Courtfield Healthcare Limited

Courtfield Healthcare

Inspection report

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Ratings

Overall rating for this service	Not sufficient evidence to rate
Is the service safe?	**Not sufficient evidence to rate**
Is the service effective?	**Not sufficient evidence to rate**
Is the service caring?	**Not sufficient evidence to rate**
Is the service responsive?	**Not sufficient evidence to rate**
Is the service well-led?	**Not sufficient evidence to rate**

Overall summary

Courtfield Healthcare is a domiciliary care service providing care and support to people in their own homes. When we visited there was only one person receiving a service. This meant that we were unable to provide a rating for this service because the agency was not fully operational. The registered manager told us they were planning to build on the business supporting people in their own homes over the next twelve months.

Courtfield Healthcare also provides nurses and care staff to care homes and hospitals. This service is not required to be registered with the Care Quality Commission as it is out of the scope of our registration.

The inspection was announced. We gave the provider 48 hours' notice of our inspection. We did this to ensure we would be able to meet with people and staff at the service. This was the agency's first inspection. This was because the service had not been providing personal care since registering in December 2012.

Summary of findings

The owner of the agency was 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.

Care plans were in place to guide staff on how people liked to be supported. These covered all areas of daily living. This included how people would like to be supported with personal care and any risks to the person or the staff member.

Safe recruitment procedures were followed to ensure staff were suitable to work with vulnerable people. Staff completed an induction and on going training to enable to build on their skills and knowledge. Whilst the staff member felt supported, more formal systems had not been introduced during the short time the business had been operating.

There were systems in place to monitor the quality of the service such as annual surveys, care reviews, supervisions and appraisals of staff. However these had not been completed since the service started operating in June 2015. The registered manager told us they met informally on a regular basis with the staff member employed and spoke regular with the person receiving a service to ensure they were happy with the care delivery.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
Whilst there was a safe service being provided to the one person using the service. It was too early to rate this service.

Staff knew how to recognise and respond to abuse. There were safe recruitment and selection procedures in place.

There were sufficient staff to provide the care. Assurances were given that further recruitment would be completed when new care packages were commissioned.

Not sufficient evidence to rate

Is the service effective?
Whilst there was a effective service being provided to the one person using the service. It was too early to rate this service.

People's nutritional needs were taken into account when planning the service.

The member of staff employed had received suitable training to enable them to support the person.

Not sufficient evidence to rate

Is the service caring?
Whilst there was a caring service being provided to the one person using the service. It was too early to rate this service.

Not sufficient evidence to rate

Is the service responsive?
Whilst there was a responsive service being provided to the one person using the service. It was too early to rate this service.

There were policies and procedures describing how people could raise concerns and complaints. No complaints had been received by the service.

Not sufficient evidence to rate

Is the service well-led?
It was too early to rate this service because systems were not up and running in relation to the monitoring of the service.

There was a registered manager who was committed to expanding the business and commencing new packages of care for people.

Not sufficient evidence to rate

Courtfield Healthcare

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, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector, who visited on 15 and 22 October 2015. This was the first inspection of Courtfield Healthcare. The provider has been registered with CQC since December 2012. However, the service was not providing personal care to people and has been dormant until June 2015.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had not asked the provider to submit their Provider Information Return (PIR) before this inspection

We spent the first day of the inspection at the provider's offices where we spent time with the registered manager and a member of the office staff talking about care delivery and reviewing documentation.

We looked at the care records for the one person receiving a service, the recruitment and personnel records for one member of staff, training records and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, recruitment, confidentiality, accidents and incidents and equality and diversity.

We spoke on the telephone with a relative, a member of staff and a local charity that has assisted people in using the services of Courtfield Healthcare. We did this to gather their views on how the service was managed. On the second day of the inspection we returned to provide feedback about our findings to the registered manager.

Not sufficient evidence to rate

Is the service safe?

Our findings

We were unable to make a judgement on this area. There was only one person receiving a service from June to the end of August 2015. This service was due to be reinstated but during this short period of time it was difficult to make a judgement on how safe the service was based on the care of one person. Therefore we have made a judgement "it is too early to rate".

Courtfield Healthcare at the time of the inspection was supporting one person with personal care and support. We spoke with a relative about the care and support that the person was receiving. They told us they received the same two care staff and they knew which member of staff was visiting on each visit. They told us they were confident that the care and support delivered was safe and their relative was safe when staff were present in their home.

