

Mr Kalwant Virk

Actual Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

The inspection was unannounced and took place on 12 October 2017. Actual Care Services registered with the Care Quality Commission in September 2016 and this was the first inspection. We gave the provider 48 hours' of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

Actual care services is registered to provide personal care to people living in their own homes. The registered provider manages the service with care provided by a small team of staff. 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. At the time of our inspection one person received care and support services and because of this and the fact that we want to protect this person's rights to a private life, the report will provide an overview rather than specific examples.

Staff were able to tell us of the needs of the people they provided care for and their roles and responsibilities in keeping people safe. Staff understood how to protect people from abuse and were clear about the steps they would need to take if they suspected someone was unsafe.

People had their individual risks assessed and had plans in place to manage them. Medicines were administered by staff to support people's health needs and records were completed to record this.

The registered provider had arrangements in place to make sure that there were sufficient and regular staff to provide support to people in their own homes. People said staff arrived on time and stayed for the allocated time.

Staff had not received certified training. Training was provided by internal staff who were not qualified to provide training. The registered provider could not be assured of the effectiveness of the training provided.

Staff understood they could only care for and support people who consented to being cared for. People had developed good relationships with staff who they said were caring. Staff treated people with privacy and dignity and respecting people's homes and belongings.

People were involved in how their care and support was received and were had regular opportunities to feedback about the service.

Relative's and staff knew how to raise concerns and the registered provider had a system in place to deal with any complaints. Relative's said staff listened to them and they felt confident they could raise any issues should the need arise and action would be taken.

Governance systems were not effectual in ensuring that effective training had been provided to staff and audits were not in place to monitor that people received their medicines to safely meet their health needs.

The registered provider had not fulfilled their duties to ensure that CQC were informed of any changes to the service they provide and needed to update their information on the age range of people they provided support and care to.

Staff and relatives spoke positively about the management of the service and the said it was well run for the people it supported. Staff were well supported by an approachable management team.

The registered provider completed a number of spots checks to assure themselves of the quality of care being delivered and kept their knowledge up to date by attending provider meetings and researching online guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received care from staff that understood how to keep them safe and minimise the risk of potential harm.

People were supported by a sufficient number of regular staff and were happy with how staff supported them.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had not received certified training. Training was provided by internal staff who were not qualified and the provider could not be assured of the effectiveness of the training provided.

Staff had a good understanding of their responsibilities and sought people's consent before providing care.

Is the service caring?

Good ●

The service was caring.

Staff provided support and care to people with dignity and kindness.

People were supported by staff who were committed to providing high quality care.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs. Staff provided care that took account of people's individual needs and preferences and offered people choices.

Relative's understood they could complain if needed and the registered provider had a system in place to deal with any complaints.

Staff and management were responsive and there were regular opportunities for people and their relatives to feedback about the service.

Is the service well-led?

The service was not consistently well led.

Governance systems were not effectual in ensuring effective training had been provided to staff and audits were not in place to monitor that people received their medicines to safely meet their health needs.

The registered provider had not fulfilled their duties to ensure that CQC were informed of any changes to the service they provide and needed to update their information on the age range of people they provided support and care to.

People and staff were complimentary about the service and said it was well managed.

People had care provided by staff that felt supported by the management team.

Requires Improvement 

Actual Care Services

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 12 October 2017 and was announced. The inspection team consisted of 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.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed the information we held from when the service registered with CQC.

We spoke with one relative of the person who used the service by telephone. We also spoke with the registered provider, one senior carer and two care staff. We looked at the care record for one person to see how their care was planned. We also looked at two staff recruitment files, medication records, complaints and compliments and minutes of staff meetings.

Is the service safe?

Our findings

We spoke to one relative who told us their family member was well supported by staff who kept them safe. They told us that a small team of staff provided care therefore they felt assured in knowing who to expect. They also told us that staff arrived on time for the calls. They said, "It's the same staff which is good and timewise they are excellent."

Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. Staff were clear about the steps they would take if they had any concerns. Staff told us they were confident to report any concerns with people's safety or welfare to the registered provider and that action would be taken. Staff also told us they were aware they could raise concerns externally with the local authority or CQC and that the provider had a whistle-blowing policy in place.

