA. They told us that they had not had a need to apply to the Court of Protection for the person who used the service.

A relative told us that they purchased their family member's food and drink. They told us that the person's meals were prepared adequately and that the person was supported to eat and drink effectively.

A relative confirmed that they took responsibility for their family member's health care. They told us that staff would give them support to do that. A staff member told us, "If there are any problems or concerns we tell the family".

Is the service caring?

Our findings

A relative told us that the staff were 'above good' and were caring. Staff we spoke with told us that in their view their colleagues were, "Very kind and caring". Our observations showed that the staff were caring. We saw that they spoke to the person in a calm way, stroked their face to reassure them, and smiled.

A relative told us that the staff were respectful to their family member and to them too, by not impinging on their 'family life', whilst providing support in their family home. Records highlighted that the person's preferred name had been determined and we heard the staff calling the person by that name. Staff knew that they must maintain people's confidentiality. A staff member said, "We must never discuss people with other people". A staff member told us, "When providing personal care we shut doors and close curtains. We tell the family what we are going to do so there is no disturbance".

A relative told us that staff encouraged their family member to as much as they could for themselves. Staff we spoke with confirmed that they encouraged the person to choose their clothes and as far as possible decide what they wanted to do each day.

Staff described to us how they promoted good communication with the person by speaking slowly and clearly. They also told us that they used pictures and objects to promote understanding. A staff member said, "At meal times we hold a spoon and that means that the meal is ready". This technique was reflected in the person's care file.

Is the service responsive?

Our findings

A relative told us that the provider asked a lot of questions about their family member's needs and risks. We saw that an assessment of need had been undertaken that highlighted food and drink likes and dislikes, any risks, and individual preferences which included, rising and retiring times. The gathering of this data ensured that the provider had enough information to be able to meet the person's needs in a way that was appropriate to keep them safe.

A relative told us that the staff knew their family member well. They told us that they had seen the care records and plans and were satisfied with them. The care plans that we looked at captured people's needs. We looked at the person's care plans then asked staff about the person's needs. The staff gave us a good account of these and had a clear understanding of what was needed to meet these.

A relative told us that the staff supported the person to undertake activities that they enjoyed. They named some local venues that included the park that their family member enjoyed visiting. The family member told us that the service provided was responsive and more than adequate regarding trips and outings. The provider told us, "At least one of the staff on any shift is a driver and has their car to be able to take the person out". Staff we spoke with confirmed this.

A relative told us that they would feel comfortable to complain to the provider if they had the need. We saw that a complaints procedure was available for them to follow if they had the need. Care records highlighted that the person used Picture Exchange Communication [PEC]. This is when words are exchanged for pictures to promote communication and understanding. However, the complaints procedures was only available in words, there were no pictures to make it easier to understand. The registered manager told us that they would address this.

Is the service well-led?

Our findings

A relative told us that the registered manager visited without the staff being aware that they were going to visit. A staff member said, "The manager does spot checks. Because of this it keeps us all on our toes". The provider told us that they did regular audits on staff, medicine management and records. However, this had not always worked. We found that medicine management systems did not ensure that people would be prevented from ill health. We found that some records were not available, were not appropriate, or were incomplete. Daily records that we saw were not all written in a 'person centered way'. The entries included, "Fed them," and, "Gave them a wash". Some notes were not written in an age appropriate way as an example; the word 'nappy' had been used. We found that some records for induction were dated by day and month but not the year. If the records were requested in the future for legal reasons or to clarify issues, it could be difficult for the provider to confirm, what year the records related to. Some of these issues and shortfalls we found had occurred in October 2015, but the provider had not identified these during their audits.

Since our inspection the provider has told us that they have improved record keeping and auditing. However, we have not returned to the service to test that these improvements have been made.

A relative told us that the registered manager and staff ran a better service than the previous one that they had used and that was why they changed to this provider. They knew who the manager was, had regular contact with them, and told us that they would be comfortable to approach them if they had the need. They told us that the registered manager asked them regularly about their views on how the service was being provided.

We found that support systems were in place for staff. A staff member said, "There is always someone we can go to if we need advice". All staff we spoke with confirmed that if they needed support outside of business hours there was a person on call they could telephone. Staff told us and records confirmed that regular meetings were held for staff. The meeting minutes confirmed that the meetings gave staff information and guidance. A staff member said, "The meetings are beneficial, we can raise things if we want to".

The provider was aware that they had a legal duty to inform us of any untoward events that may occur that could include accidents and injuries. They confirmed that no events had occurred to date that required a notification.

Staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. A staff member told us, "If I saw something I was concerned about like staff bad practice I would feel confident to speak up about it". We saw that whistle blowing procedures were in place and accessible for staff to follow.