Mrs Julie Price

Enhanced Care and Bathing Service

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Enhanced Care and Bathing Service is a domiciliary care agency which provides personal care and support to older people in their own homes who have a variety of needs. The service is managed from the provider's address.

At the time of this inspection 15 people were using the service, nine of whom were receiving support with personal care needs. The total hours of personal care provided were around 40 hours per week. Calls were provided from 0900 to 1700 hrs, with a typical call lasting an hour. The service also provided domestic support and companionship to people, but we did not inspect these aspects of the service as the Care Quality Commission does not regulate these services. This inspection looked at the care and support of those people who received assistance with their personal care.

This inspection took place on 6 and 7 September 2016.This was an announced inspection which meant the provider had prior knowledge that we would be visiting the service. This was because the location provides a domiciliary care service, and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

The owner of the company (known as the provider) also held the position of registered manager and managed the service on a day to day basis, in addition to providing care to people who used the service. 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.

The service was last inspected in September 2014 when we found it was not meeting the regulations in relation to maintaining adequate care records and assessing and monitoring service provision. During this inspection we found the provider had breached Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality monitoring process failed to identify our concerns in relation to care records lacking sufficient detail and individual risk assessments not being reviewed regularly.

Training records showed not all staff training was up to date. Staff had not completed up to date training in infection control and safeguarding.

We found some improvements had been made in assessing and monitoring the quality of the service as staff received regular observations of their competence and people's feedback had been sought.

People told us they felt safe and comfortable with staff, and were happy with the continuity of care they received.

The provider had policies in place to deal with safeguarding concerns, accidents and incidents but no events of this type had occurred since the last inspection.

People and relatives told us staff were caring and listened to what people wanted and needed. People said they had positive relationships with care staff. One person said, "They're lovely girls. I can't think of anything to make it better. I'm very happy with the service." Another person told us, "The staff listen to me and are very caring."

The provider had a 'service information' booklet for people who used the service. This included information about how to make a complaint, including the contact details of the provider. People we spoke with said they felt comfortable about contacting the provider at any time to discuss the service.

People and relatives felt the service was well-run. People told us the provider was very approachable.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments relating to people were not reviewed regularly.

People we spoke with said they felt safe and comfortable with staff.

People said they were happy with the continuity of care they received.

Is the service effective?

Requires Improvement

The service was not always effective.

Training records showed not all staff training was up to date.

Staff received regular observations of their competence.

The registered manager worked in collaboration with other care agencies.

Is the service caring?

Good

The service was caring.

People told us staff were caring.

People were happy with the care and support they received.

People told us they were encouraged to maintain their independence wherever possible.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records contained details about people's daily care needs but these were but these were lacking in detail and not person-centred.

Where people's risk had increased the registered manager had

taken practical action.

People we spoke with said they felt comfortable contacting the provider to discuss the service at any time.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's arrangements for monitoring the quality of the service had not identified that risks to people were not regularly reviewed and recorded.

Improvements had been made in assessing and monitoring the quality of the service.

People and relatives felt the service was well-run.

Enhanced Care and Bathing Service

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.

The inspection took place on 6 and 7 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience supported the inspection by telephoning people in their own home to gather their experiences of the care and support being provided.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the local safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with six people who used the service and two relatives. We also spoke with the registered manager who is also the registered provider. We sent an email questionnaire to the two care workers employed by the service, but we did not receive a response. We looked at a range of care records which included the care and medicine records for four people who used the service, recruitment records for three staff, and other documents related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

The provider had assessed some of the risks to people when they began to use the service. These included moving and assisting assessments and pressure care assessments for people who had poor skin integrity. Over time several handwritten notes had been added to the risk assessments so it was not always clear whether the original risk assessment remained valid. For example, one person's moving and assisting assessment was dated October 2013 and their needs had changed. This meant risks to people were not always reviewed in a timely manner and records were not always updated when people's needs changed. When we asked the provider about this they described the risks relevant to each person they supported. The provider agreed that risk assessments needed to be reviewed regularly and documented accordingly and said they would rectify this immediately.

The provider had policies in place to deal with safeguarding concerns, accidents and incidents but no events of this type had occurred since the last inspection so we could not be sure how effective safeguarding and accident procedures were. The provider told us, "We've never had any safeguarding issues or anything like that." Staff had information in a staff handbook about how to raise concerns and report incidents.

