

Contract Care Agency Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

We carried out this inspection under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Contract Care Agency Limited provides care to people in their own homes. There were 28 people who used the service at the time of our inspection.

The inspection visit was announced and this meant the provider and staff knew we would be visiting the agency's office 48 hours before we arrived.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

People told us they felt safe and trusted the people who cared for them. The provider had suitable arrangements in place to ensure people who used the service were safeguarded against the risk of abuse. Appropriate risk assessments had been undertaken to make sure the environment was safe and secure for staff to attend to people's needs.

People were supported by appropriately recruited and trained staff who had the required skills to provide effective and compassionate care.

People were supported to take informed risks. Where people lacked capacity to make decisions, the Mental Capacity (MCA) Act 2005 was being adhered to. For example, we saw where relevant people had a mental capacity assessment on their file to ensure where able they would participate in the planning of their care.

There were processes in place to ensure people's preferences and needs were recorded in their care plans and staff were following the plans of care. Records we looked at showed us that the risks around nutrition and

hydration were monitored and managed by staff with guidance from other healthcare professionals to ensure each person who used the service received adequate food and drink.

People we spoke with told us they were happy with the care provided by the service. They told us the staff were kind and respectful at all times. Staff we spoke with told us they had clear values to ensure people were treated with dignity and respect.

People were able to express their views by completing a service questionnaire about how the service was run.

People had access an advocacy service. Advocates are trained professionals who support, enable and empower people to speak up.

We found staff were able to describe how they had responded to what was important to individuals and how they met their needs. We saw systems in place to monitor and improve the quality of the service provided, but they were not robust enough to highlight concerns.

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 not always safe.

We found that medication arrangements were in place, but records were not always completed accurately.

People told us they felt safe in their own homes and trusted the people who cared for them.

Staff had an understanding of the Mental Capacity Act 2005 and what this meant for people.

There was enough qualified, skilled staff to meet people needs and we found staff supervision was taking place.

Requires Improvement



Is the service effective?

The service was effective.

The provider completed observations of people's care and support to ensure staff were competent in their work.

Staff were training in appropriate topics to meet people needs.

People were supported to maintain a balanced diet to keep them hydrated and nourished.

Good



Is the service caring?

The service was caring.

We found staff had a good understanding of people's needs. Everyone we spoke with reported having a positive and professional relationship with the staff.

People and their relatives gave us examples of good care. People we spoke with told us the staff were respectful and caring at all times.

Good



Is the service responsive?

The service was responsive.

The manager supplied information about the advocacy services available. This ensured people who used the service were able to access an advocate if they wished to.

People who used the service told us they knew how to raise a concern if they had one. None of the people we spoke with had any concerns they wished to raise. We saw policy and procedures were in place and they described what action would be taken if people wished to complain.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There were procedures in place to monitor and improve the quality of the service provided.

Periodic reviews were carried out for care plans, training and contact logs, but not always fully completed.

Emergency plans were in place and the manager was contactable over a 24 hour period to ensure staff and people who used the service were supported.

Good



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Detailed findings

Background to this inspection

We visited the agency on 8 July and 28 July 2014. We spent time reading the documents kept in the office. We looked at six care records, record audits and spoke with four members of staff. We spoke with five people who used the service and 12 relatives. We spoke with the manager and looked at two staff files and a number of policies and procedures.

The inspection team consisted of an inspector and an expert by experience. An expert by experience has personal experiences of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the domiciliary care agency. We asked the provider to complete 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 that they plan to make. We examined any notifications that were received by the Care Quality Commission. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service to obtain their views on the service and how it was being run.

During the inspection we spoke to five people who use the service, twelve relatives, four care staff and the registered manager.

Is the service safe?

Our findings

We found that medication arrangements were in place and staff told us they only prompted people to take their medication. Four of the five people we spoke with told us they were responsible for their own medication. We saw in the care file we looked at it identified when people self-medicated. This meant there were arrangements in place for people to receive their medicines in a safe way.

People who used the service who were prompted to receive their medicines by a member of staff told us they received the correct medication at the appropriate times.

We found recorded on the care file what medication a person was taking and the level of support the person required. We saw each person had a Medication Administration Record (MAR) chart to identify when the medicines were given, however the document was not completed correctly and did not contain all the relevant information to assess if the medicines had been given safely and as prescribed.

We found gaps and information had been crossed out on the MAR chart. For example there were gaps on the MAR charts where staff should have signed to say the medicines had been given to the person. Staff had crossed information out that had been entered incorrectly. There were no signatures to identify that these errors were correct or relevant. We could not find any reason or codes identified on the back of the MAR chart to tell us why these gaps or crossing outs had occurred. There were no signatures on the MAR sheet when changes had been made to medication or hand written records that had been copied on to the MAR chart as prescribed from the GP. On one MAR chart we looked at we could not find a date when the chart commenced, so we could not tell if this chart was the most recent and up to date information. We found no audits had taken place to monitor that staff were completing the MAR chart correctly and administering the medication safely. This meant the provider did not have appropriate arrangements in place to ensure people were receiving their medication safely and as prescribed.

