

## Care Never Sleeps Limited

# Care Never Sleeps Limited

### Inspection report

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### 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?

Good 

### Overall summary

This inspection took place on 18 June 2015 and was announced. We gave the provider 48 hours notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to make sure staff would be available.

Care Never Sleeps Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. The service currently provides care and support for 7 people, ranging in age, gender, ethnicity and disability. There was a registered manager in post. 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.

Following our last inspection on 23 April 2014, we found the provider was not fully compliant with the regulations we inspected. We had concerns about the provider's complaints policy and quality assurance systems. Staff had not received sufficient supervision and training to support them in their role. The provider sent us an action

# Summary of findings

plan outlining how they would make the improvements and we considered this when carrying out this inspection visit. We found that the provider had addressed these concerns.

Staff knew how to reduce the risk of harm to people from abuse and unsafe practice. The risk of harm to people receiving the service was assessed. Where people required support with taking their medicine, there were procedures in place.

People felt there were sufficient numbers of staff available to meet people's needs. Some of the staff felt there was a requirement for additional staff. There were procedures in place to recruit staff safely.

People and relatives felt safe and secure with staff coming into their homes. They felt staff had the skills and knowledge to care and support people in their homes.

Staff were trained and supported to care for people. Where appropriate, people were supported by staff to access other health and social care professionals when needed. The provider was taking the appropriate action to protect people's rights.

The staff was caring and treated people with dignity and respect. People's independence was respected and promoted and staff responded to people's support needs.

People felt they could speak with staff about their worries or concerns and they would be listened to and have their concerns addressed.

Everyone felt the quality of the service was good. The provider had improved the internal quality assurance systems to monitor the care and support people received.

# 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?

The service was safe.

People felt safe with staff coming into their homes.

Staff supported people to take their medicine safely.

Staff had completed security checks, and the recruitment process showed information had been checked.

Good



### Is the service effective?

The service was effective

Staff were aware of key processes to ensure people's rights were protected.

People's care needs were being met and staff had the skills and knowledge to support them.

People were supported to have a varied diet, and their health care needs were met where required

Good



### Is the service caring?

The service was caring

Staff were caring, kind and treated people with dignity and respect.

People and relatives were involved in the planning of people's care.

Staff supported people to maintain their independence where ever possible.

Good



### Is the service responsive?

The service was responsive

People were satisfied with how their complaint was addressed.

People and their relatives were encouraged to provide feedback on the quality of the service they received.

People received care and support that met their needs.

Good



### Is the service well-led?

The service was well led

Quality assurance processes were in place to monitor the service to ensure people received a quality service.

People found the overall quality of the service they received was good. They were happy with the service they received.

Good



# Care Never Sleeps Limited

## 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.

This inspection took place on 18 June 2015 and was announced. The inspection was conducted by one inspector.

The provider was given 48 hours notice, because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in.

When planning our inspection we looked at the information we held about the service. This included

notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service and reviewed information that they sent us on a regular basis

During our inspection visit, we visited the provider's main office location and spent time with the registered manager. After the visit, we spoke with two people, four relatives and three staff. We reviewed the care records of three people, to see how their care was planned. We looked at staff recruitment and training records. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a quality service.

# Is the service safe?

## Our findings

We last inspected this service in April 2014 and found the provider was not meeting all the requirements of the regulations we looked at. Staff wore inappropriate footwear for manual handling and nail polish which reduced the effectiveness of hand hygiene. We asked the provider to send us an action plan outlining how they would make improvements. The provider told us there would be on-going spot checks to make sure staff adhered to the reviewed and updated uniform policy. We saw spot checks had been completed and staff was provided with a standard uniform.

Relatives we spoke with told us they felt their family member was safe when staff entered their homes and supported them with their care and support needs. One relative told us, "The staff will always make sure [person's name] is left safe and secure". Another relative told us, "If I have anything I might be worried about I will speak with [staff name] and they tend to sort everything out." A staff member told us, "I check the environment around the person is clear of objects so they can't trip up and that they are comfortable." Another staff member said, "I make sure the door is locked and the key returned to the box."

Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed and explained the signs they would look for. For example, they said they would observe for signs of bruising, change in behaviours or signs of neglect. One staff member said, "Part of my job is to check the person's skin for marks and if there was a problem I would always call the office." Another staff member told us, "If the person had bruising that I had not seen before, I would tell the office straight away." Staff knew how to escalate concerns about people's safety to the provider and other external agencies. We found that the provider had a safeguarding procedure in place. This supported staff to recognise different signs of abuse and help to reduce the risk of harm to people.