All staff we spoke with were able to describe the different risks to people and how they supported them. For example, when people would need the support of two carers. Three members of staff told us they checked areas were hazard free before they left people to help keep them safe. People's risks had been assessed when they first received care from the service and had then been reviewed regularly and changes recorded in their care plans. Staff said the assessments gave them the correct level of information to provide care and support and were kept up-to-date to ensure they were aware of any changes to people's care needs.

Staff told us that there were sufficient numbers of staff available to meet the needs of the people they provided a service to. As the staff team and number of people supported was still small the provider was able to use a paper system to plan calls and ensure staff cover. Staff told us they system worked well and when staff were off work, other staff supported one another to cover calls. One member of staff said, "We sort cover between us; we would not leave any client unattended. ...it's a very supportive team."

We saw records of employment checks for two staff completed by the provider to ensure staff were suitable to deliver care and support before they started work. Whilst the provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS); they need to strengthen the process further and ensure a full employment history was completed for all staff.

One person received support with their medicines. We spoke to their relative who told us they got their medicine as required. They commented, "It's all OK, they complete a record to show what's been given." Staff told us they had received training in supporting people to take their medicines. One member of staff told us the medicine training was individual to the person and gave them the right level of knowledge to support the person.

Is the service effective?

Our findings

Staff we spoke with explained training helped them to do their job and confirmed that individualised training for each person's needs was provided. However, we found that training was provided internally by a member of staff and not by a qualified trainer. We looked at the training records for three staff, we found that for all three staff training on manual handling training and medication training had been provided by the senior support worker. The content of the training including the areas and topics covered had not been recorded. The senior support worker was not qualified to provide training and the provider could not be assured of their competency to provide training or the effectiveness of the training they had provided.

We spoke to the registered provider; they acknowledged that they had not assessed the effectiveness of the training. They said that this issue would be addressed immediately following the inspection and all staff would be booked on to certified training courses.

Relatives we spoke with told us staff knew how to support their family member's needs. One relative said, "Staff know what they are doing." Two members of staff confirmed their induction training was good. They said they had shadowed other staff on calls providing care to and they told us this gave them a good level of knowledge. They said, "The shadowing includes a meet and greet where you get chance to sit and talk with the person."

All staff told us they received regular supervisions and attended team meetings, which gave them the opportunity to discuss any issues. One member of staff told us, "The one-to-one supervisions are a confidential time to discuss issues and also give chance to feedback to the manager. Team meetings cover wider areas such as training." In addition regular spot checks were made by the care manager to observe their care practice. One member of staff said, "I get the right level of support. Spots checks are made unannounced and we get feedback."

The 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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

We looked at the way the provider was meeting the requirements of MCA. They were aware of the legislation and were happy to seek advice if they needed to. Staff we spoke with told us they were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded. This was confirmed one relative we spoke with, whom commented, "Staff always seek consent." We also saw that staff knew the best way to communicate with people so they could indicate their choices. One member of

staff said, "We use a kind of sign language to communicate. I respect their decisions."

No one was currently being supported by staff to eat and drink enough to keep them well. Staff told us if they did need to provide support they would always look to give choices support people to have plenty to drink.

One relative told us they arranged their family member's healthcare appointment but were assured staff would help them if needed. They said, "I know they would contact the doctor if needed."

Is the service caring?

Our findings

Relatives we spoke with told us they felt staff were caring. One relative said, "They [staff] are very good and are respectful." They told us staff respected their family member's privacy by ensuring they were covered up and by closing bedrooms doors within their home.

We saw the provider had received a compliment note from one relative praising the service and the staff. The note read, '[The] service is excellent. Everyone is helpful and understanding. Pleased to have chosen this service, it is the best.'

Staff knew how to provide care in the way people wanted. One member of staff said, "The benefit of being a small team is we get to know people so well; not just what people want done but how they like it done." One relative told us the spot checks made by the manager gave them opportunity to feedback on the care provided and how they wanted care provided going forward.