We found the provider had taken reasonable steps to identify the signs of abuse and prevent abuse from happening to protect people who used the service. We saw policies and procedures were in place and staff told us they were aware of the policies and where they were kept if they needed to access them. We also saw a policy in place to inform staff about receiving gifts and legacies. This meant there was clear guidance for people who used the service and staff to follow.

We found appropriate risk assessments had been undertaken to make sure the environment in each individual's home was safe and secure for staff to attend to people's needs.

We looked at six care files and they identified that people who used the service had received a mental capacity assessment. Staff we spoke with told us they were aware of the Mental Capacity Act 2005 (MCA) and had received training. One staff member told us they had received MCA training and we saw on the training programme that training had taken place. We saw most of the staff had attended and further training was booked for all other staff. The Mental Capacity Act 2005 was introduced to protect people who lack capacity to make decisions because of illness or disability. Two staff we spoke with had a good understanding of the MCA and described how they supported people to make informed choices.

We found there were sufficient staff with the right skill mix and experience to keep people safe. We saw staff rotas reflected the needs of people who used the service and when a person required two members of staff to support them the provider actioned this. We found people received care from familiar members of staff to ensure people who used the service received continuity of care. One person said, "It is always the same two agency staff who care for me and if one of them was going to be off then I knew to expect someone else as they [the manager] warn me in advance so that I know who would be coming in to the house." This meant the care people received was consistent.

Is the service effective?

Our findings

People we spoke with told us due to the fact that they received care from the same staff members; this gave them confidence that the staff knew their needs. One relative said, “This meant they picked things up about my [relative].” They told us staff had identified changes to their family member’s condition and they needed to see a doctor, This meant staff were aware of people’s changing needs and act accordingly.

We found staff were knowledgeable about the care they provided to people. One member of staff said, “I read the care plan to get a good picture of what the person needs. If it is a new person I am attending I read what the last member of staff had written and if I am not sure I would contact the office”.

We spoke with the local authority and they told us the provider and their staff had been able to engage with people with mental health problems and they worked well with people who had illnesses, such as dementia.

The provider had suitable arrangements for staff to receive appropriate training, professional development and from

time to time obtain further qualifications in social care. We looked at two staff files that identified the training they had undertaken and certificates obtained were relevant to their role.

Staff appraisals were taking place, but the process was not fully robust to ensure staff were fully supported. We saw documents that five out of eleven staff appraisals had taken place, but we could not tell what date they were undertaken. Staff we spoke with told us they were in regular contact with the provider and would discuss any training and development needs as required.

We saw people had received a nutritional assessment to ensure they received the appropriate nutrition and hydration to meet their needs. One member of staff told us they were aware of the signs to watch out for if a person became dehydrated and would contact the relevant healthcare professional if needed. They said, “We are encouraged to make a hot meal for people each day and we write this in the daily notes.” We saw this was written in the daily notes we looked at where staff had identified the food and drink people had received. The staff member also told us, if people refuse food and drink at the time of the call they made sure they left a drink and some snacks. If they found the person was refusing regularly they would monitor this and contact the person’s next of kin and relevant healthcare professional.

Is the service caring?

Our findings

People we spoke with all said that they had a positive and meaningful relationship with the staff. One relative told us the staff were almost like an extended family as they had been caring for their mum for so long and it was always the same staff.

Another relative told us the staff changed their approach to their family member in the way they cared for them and their changing needs. They said, “If my relative is having a day when their pain is worse then staff are gentler, caring and take more time with them.” This showed staff were aware of people’s changing needs and how they should react to those changes.

The manager told us people were encouraged to choose what they wanted to wear or do each day. The manager said, “Sometimes the staff and I go that extra mile to ensure people are supported in their daily routine.”

Staff understood how to respect people’s privacy and dignity and promoted independence with supporting people to do things for themselves and participate in daily living tasks to develop their independence. One staff member said, “I knock on the bedroom door before I enter and I speak to people politely at all times.”

All the people who used the service and their relatives we spoke with said that staff asked permission before providing care and support. Staff we spoke with described how they would maintain people’s dignity when providing personal care.

All the people using the service and the relatives we spoke with told us they discussed their care with the service management and staff. They told us their care would be adjusted when needed. All people we spoke with reported that staff spoke to both relatives and people who used the service in a respectful and friendly manner and all they said they were called by their preferred name. One person told us that the staff asked them every day what they needed. They said, “We work together equally as partners. I know what I need and they help me to be independent.” They also told us the staff does as much as they can to help them do their own things. This meant people were supported to make their own choices.

People who used the service and their relatives told us they discussed their care with the staff and in all cases the care would be adjusted when needed. Two relatives told us that if their family member did not want to get dressed when the agency staff came then the staff worked with the person and the relatives to make them comfortable for the day. This meant people were respected for the choices they made.