Relatives we spoke with told us their family members had received a risk assessment, before staff came to visit and support them in their home. One relative said "The manager and care worker came out before the service started and completed the assessment." Another relative told us, "I am very involved in [person's name] care, they [staff] always make sure they involve with me." A third relative said, "I can speak informally with [staff name]

whenever I want to, we do speak most days." We saw that risk assessments were comprehensive and any risks identified with the care and support by people had been managed. For example, the person's environment they lived in and their health condition. This included the effects of the condition and signs to look for if the person's health began to deteriorate. For example, there were detailed notes relating to diabetes and epilepsy.

We asked staff what action they would take in the event of an emergency. One staff member explained the process for a person who had fallen, they said, "If they [the person] had fallen, I would check them for injury and make them comfortable, contact the office so it would be logged in the accident book, and if they needed emergency treatment, contact 999. Then tell the relatives." Another staff member explained the process for a person who had an asthma attack, "First thing I'd do is make sure the person had their inhaler and if they continued to have difficulty breathing call for an ambulance." We saw the provider had an accident and incident policy in place to support staff. Although staff had not used this process; the provider safeguarded people in the event of an emergency, because they had procedures in place and staff knew what to do.

People and relatives felt that there were enough staff and they had the skills and knowledge that met people's individual needs. Relatives said that care workers were consistent and they knew when they were coming to their family member's home; which helped with the continuity of care. A relative told us, "I think there is enough staff. [Person's name] has two regular carers and they tend to come on time and if they are a little late, they send a text or call and make the time up at the end." Not all the staff we spoke with felt there was enough staff to meet people's needs. One staff member told us, "When I go on holiday, I let the office know and arrange cover for myself with the other care workers." Another staff member said, "We struggle to find cover for weekends and evenings." A further staff member said, "It has been a little difficult this last month with two experienced staff leaving, but I have been told we are getting more staff soon." We asked the registered manager about staffing numbers. We were told they were waiting for the pre-employment checks for two bank staff and that they had not thought there was a problem, as calls were being covered. However, the

## Is the service safe?

registered manager assured us this would be raised at the next staff meeting to discuss any concerns staff might have. We saw that calls were being covered and people received their support largely on time.

One person had told us they had been attended by one care worker instead of two, as identified in their care plan. We raised this with the registered manager who explained this was correct; the person no longer required two care workers. Although should that need change, there was a second care worker available. They told us they would be visiting the person to re-assess their care plan and update the records accordingly.

Staff spoken with told us that all required recruitment checks were undertaken before they worked unsupervised. We checked the recruitment records of three staff and found the necessary pre-employment checks had been completed. Therefore, the provider had processes in place to safely recruit staff.

We saw from care records, staff would prompt and 'give' medicines to people. Staff told us they completed Medicine Administration Record (MAR) sheets each time people had their medicine. We saw from two MAR sheets which confirmed this. No medication errors had been reported and people and relatives confirmed to us they had not raised any concerns.

# Is the service effective?

## Our findings

We last inspected this service in April 2014 and found the provider was not meeting all the requirements of the regulations we looked at. Staff did not receive on-going supervision, planned appraisals and training to support them in their role. We asked the provider to send us an action plan outlining how they would make improvements. The provider told us there would be regular supervision, an annual appraisal and staff training would be updated. We saw monthly supervisions had been completed and staff had received refresher training to support them in their role.

People told us they felt the care they received was consistent and staff that supported them had the correct training and knowledge to meet their needs. One person said “[Staff name] is very good.” A relative told us, “I think staff are trained in what they do, [person’s name] has grown in confidence since [staff name] has been supporting them.” Staff were able to explain to us about people’s needs and how they supported them. Another relative told us, “I can only talk about the care worker that comes to [person’s name] but they seem to know how to look after them, [person’s name] would tell me if they were not happy.”

We saw that new staff members had completed induction training, which included shadowing a member of staff. One staff member told us, “I shadowed a member of staff; they showed me and trained me on what I needed to do.” We saw from the provider’s training development plan for 2015, refresher and additional training for staff had been scheduled throughout the year. There were mixed opinions from staff in respect of the quality of the training. One staff member told us, “The training is good I find it really helpful.” Another staff member said, “I don’t think the training is very good it’s all about writing and reading, it needs to be more practical, you can learn better that way.” Another staff member told us, “You can ask for training and generally it’s provided but I would find more practical training useful.” We discussed staff comments with the provider. They told us they were encouraged by the feedback and this would form a basis, when updating the training programme to incorporate the Care Certificate.