Three staff we spoke with said they enjoyed working with people and had developed good relationships. One member of staff told us, "I enjoy working here; I enjoy a laugh and a joke with the people I support." Another member of staff said, "It's so good working here, all the team are caring from the manager down." Staff spoke in a caring way about the people they supported. They told us the provider looked to keep regular staff for people. One member of staff said, "The continuity of staff is good."

Staff told us about the importance of respecting people's homes and families too. One member of staff said, "We are going into family homes and it's not just the person it's all their family, I respect them too."

Staff we spoke with also shared their understanding of caring for someone with dignity. They told us about practical ways in which they maintained a person's dignity. One staff member listed things they did such as closing curtains when people were getting dressed as well as ensuring doors were closed when supporting people with personal care and ensuring personal information was confidentially maintained.

Is the service responsive?

Our findings

People were happy with the service. One relative told us staff understood their family member's needs and they felt comfortable to discuss any concerns or questions with them.

People were involved in planning their care and any reviews. One relative confirmed they had been involved in a review of their family members care. They said, "We did a review and there's spot checks to make sure everything is OK."

One relative praised the service for its flexibility in re-arranging calls. They told us, on a number of occasions they needed to re-arrange visits and staff had been responsive and flexible in supporting the requested changes.

All staff told us care plans included the most recent information and these would be updated to reflect any changes in a person's care. One relative told us their family member had a personalised plan of care to meet their individual needs. Staff said good communication systems were in place to advise them of any changes. One member of staff told us management were quick to update care staff. They said, "Communication is very good; the senior [carer] calls with any changes and it gives you chance to ask any questions too."

People felt able to raise any concerns if the need arose and were assured action would be taken. One relative said told us, "There is a folder telling you how to raise a concern. I would happily raise any because it's not just my [family member's name]; it would also help others....but I've not needed to."

All staff we spoke with told us they knew how to raise concerns or complaints on behalf of people receiving care and support. The registered provider advised us that no complaints had been received and said that as a smaller service any issues could be picked up and dealt with immediately.

Is the service well-led?

Our findings

We looked at the governance systems because we wanted to see how regular checks and audits led to improvements in the service; however we found these were not always effective. The checks and audits had not assessed the effectiveness of training provided to staff. We found that training was provided by the senior carer who was not qualified to provide training. The provider had not assured themselves of the competency of the senior support worker to provide training or the effectiveness of the training they provided.

We also found that audits were not in place to monitor that people received their medicines to safely meet their health needs. One relative we spoke with was happy that their family member received their medication as required and records were completed to record this. However, medication records we checked had gaps in the recordings. We spoke to the registered provider, they advised they worked closely with the family and they were assured there were no issues but they acknowledged they had not checked the medication records. The registered provider advised that an audit check would be put in place immediately following the inspection.

A registered provider was in place and managed the service with care provided by a small team of staff. 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 registered provider had not fulfilled their duties to ensure that CQC were informed of any changes to the service they provide. For example, their current statement of purpose shows they provide care to older people. However we found the one person they were currently supporting with personal care was a child under the age of 18. We spoke to the registered provider about this and they acknowledged the information needed updating with CQC and advised that this would be completed immediately.

Staff and relatives spoke positively about the management of the service and the said it was well run for the people it supported. One relative told us they felt the service was, "Well managed and well organised." All staff we spoke with told us they felt supported by the registered provider who was approachable and available to them. One member of staff said, "Any issue I know I can phone up or pop in and chat. I feel they are very approachable." Another member of staff gave us an example of when they had received support from the registered provider. They said, "I like the management and the way they have supported me." All staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "They respect what you have to say; they listen."

The registered provider said it was a small staff team that worked well together. Staff confirmed this, for example, one member of staff told us, "It's a good team. We all offer each other support and guidance." Another member of staff said, "The team is like a family; very supportive of each other." Staff also told us they felt valued. One member of staff said, "I can't emphasise how much (I feel valued). [Registered provider] has supported me to develop my skills and complete higher training."

The registered provider completed a number of spots checks to assure themselves of the quality of care being delivered. They said they kept their knowledge up to date by attending provider meetings with the local authority and researching CQC online guidance.