

Care Never Sleeps Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Care Never Sleeps is a domiciliary care service providing personal care to people living in their own homes. On the day of inspection, the agency was providing care to seven people. There was a registered manager in post.

People's experience of using this service:

People told us they felt safe with the staff who supported them. People told us that staff were kind and considerate. Relatives spoken with told us that the staff were respectful. There were enough staff available to support people and calls were completed on time. People reported no missed calls, so people's care needs were met.

The registered provider told us that people were not supported with their medication. We found that the medication administration records did not always reflect how staff supported people. Staff had completed training in the medication management that enable them to support people if required.

Risks associated with people's care had been assessed to protect people from the risk of avoidable harm but were not updated with current risks when people's needs changed..

Staff were aware of how to protect people from the risk of abuse and confirmed who they would report any concerns to, including external agencies if required. The registered manager ensured only suitable people worked at the agency. Recruitment checks were completed and included references and checks with the Disclosure and Barring Service. (DBS)

People confirmed the care they received met their individual preferences and choices. Care records although reviewed were not updated to ensure that accurate information was available.

There was a complaints procedure to enable people to make complaints and people spoken with were aware of these procedures. People told us they felt that the registered manager and staff would address any concerns they had.

People and their relatives told us that staff were very kind and caring and treated them with dignity and respect.

Rating at last inspection: The last inspection was completed on 28 February 2018 and was rated as requires improvement.

Why we inspected: This was a planned inspection.

Enforcement.

The evidence above showed that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

Following a local authority contracts monitoring visit in April 2019 the commissioners set out an action plan for the provider with specific areas for improvements. Because of their findings they stopped new referrals to the service of people funded by the local authority while the provider worked with them on an action plan to improve the service. This will be reassessed by the commissioning authority at their next visit as part of their service level agreement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well led
Details are in our well led findings below.

Requires Improvement ●

Care Never Sleeps Limited

Detailed findings

Background to this inspection

The inspection:

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

The inspection was completed by one Inspector.

Service and service type:

Care Never Sleeps is a domiciliary care service providing support to people living in their own homes and supported living accommodation. The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 23 April 2019 and ended on 29 April 2019. We visited the office location on both days to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the Provider Information Return (PIR) we require providers to send this to us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We reviewed the care records of four people to see how their care was planned and delivered, as well as their medicine administration records. We looked at four recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service. We spoke with three people, two relatives and five staff. We received a letter from a person the agency was supporting. At the time of the inspection the agency was supporting seven people.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were in place to mitigate the risk of avoidable harm. However, we saw that although risk assessments detailed people's medical conditions there was no guidance for staff in relation to the condition to enable them to assess signs of deterioration. For example, diabetes, epilepsy. The registered manager updated the risk assessments on the day of the inspection to reflect what action staff should take in the event of symptoms associated with the medical condition becoming apparent and when medical help was needed.
- Staff spoken with were aware of the risks involved when supporting people. One staff member told us, "If we have any concern then we report to the registered manager who comes straight out. If there is an emergency, we would contact the emergency services and then inform the manager".

Using medicines safely

- The registered manager told us that staff did not administer people's medication but would prompt people to take it. We looked at medication administration records [MAR] There were codes to use indicating what support was required. For example, R refused, P for prompts and A for administering. Although the registered manager told us that staff did not administer medication we saw [MAR] were the code A had been used indicating staff were administering medication. The registered manager told us that they would ensure the correct codes were used in future and reiterate to staff the importance of using the correct code.
- People spoken with felt they were supported as required with their medication. A relative told us that their relative administered their own Insulin and staff always made sure they were on time so their relative could eat before they administered insulin. The relative went on to say that this was very important, and staff 'have not let her down.'
- All staff confirmed that they had received up to date training in supporting people with their medication. Staff told us that they did on line training to keep up to date with current practice but did not administer medication.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure staff knew how to identify report and respond appropriately to suspected signs of abuse. Staff spoken with were clear about what they would report. One member of staff said, "If I had any concerns I would report them to the manager. I have no doubt at all that the information would be passed to the relevant authority, but if it was not, I would report it myself,"
- Staff confirmed they had completed training in safeguarding people from harm.
- People told us they felt safe with staff. One relative told us, "I know that [named person] is safe, there is excellent communication, any problems at all I am told. This is the first time [named person] is settled with

the support they have." One person told us, "I have never felt so supported and safe as I do now."