The staff we spoke to told us that staff meetings took place most months and supervision was conducted with the registered manager, approximately every three months.

One staff member said, “We are a very good team we always meet up and discuss cases, this helps when we cover for each other.” We saw staff had received supervision, which included regular spot checks. We saw where problems had been identified; these were discussed with staff in their supervision. Examples were also raised at team meetings to share experiences, encourage and promote good practice, with the aim to continue to provide an effective service for people.

Staff told us they had completed mental capacity training and were able to demonstrate to us in their answers how they supported people to make decisions about their care and support. People and relatives we spoke to said staff would always seek the person’s consent before carrying out any support and care needs. The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers of domiciliary care agencies, to submit applications to the Court of Protection to deprive someone of their liberty, in order to keep them safe. Staff spoken to demonstrated an understanding of the principles of MCA and DoLS.

We saw that people did not require assistance from the staff with their nutritional diet. This was because they either supported themselves or their relatives assisted them. We asked staff what they would do if they found a person was at risk of losing weight or refusing to eat. They told us they would let the office know and contact the family. One staff member said, “I’d raise it with the community nurse.” Although, staff told us they did sometimes support people with their food preparation. They explained, people would show them what they wanted to eat and staff would prepare and cook it for them. One staff member said, “I’ve worked really closely with [person’s name] to try and improve their eating, I encourage them to try different foods instead of always choosing fattening food.” Another staff member said, “I always leave a cup of tea and sandwiches so they don’t get thirsty or hungry but I’m restricted on what I can prepare because the relatives buy all the food.”

Staff told us they would sometimes make appointments for people on their behalf, if a family member was unable to do this and the person needed to see someone quickly. A staff member said “I don’t usually make appointments but if somebody was really ill and needed to see a doctor, I’d

## Is the service effective?

contact them and then let the family know.” We saw from care records that other health and social care professionals were involved with people. Staff understood the need to seek emergency help where people needed this.



# Is the service caring?

## Our findings

Everyone we spoke to were complimentary about the quality of the care and support from the staff. They told us staff was caring and kind and that people received the help and support they needed. They said the staff were patient and treated people with respect. One person said, “[Staff name] is wonderful.” A relative told us, “[Staff name] is really good with [person’s name] they are comfortable with them [staff], that is really important to [person’s name].”

We saw that staff employed by the service reflected the diversity and culture of the people they supported and the wider community in which they worked. People could be confident that staff would understand their specific requirements relating to their faith and tailored the care and support to meet those religious and cultural needs.

People using the service and relatives told us they were involved in planning the care they received from staff and that the staff listened to them. One person told us, “The staff listen to me.” We were told that people were provided with a copy of their care plan which contained, for example, contact details for the office and complaints policy. A relative said, “We have a book which details [person’s name] care.” The registered manager told us they discussed the care plan with the person or family member and it was

reviewed on an annual basis or when people’s needs changed. Another relative told us, “The manager sometimes comes out with the care worker and goes through the care plan with us.”

People said they were treated with respect and dignity. One person told us, “The staff are always respectful.” Relatives told us that they never heard staff talk disrespectfully about another person while they were in their family member’s home. They said that staff were very discreet and they felt assured personal information was not shared with other people using the service. Staff told us they always treated people with respect and maintained the person’s dignity. Staff were able to give us examples of how they ensured people’s dignity and privacy. For example, always making sure curtains and doors were closed and, where appropriate, politely asking family members to leave the room before carrying out any personal care. A staff member told us, “I make sure I do not use slang or inappropriate words because the person might not understand what you are saying to them.”

Relatives said the staff encouraged people to be as independent as possible. One relative told us, “Since working with [staff name] my [relative] has come on in leaps and bounds.” A staff member said “I always try to prompt people to do things I know they can do for themselves.”

# Is the service responsive?

## Our findings

We last inspected this service in April 2014 and found the provider was not meeting all the requirements of the regulations we looked at. Although the provider had a complaints policy, we saw that complaints were not followed through the process. We asked the provider to send us an action plan outlining how they would make improvements. The provider told us they would review their complaints process. We found the complaints process was reviewed and any action points had been identified and used to improve the service.

People using the service and relatives told us they felt people's needs were being met. They said they had been involved in the assessment process and agreed with the outcome about delivering their care and support needs. One relative said, "We saw the manager at the very beginning, they took all the details down for [person's name]." Another relative told us, "I make sure I am involved." The provider told us that reviews would take place annually, although if there was a change in a person's care and support needs, an immediate review would take place. We saw that assessments were carried out and care plans drawn up. Each of the care records we looked at had a copy of the care plan, which had been reviewed. We saw the plans were person centred for example specific requirements to meet cultural and religious needs.