Staff had completed safeguarding training but this had not been updated for several years. When we asked the provider about this they said, "All staff are due to complete updated safeguarding training by the end of 2016." Records confirmed arrangements were in place for this.

All the people we spoke with said they felt safe and comfortable with the staff and the service. One person commented, "I feel safe with the staff because they know what they are doing. They treat me nice and they are friendly." A relative told us, "[Staff name] comes and looks after my family member very well and that makes them feel safe."

We spoke with the provider about staffing. They said, "The rotas only change when staff are on holiday or are sick. I don't use agency staff as I wouldn't know who I was getting in. If staff are off we cover the shortages between us. I do extra calls if needed. We prioritise personal care calls over domestic calls." The provider carried out some care hours and the remainder were carried out by two care workers. Staff members had set rotas so they provided the same support to the same people. Staff covered each other in the event of holidays or sickness.

People told us they had "enough staff" and were happy with the continuity of care they received. The small number of people for each staff member meant they were able to become familiar with people's needs and any changes in their well-being. Assessment records showed people had been involved in choosing which days and times of the day they wanted support.

Thorough recruitment and selection procedures were in place to check new staff were suitable to care for and support vulnerable adults. The service had requested and received references, including one from their most recent employer. Background checks had been carried out and proof of identification had been provided. A disclosure and barring service (DBS) check had also been carried out before staff started work,

but there was no policy in place to update these at regular intervals. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The provider told us and records confirmed most people did not require assistance with the administration of their medicines. The people we spoke with confirmed they or their relatives managed their own medicines. One person was supported occasionally by the agency if relatives had to go out. Some people were supported with verbal prompts to remind them to take their own medicines or supported to remove tops from medicine containers. People's needs in relation to medicines were clearly stated in their care records. The provider and the two care workers had completed training in safe handling of medicines.

Requires Improvement

Is the service effective?

Our findings

Training records showed not all staff training was up to date. For example, staff had completed up to date hand hygiene training but not completed training in infection prevention and control. This was important because they supported people with personal care needs, including continence care. Staff had not completed up to date training on the Mental Capacity Act 2005 (MCA).

The provider told us all staff who support people with personal care needs were also due to complete further training on hand hygiene, moving and assisting and administering medicines by the end of 2016. They also said they would arrange for staff to complete training in infection prevention and control in the light of our concerns.

People's consent to receive care and support from the agency was not always documented in their care records, although people told us they had given their consent. When we discussed this with the provider they said they would rectify this immediately.

Staff received observations of their competence or 'spot checks' every three months. Such observations also doubled up as a supervision in which individual care needs and staff development could be discussed.

Staff also received an annual appraisal, which is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next 12 months. The most recent appraisals in December 2015 included discussions with individual staff members on any training needs and future career development.

Staff supported some people with sandwiches and microwave meals where they requested this. The provider described how she informally checked people's nutritional well-being by asking people if they had had their meals. If staff noted any apparent reduction in food intake or weight loss they reported this to the person's GP (with the person's permission) and start to record food intake.

The provider was knowledgeable about people's individual health care needs and current well-being. She was able to describe the various health professionals involved in people's care and worked in collaboration with other care agencies where necessary. For example, the provider had weekly meetings with a district nurse regarding the care of one person to check their pain management and support needs.

The provider told us, "We monitor one person's nutritional intake in particular as they have a history of not eating properly. The person keeps their own food diary as we're only there once a day. We monitor what they've eaten and talk to them about it. If we have concerns we contact the GP, which we've done before."

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 Act.

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The provider told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with MCA legislation.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring and listened to what people wanted and needed. People and relatives said the agency provided good care, and people were happy with the care and support they received. People said they had positive relationships with care staff. One person said, "They're lovely girls. We're all good friends really as we have a laugh. They're all very good to me. [Registered manager] is like a daughter to me, she's very kind. I can't think of anything to make it better. I'm very happy with the service." Another person told us, "The staff listen to me and are very caring."

One relative commented, "My [family member] is very happy with [the provider]. They're always having a laugh, that's what I like about [the provider]." Another relative told us, "Staff are very caring and listen to my [family member]. They treat her with dignity."

People and relatives told us they were encouraged to maintain their independence. One person said, "They encourage me to use my frame to walk." A relative told us, "Staff encourage my [family member] to make a cup of tea and some food." Most people we spoke with were able to direct their own care.

People said staff respected their privacy and dignity. One person told us, "I need help in and out of the shower but am able to wash myself. Staff help me into the shower then pull the curtain so I can shower in private."