Staffing and recruitment

- People told us that there was enough staff to meet their care needs and they had the benefit of being supported by the same member of staff. There were no missed calls or late calls reported.
- Recruitment processes were in place to ensure staff were suitable to work with people. These included checks that staff were of a suitable character, checks with previous employer and Disclosure and Barring Service. (DBS) help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- Staff spoken with told us that they had enough time to ensure peoples' calls were completed on time.

Preventing and controlling infection

- Staff spoken with confirmed that personal protective equipment was available to them such as gloves and aprons to minimise cross infection.
- Staff spoken with confirmed training had been provided in infection control.

Learning lessons when things go wrong

- The registered manager told us that there had been no incidents, concerns or issues to be able to measure what action would be taken. However, the registered manager told us that if there had been, a full investigation would take place, and they would notify the relevant authority.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives spoken with told us that they were asked about the support required when they started using the service. One person told us, "I make my own choices and the staff always ask me what I want."
- Staff spoken with told us people were supported to make choices and was involved in the assessment process. One person told us, "The staff ask what I want each day, the staff are helping me reach my goals, I have come so far which I am proud off. I would not be where I am today without their help."
- Relatives spoken with told us, staff ensured that they were informed if there were any concerns. One relative told us, "The communication is excellent."
- Care records showed that people's needs, and choices had been assessed with them before they started using the service. However, at the time of the inspection not all records were up to date to be used effectively. On the day of the inspection the registered manager researched this condition and put information in the person's care records, so staff would have the information.

Staff support: induction, training, skills and experience

- The registered manager told us that all staff worked towards the care certificate. We looked at the training information the registered manager provided. The training information showed that staff completed different training to support them to meet people's care needs.
- Staff spoken with told us that when they first commenced employment, they had an induction and worked with an experienced member of staff before they supported people on their own. Staff also told us that they had supervision to discuss any issues they had and any training they felt was needed. The training records seen showed staff had been booked for further training in May 2019.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff told us they supported people with their meals and the person was involved in the choices they made. For example, staff would support people to make healthy choices when they went shopping. A staff member told us, "I support [named person] to choose food we look at labels and the contents, of salt, sugar calories so [named person] is supported to have a healthy diet."

Staff working with other agencies to provide consistent, effective, timely care.

- People spoken with told us that they had continuity of care; there were no missed calls or late calls. One person told us, "Continuity is important to me because of my illness this agency has given me strength and staff constantly reiterate to me again and again that they are not going to give up on me. They know when I need additional support with other agencies and they help me arrange this."

Adapting service, design, decoration to meet people's needs.

- The service provided was to people in their own homes. Risk assessments had been completed to ensure staff were aware of the risk involved when supporting people in their own homes. For example, equipment that was used in supporting people. The registered manager completed a risk assessment of the environment at the beginning the service.
- Supporting people to live healthier lives, access healthcare services and support
- People were support by staff to maintain contact with other healthcare professionals involved in their care. A relative told us, "Any problems with [named person] the staff are right on it, we are told, doctors are told, community psychiatric nurses (CPN) are informed. I certainly have no worries in that respect."
- Ensuring consent to care and treatment in line with law and guidance
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority.
- People told us that staff asked for their consent before providing them with care. One person told us, "I am the one who say what support I need and staff respect what I say"
- Staff demonstrated a good understanding of how to provide care to people who lacked capacity to consent to their care. They were clear about the need to offer choice to people and to act in their best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were involved in their assessment and planning their care, were encouraged to make choices and decisions.
- People and relatives spoken with told us they were pleased with the care and support provided.
- A person we spoke with told us, "The support staff are nice and kind, I like them, they respect me for who I am."
- Staff spoken with told us they respected peoples wishes independence and choices. A staff member told us peoples cultural needs and preference are important to them and we are there to support them to live their life."

Supporting people to express their views and be involved in making decisions about their care.

- People told us that they felt that staff encouraged them to make decisions about their care. One person told us, Staff respect who I am, I make decisions for myself, staff are always there to support and guide me. Another person told us, "They [staff] give me time to make my own decisions and the risks I want to take they support me with."
- A relative told us, [named person] is 90 and staff encourage her to make decisions which she does, this enables her to be independent and continue as she has in the past."