Staff we spoke to confirmed their knowledge of the people they supported; including an understanding of their likes and dislikes. Staff demonstrated to us, through examples,

how they supported people, by encouraging people to do as much as they can, for themselves. A relative told us, "Since [staff name] has supported [person's name] they will go out more now and do some shopping which they would not have done so before." A staff member told us, "Before I do anything I always ask them what they would like me to do and if they would like to try for themselves, sometimes they do and sometimes they don't." We saw from records that people had consistent carer workers, who provided regular support to them.

People we spoke with told us they were happy with the service received from the provider and had no recent complaints. One relative said, "There have been a couple of things that have annoyed me but I just talk to the manager or care worker and it does get resolved." Another relative told us, "Generally, the carer comes at the right time and stays the right length of time; if they are going to be late they do let us know." We saw from daily record sheets, staff were consistently visiting the same people and were largely on time in accordance to the person's care plans. We were told if staff were late, they would text or phone to let the person know and any time lost would be made up. A staff member said, "If I know I am running late I will contact the person and the office."

We saw there had been one complaint made since April 2014. We saw the provider had tried to incorporate feedback following the investigation process, to identify good practice and areas for improvement. We saw any issues raised had also been addressed with individual care workers in their supervision.

# Is the service well-led?

## Our findings

We last inspected this service in April 2014 and found the provider was not meeting all the requirements of the regulations we looked at. There was no business plan and quality assurance systems were not sufficient to monitor the quality of the service being delivered. We asked the provider to send us an action plan outlining how they would make improvements. The provider told us they would submit their business plan and review their quality assurance systems. We found the provider had written and submitted their business plan and reviewed and updated their quality assurance process.

People and relatives we spoke with were positive about the service they received. One person said, "I am happy with the carers." One relative told us, "Every time I've had to ring the office, I've always managed to speak with the registered manager; they always seem to be around." Another relative said, "Overall I am very satisfied with the service [person's name] receives."

People and relatives told us they had spoken with somebody from the office, asking them for their comments about the service they received. One relative said, "The care worker asks us how things are going and if we are concerned about anything." Another relative told us, "I've only met the manager a few times, but when I speak to them on the phone, they are always very nice, they seem very capable." In addition to quality survey questionnaires sent out to people, the provider had also introduced a monthly telephone courtesy call system. The registered manager or a care worker telephoned people. The information gathered from the calls was used as a means to identify any areas for improvement or concern that needed to be addressed with staff. We saw calls were made on a monthly basis. The provider told us all the information would be analysed and used for continued improvements as well as recognising areas of good practice.

Staff told us they had team meetings and supervision. One staff member said, "We have meetings with each other all the time about different things." We saw there were records of these meetings having taken place. There were mixed opinions from staff when asked if they felt supported and valued by the management team. One staff member said, "I like the flexibility of working here and the openness of the

manager." Another staff member said, "The manager does always get back to you, I love working here." Another staff member said, "Sometimes, we are not all treated the same that can be a little frustrating." We asked the registered manager, who explained there had been some issues around holiday requests made at short notice. Some staff had not adhered to the holiday request process and time off had not been agreed. This was because appropriate cover was not available as too many staff had requested the same days off. Therefore, the registered manager had used their discretion; however, they assured us this would be discussed at the next team meeting.

Staff told us they would have no concerns about raising anything they were worried about with the registered manager. One staff member said, "I would go straight to the manager if I was worried about anything." Another staff member said "If I had a problem I would tell the manager and if nothing was done about it then I'd contact CQC." Although staff had not used the whistleblowing process, we saw the provider had a policy in place to support them.

There was a registered manager in post. The provider had not notified us about events that they were required to by law. However, we saw there had been no significant incidents or accidents that required the provider to inform us. The provider explained what type of incident they would need to report to the Care Quality Commission (CQC) and the process they would need to follow. Therefore, the provider did have processes in place in the event of reporting an incident or accident to us. Before the inspection we asked the provider to send us a PIR, this is a report that gives us information about the service. This was returned to us completed within the timescale requested. Our assessment of the service reflected the information included in the PIR.

The provider had internal quality assurance processes in place. For example, we saw that monthly audits had been completed to seek feedback from people who used the service and relatives. This included sending out satisfaction surveys and telephoning people who used the service and their relatives. There had been an improvement with the recording of feedback. We saw that actions identified through the quality assurance process had been actioned by the provider.