Each person who used the service had a copy of the service information guide and the provider's statement of purpose in their care plan. These were kept in people's homes so they could refer to them at any time.

People told us they had been involved in their care plans.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we found the service was not meeting the regulations we inspected against at the time in relation to maintaining adequate care records. This had not improved.

Care records contained details about people's daily care needs but these were not person-centred. In some records people's marital status, past employment and hobbies were noted but not in great detail. Some care records contained information about medical issues but it was not always clear how up to date this information was. People's likes and dislikes in relation to food and drink were not always noted. This meant staff did not have access to detailed personalised information about people's needs and preferences, so staff could provide care in the way people needed and wanted.

The provider knew people's needs and preferences well but these were not always documented in people's care records.

Daily notes included a good level of detail for each call to deliver care and accounted for how staff supported that person, including meals they'd been provided with and any personal care that was completed. People's changing needs were identified and reflected in these updates. For example, staff called a person's GP when they noticed the person was unwell and the GP attended and prescribed medicine.

Where people's risk had increased the provider had taken practical action to reduce the risk. For example one person's eyesight had deteriorated which meant they were at increased risk of tripping. The risk assessment recorded that rugs had been lifted in the person's home to reduce this risk.

The provider had a 'service information' booklet for people who used the service. This included information about how to make a complaint, including the contact details of the provider. It also included the contact detail and address of the Care Quality Commission in case people were not happy with the way their complaint had been managed by the provider.

People we spoke with said they felt comfortable about contacting the provider at any time to discuss the service. One person we spoke with said, "I would ring the manager if I wasn't happy." People said the provider and staff were "very approachable" and "friendly". No one we spoke with had made a complaint but had support from relatives and friends to do so if needed.

The provider had a standard form to record the details of any complaints and any actions to be taken. There had been no complaints about the agency since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found the service was not meeting the regulations we inspected against at the time in relation to maintaining adequate care records and assessing and monitoring service provision. Improvements had not been made in maintaining adequate care records as we found they lacked sufficient detail and were not person-centred. The provider's arrangements for monitoring the quality of the service had not identified our concern in this regard. The provider had also failed to identify our concerns in relation to individual risk assessments not being reviewed regularly. Also staff had not received training in some key areas and other training was out of date.

The provider held regular staff meetings were with the two members of care staff. Although the staff meetings were relatively informal the provider stated care issues and areas for improvement were discussed. At this time there was no record kept of the issues discussed or any suggestions for improvement. The provider told us they would keep a record of items discussed, any actions agreed and the date of completion in future.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

We found that some improvements had been made in assessing and monitoring the quality of the service.

The provider had carried out supervision 'spot checks' on the care workers on a three monthly basis to monitor their practices. The check included what time the staff member had arrived, whether they were following the person's care plan, whether they were using personal protective equipment correctly and whether the person was satisfied with the standard of care. The record of 'spot checks' we looked at showed these were all positive. The provider also checked daily records during spot checks and when these were being archived.

The provider said, "I've implemented spot checks and service user surveys since the last inspection. We speak to people all the time. Because we're such a small service I monitor the quality of the service all the time."

People told us the provider was willing to respond to any queries they had and could contact her by telephone at any time. They said she listened to their views. Recently the provider had used a satisfaction survey to formally seek people's views (or their relatives) about the care service they received. There had been 10 responses all of which were positive about the quality of the service they received. At this time the survey responses had not been collated as the provider was awaiting more responses.

The provider was also the registered manager and had operated the service for over eight years. People told us they liked the provider and knew her very well. Most of the people we spoke with did not realise she was the registered manager and the provider. People and relatives felt the service was well-run.

People told us the provider was very approachable. They said they were in frequent contact with her and that she visited them often. People described her as "lovely" and "fantastic". One person told us, "[Provider] is all we need, she deserves a medal. I have recommended her (to others)."

There was a positive ethos and culture in the service. Staff were provided with a staff handbook which included the code of conduct, expected standards of practice and whistleblowing procedure (that is, how to report any poor practices). The handbook was focused on the quality of the experience of people who used the service. It included, for example, 'the dignity and value of every service user and their right to confidentiality must be respected'.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality monitoring process failed to identify that care records lacked sufficient detail and were not person-centred and individual risk assessments needed to be reviewed regularly. Regulation 17 (2) (a) (b) (c)