Care and support was discussed with people prior to receiving a service. This enabled the registered manager to get to know the person and their support needs including identifying any risks to the person. Risk assessments were in place to identify any risks in relation to falls, pressure sores and those relating to their physical and mental health. Where risks were identified there was a framework for the registered manager to use to plan safe systems of working.

When we inspected no one was receiving support with their medicines. There were policies and procedures for staff to follow on the safe administration of medicines, including the expectations of staff. This included a description of the support that a person may require. There were forms for people to sign, consenting to the support from the care staff in respect of their medicines. The registered manager told us staff would be trained in the safe administration of medicines and their competence checked annually. We were unable to make a judgement on whether the administration of medicines was safe due to no one requiring this level of support. A member of staff confirmed they would only be able to administer medicines if they had received the appropriate training and they had been assessed as competent.

When people required assistance in managing their money an assessment and plan was available for staff to complete. This identified how people's monies were to be kept safe and the role of staff in completing checks and maintaining records of expenditure. Policies and procedures were in place to guide staff on their role and responsibilities. The registered manager told us no one required support with shopping or the collection of their pensions.

Staff were given a copy of the staff handbook which described to them their role in supporting people with their finances in respect of shopping and collecting pensions. There was guidance for staff on the acceptance of gifts, assisting people with their wills and acting as a beneficiary. The staff handbook stated, "You (staff) must not assist service users in the wording of their wills, or beneficiaries of their wills or in any way abuse the privileged relationship which exists between you and the service users". The guidance also stated gifts were not to be accepted by staff.

The service had emergency plans in place to ensure people were kept safe. These plans included information on finding alternative accommodation for people if they needed to evacuate their home in the case of a fire, gas leak or electrical failure. There were environmental risks assessments ensuring both the person and the care staff were safe. The registered manager told us they personally would visit a person's home to complete the initial assessment, to ensure appropriate equipment was in place and the environment was safe. This included risks inside and outside the person's home. For example, outside if there were any steps to negotiate to enter the property, and whether there was any outside lighting.

There was two staff working for the domiciliary care service. The registered manager and a care worker. The visits were shared between the two of them ensuring a consistent approach. This was confirmed with a relative who said staff always turn up on time and stay the allocated period. They named both the registered manager and the care worker as the sole providers of care to their relative. We were unable to speak with the person receiving a service as they were unavailable at the time of the inspection.

The registered manager clearly understood their responsibilities to ensure suitable staff were employed in the home. We looked at the recruitment information for the care worker. There were suitable recruitment processes in place to protect people. This included an application, a health declaration and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people.

Not sufficient evidence to rate

Is the service safe?

The registered manager showed us how they ensured staff were eligible to work in the UK this included making contact with the Home Office. References were obtained from previous employers. However, the registered manager was unable to locate these on the 15 October 2015. These were forwarded within 24 hours of the first day of the inspection. The registered manager told us on the telephone that they had found these shortly after we left on the first day as they were in a separate file.

The staff member we spoke with, was clear in respect of their role in keeping people safe and their role in reporting any allegations of abuse. They confirmed they had received safeguarding training as part of their induction. The registered manager told us they would liaise with the local authority and the police where necessary. There have been no allegations of abuse since the service started operating in June 2015, in respect of personal care delivery to people in their own homes.

There were policies and procedures explaining the role of the staff and the manager in the reporting of abuse. However, we advised this should be reviewed to ensure it is relevant to the business as it describes roles in the service that do not exist for example the co-director, the safeguarding manager and the evening manager. The registered manager told us they were the main contact for staff when an allegation of abuse was identified. The policy did not include contact details for the local safeguarding teams. Staff could possibly be working across different council areas. Therefore, it would be important for these contacts be made available. There was no information in the policy in relation to the provider's legal responsibility in reporting to us, the Care Quality Commission.

Not sufficient evidence to rate

Is the service effective?

Our findings

We were unable to make a judgement on this area. There was only one person receiving a service from June to the end of August 2015. This service was due to be reinstated but during this short period of time it was difficult to make a judgement on how effective the service was based on the care of one person. Therefore we have made a judgement "it is too early to rate".