Is the service responsive?

Our findings

People who used the service told us they knew how to raise a concern if they had one. None of the people we spoke with had any concerns they wished to raise. We saw policy and procedures were in place and they described what action would be taken if people wished to complain. The manager told us there had been no complaints received.

Both people who used the service and their relatives we spoke with commented that a strength of the staff was helping people to be as independent as they could be. One relative told us they had learnt a lot from the staff on how to manage their family members more challenging needs. They said, "It has been a steep learning curve, but I feel staff are very knowledgeable and always happy to teach and give advice."

The relative told us the staff were effective in getting their family member to respond to things, such as drinking and maintaining their personal hygiene. They also told us that they and the staff had realised the support in the evening needed to be changed as the person was more responsive in the mornings. They said, "The staff had taken this back to their management and the care package was changed very quickly to meet my [relative's] needs." We saw where staff rotas and the person's care plan had been changed to reflect these changes. This showed the provider listened to people and responded to any changes required.

Another relative described how their family member had regularly been having falls and admitted to hospital for prolonged periods. They told us that falls were now much less common and did not result in hospitalisation as their relative's condition was much more stable due to the "excellent and attentive care" the person received from the service.

Three relatives gave specific examples of when the care packages had to be adjusted quickly and said that this had been done with minimum disruption. One relative said that their relative had suffered a bad fall earlier this year. They said, "Staff assessed her needs that day and arranged for staff to stay overnight for three nights to help support them." They told us the care package was increased for a while. This had enabled their family member to stay at home safely.

The manager told us she had regular contact with the people who used the service to ensure their care was person-centred. (Person-centred care involved people in the planning, developing and accessing care to make sure it is most appropriate for their needs.) Staff told us that each person had a care plan person-centred to them. They told us care is coordinated through the plans of care. We saw plans of care were reviewed on a regular basis.

We saw systems were in place to ensure people's rights and choices were adhered to. The manager told us that they had arranged for advocacy for one person who used the service. We saw that it was recorded in the person care plan when an advocacy service had been used and the reason why.

We were given examples where the staff had responded in an emergency when a person who used the service had to go into hospital and the care calls had been increased when the person was discharged home. Another example was given when staff responded to a person who had a fall and their relative could not attend in time. The staff member contacted the relevant emergency services and stayed with the person until the family member arrived. The relative said, "It was such a relief to know that there was someone trustworthy caring for my mum and that they would ring me if she needed anything." They also told us the provider communicates all the time by text or staff leave messages in the book.

Is the service well-led?

Our findings

The manager told us there was regular contact with staff via telephone and text on a daily basis to discuss any changes or raise concerns regarding the people who used the service to ensure staff were fully supported.

We spoke with four members of staff who told us that they felt supported by the management and were treated fairly. One staff member said, “The manager is very approachable and listens to what I have to say.” They also told us they felt other staff members were very supportive. We found that, although staff did not have any formal team meetings where they all met face to face, the manager had a system to ensure the staff were kept informed regarding information relevant to the service and the people who use it. The manager showed us copies of staff bulletins which they sent out to staff for updates on training, or areas of concern. They also told us they kept staff up to date on people changing needs via text or phone calls. Staff we spoke with said they were supported by the provider and confirmed they received contact on a daily basis via text or telephone. Another person said, “I am impressed with the support I receive from the manager, I am quite happy and enjoy my job.”

There were procedures in place to monitor and improve the quality of the service provided. People’s views were sought. The manager told us they sent out questionnaires with a covering letter to each person who used the service to request them and their relatives to comment on how the service was performing.

We saw copies of questionnaires that had been sent out in August 2013 and June 2014. We saw people had commented on the staff and the service provided. One comment said, “Always very helpful and cheerful.” Another comment said, “Nothing too much trouble.” A third comment said, “I am very satisfied with the staff member who cares for me.” The form asked people if their initial assessment provided adequate information about the service and if they had been involved with their care planning. We saw people had commented that the information they received from the service explained everything in full. People we spoke with confirmed they had completed a questionnaire within the last month.

We found periodic reviews were carried out for care plans, training and contact logs. However, the manager told us they did not undertake any audits for the MAR charts.

The provider ensured people received good effective care, because they and senior staff members completed regular observations and spot checks to ensure people were being cared for appropriately. Some of the people who used the service confirmed the spot checks had taken place. One person told us they had observed the manager also worked alongside the other staff when providing care. This meant the provider had arrangement in place to ensure people’s care was effective and appropriate to their needs

We saw there were plans in place for emergency situations, the manager told us they were contactable over a 24 hour period to ensure staff and people who used the service were supported. Staff confirmed this was the procedure that was in place. This meant the provider had suitable arrangements for emergencies.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>Regulation 13 health and Social Care Act 2008 (Regulations 2010) Management of Medicines.</p> <p>The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, and the safe administration of medicines used for the purpose of the regulated activity.</p>