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with confirmed that they felt their privacy and dignity was maintained. Staff told us they would ensure that all personal care was completed as the person wished.
- Staff were very clear about confidentiality and spoke respectfully about the people they supported. Staff also said they would make sure the person retained as much independence as possible. A relative told us, [person name] is a private person and staff make sure that they complete tasks and any care with the upmost privacy."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People spoken with told us that staff supported them the way they wanted. One person told us. "My life has changed over the last year since I have used this service, and that is down to the staff and the support I get. To put it bluntly I have turned my life around and its thanks to them." [staff]
- Relatives spoken with told us that they felt that the staff were flexible, communication was very good, and staff were kind and caring.
- People and relatives spoken with told us that the support they had was discussed with them daily. One relative told us, [named person] knows what they want, and staff provide this. Sometimes named person is not that cooperative but staff know them well and will always encourage [named person], which is successful".
- People and relatives spoken with were happy with the support and care received.

Improving care quality in response to complaints or concerns

- People and relatives spoken with were aware of the complaints process. The registered manager told us that if a complaint was made then this would be fully investigated, and the information used to improve the service for that person. At the time of the inspection no complaints had been made.

End of life care and support

- The provider had processes in place to support people who required end of life care and support. Staff had received training as how best to support people with dignity at the end of their lives.
- There were no people using the service who required this level of support at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager had internal quality assurance processes in place, so that the service provided to people could be monitored, however these were not used effectively in practice to identify that some care records were not up to date.
- Records about the care and treatment of people and the support they received was not always factual. For example, in one care record the information stated that Insulin was administered by a district nurse. Further information stated that the person administered the Insulin them self. There was no risk assessment for this medication. The registered manager completed a risk assessment on the day of the inspection and updated the individuals care record.
- Care records were not always updated with current relevant information. For example, diabetes, information was not available for staff to assess any signs to look for that would indicate a deterioration in the person health.
- The registered manager told us verbal communication was sometimes used to establish the care provided to people and this was confirmed by people we spoken with. The processes to monitor the service had failed to identify that the information obtained through verbal communication was always documented.
- Care records showed that people's care needs, and choices had been assessed with them before they started using the service.
- Governness processes had not identified that where survey comments from people identified an area for improvement there was no audit trail of any action taken to improve the quality and safety of the service. The service was rated Requires Improvement at the last inspection 28 February 2018. The systems to monitor and improve the service had not been robust enough to make the improvements required to improve the rating at this inspection.

The evidence above showed that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility,

- The registered manger was open about the improvement required and was fully aware of the Duty of Candour and the responsibility this brings. Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that required registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager

informed us that following a local authority contracts monitoring visit in April 2019 the commissioners set out an action plan for the provider with specific areas for improvements. Because of their findings they stopped new referrals to the service of people funded by the local authority while the provider worked with them on an action plan to improve the service. This will be reassessed by the commissioning authority at their next visit as part of their service level agreement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People told us that the registered manager spoken with them regularly to ensure that staff were providing support in a way they wanted. The registered manager told us this would be a general chat. One person told us that they often visited the office and always made to feel welcome.

Continuous learning and improving care

- The registered manager told us, "I am always willing to improve the service for people. One person we spoke with told us, "The management will listen, I have asked for things to be done, and this had been done on the day. I visit the office, I can talk with them, [managers] and I am always made to feel welcome".
- Staff spoken with told us that the management was supportive. One staff member told us, "We can discuss things openly and the management will listen and take action if required. We have staff meetings where we can discuss any areas that we feel needs to look at".

Working in partnership with others

- The service-maintained links with the local community and the service worked in partnership. For example, relatives and healthcare professionals were involved and appropriate referrals were made to social and healthcare professional when required.
- Staff spoken with told us what they would do if they had any concerns over someone's safety or wellbeing, which may include contacting the emergency services, or health care professional who was involved in the person care to ensure the person health did not deteriorate further.

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 Regulation 17 (1) (a) (b) (c) Systems to assess, monitor and improve the quality and safety of the service was not used effectively to mitigate risks.