A relative told us they thought the staff were competent in their roles and had received the necessary training. They were confident the staff providing support were suitable in meeting their relative's needs. They said their relative enjoyed the company of the care staff and were well matched.

There were systems for people to have their nutritional needs assessed and where risks were identified these could be reflected within people's care documentation. A relative told us the staff assisted with breakfast and they were "very good at cooking" what their relative liked. They had no concerns about the assistance that was given, this included ensuring the kitchen was tidy after they finished.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. The registered manager and the staff described to us how they would support a person if they lacked capacity involving their representative and other professionals. There were policies and procedures available to staff on their role and their legal responsibilities. Assessment information included information about a person's mental capacity and who else was involved in making decisions about their care where relevant. The registered manager was able to describe how they would involve a representative that had legal power of attorney, if a person they provided care for had one in place for their finances or care and welfare.

The registered manager told us there was a system for all staff to have regular supervision and an annual performance appraisal. However, they told us this had not been formally introduced, as the service had only been in operation since mid-June. The service had stopped at the end of August 2015 due to a planned holiday for the person. This meant that we could not see if the registered manager was implementing an effective system for monitoring staff performance.

The member of staff confirmed they had completed an induction before working with people. This included core training such as moving and handling, infection control, health and safety and safeguarding adults. They told us the training had equipped them for the role they were performing. Records held in the office confirmed the staff member had completed an induction in March 2015 which included the core training they described. The registered manager told us they delivered this training along with another member of staff who had completed a train the trainer course in both moving and handling and safeguarding adults. Certificates were seen confirming this.

The registered manager told us they were planning for staff to complete further qualifications in care. They showed us an email from a training provider detailing the plan for staff to complete a diploma in care. Health and social care diploma training is a work based award that is achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard. The registered manager told us this would include introducing the Care Certificate. The Care Certificate is a new induction that was introduced in April 2015 for all care workers.

Not sufficient evidence to rate

Is the service caring?

Our findings

We were unable to make a judgement on this area. There was only one person receiving a service from June to the end of August 2015. This service was due to be reinstated but during this short period of time it was difficult to make a judgement on how caring the service was based on the care of one person. Therefore we have made a judgement "it is too early to rate".

The relative of the person receiving support told us, "We have regular carers", "The staff are good, friendly, punctual, we are well satisfied with the service", and, "Cannot fault the service they have been really good in helping my husband to recover".

The registered manager provided people with information about the services provided by the agency. This was a service user guide which explained how the service operated and what people could expect. People could contact the agency at any time; there was a 24 hour on call system to deal with any issues of concern or changes they wanted to discuss. The relative confirmed they could contact the registered manager at all times.

The registered manager told us that all staff wear a uniform and a name badge. This enabled people to recognise their care worker. However, if people expressed a preference for staff not to wear a uniform because they did not want their neighbours to know they were receiving care this was supported by the agency. This showed that people's views were taken into account ensuring their privacy and dignity was maintained within their local neighbourhood.

Staff were knowledgeable about the care and support needs of the person they were supporting. Care documentation included information about the person, their history, their likes and dislikes and cultural needs. Staff had a good understanding of the cultural needs of the person and what was important to them.

People were asked how they would like to be addressed. Staff stated this showed respect to the person. However, it was noted that when staff were completing written records of the visit they had not used the person's preference.

Care documentation included the person's preferred routine including their preference for the times of the visits. Records confirmed that the visits to the person were within their preferred timeframe. The member of staff stated that it was important they arrive at the stated time recorded in the care plan as this was the person's preference.

Not sufficient evidence to rate

Is the service responsive?

Our findings

We were unable to make a judgement on this area. There was only one person receiving a service from June to the end of August 2015. This service was due to be reinstated but during this short period of time it was difficult to make a judgement on how responsive the service was based on the care of one person. Therefore we could not be confident that if the service expanded this would be consistent. Therefore, we have made a judgement "it is too early to rate".

The registered manager described to us how they would assess and match new people with appropriate staff. The manager told us, it was important for people to feel at ease with staff and they liked the staff that were supporting them.

Assessments were conducted by the registered manager prior to a service commencing. This included seeking information about activities of daily living such as eating and drinking, assistance with personal care, mobility and any risks relating to people's physical or mental health. The manager told us they would visit the person in their own home. Once the initial assessment was completed this would inform the care plan. People would be involved at all stages to ensure the care was appropriate based on their wishes. People were supported to sign their care plan showing they were in agreement.

The registered manager told us they would keep the plan of care under review involving the person and their representative. The service user guide and statement of purpose, which was shared with people, stated that an annual review would be completed with the person and their representative. This was to ensure the care remained suitable and the care plan relevant. However, the manager stated that amendments could be made if people's needs had changed.

The statement of purpose described the service and how the staff would respond to people's changing needs. It was clear that all attempts would be made to ensure people were matched with appropriate staff. Where people were not happy with staff it was clear they could raise their concerns with the registered manager. To ensure the service could respond to people's needs the registered manager said a small team would be organised depending on the needs of the person. This would ensure there were contingencies, such as if a member of staff was on annual leave or absent, another member of staff familiar to the person could then step in to assist the person.

Staff confirmed they would discuss any changes to people's care enabling the registered manager to respond appropriately. Written records of each visit were completed detailing the support that was delivered in accordance to the care plan. The registered manager told us these were kept in the person's home for a period of a month and then they were returned to the office. The registered manager said they planned to check these to see if there were any changes or concerns with people's care.

There had been no complaints received by the service in respect of the personal care being delivered. The registered manager was able to demonstrate how these would be investigated including providing the complainant with feedback. The service user guide included information about how people could raise a complaint with the provider. If they remained dissatisfied then alternative contacts were given including raising their concerns with Adult Social Care and the Care Quality Commission. The relative we spoke with told us "I have no complaints, I am very happy with the service and if I did I know that X, (the name of the registered manager) would do his best to resolve this, I am very grateful for the care they give to my relative".

Not sufficient evidence to rate

Is the service well-led?

Our findings

We were unable to make a judgement on this area. There was only one person receiving a service from June to the end of August 2015. This service was due to be reinstated but during this short period of time it was difficult to make a judgement on whether the service was well led, based on the care of one person. In addition there was only one other member of staff employed for the purpose of providing personal care to people in their own homes and the registered manager. Therefore we have made a judgement "it is too early to rate", this is because we could not be confident that if the service expanded this would be consistent.

A relative and the member of staff told us that they thought the service was well-led. The relative said that they had no concerns and that the registered manager was approachable and very helpful. The member of staff told us they had regular contact with the registered manager which included telephone and email contact.

There were suitable numbers of staff to care for the one person safely and meet their needs. The registered manager said that they would recruit new staff as new packages of care were commissioned.

They told us they intended to install an electronic call monitoring system where staff would register by telephone on arrival at a person's home and as they were leaving. This would enable the registered manager to monitor the length of calls and any missed calls and take appropriate action where required. The registered manager said this was important as the business expanded.

The registered manager told us they were keen to start new packages of care and were liaising with a local charity that supported people that were disabled to live independently in their own homes. They told us they wanted the business to grow alongside the other part of the business supplying nurses and care workers to care homes and hospitals.

There were no written records to demonstrate that the registered manager had provided support to the member of staff through formal supervision. However the registered manager said they had regular discussions with them on the telephone. Good practice would be to keep a record of these. We spoke with the member of staff about their roles and responsibilities. They were able to describe these and were clear about their responsibilities, both to the person receiving care and to the registered manager. The staff member said that the registered manager was approachable and supportive, and they felt able to discuss any issues with them. As the business grows the registered manager recognised that they would have to ensure that more formal processes were in place including regular formal staff supervisions, appraisals and staff meetings.

The registered manager was able to describe to us how they would monitor the quality of the service through care reviews, surveys distributed to people who use the service and spot checks. Spot checks are where the registered manager would work alongside staff whilst they were supporting people. This would enable then to monitor staff performance and their understanding of key policies such as moving and handling and infection control. These systems were not formally in place as the service had only recently started operating.

The registered manager recognised there were some shortfalls in the service and was planning to employ an external consultant. Their role was to audit staff personnel files to ensure they contained all the relevant information and monitor whether staff had received their induction and on going training. They were completing this for all staff that were employed by Courtfield Healthcare Ltd. They were also planning to review the policies and procedures and assist in expanding the business alongside the registered manager.

There have not been any notifiable incidents which the provider has to tell us by law. There had been no accidents or incidents. Policies and procedures were in place describing the process that staff would follow should there be an accident or incident.