

Mrs Ann Snapes

Campbells Private Home Care

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

This announced inspection on 10 and 11 November 2016. Campbells Private Home Care provides domiciliary care to people in their own homes. At the time of our inspection 12 people were being supported by the service. The provider is also the registered manager. 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.

At the time of our inspection a new office had been built to accommodate the service administration. Some documents were in boxes ready to be transferred to the office and some were already in the office. Due to the difficulty in accessing information some documentation was sent to us following the inspection.

Although people told us they felt safe using the service, we found a number of concerns related to the policies and practice of staff. The provider's policy on medicines stated staff did not administer any medicines. However, documents reflected staff were applying prescribed creams and lotions which were classified as topical medicines to people. They had not received training. The registered manager failed to recognise this fell into the category of medicines. This placed people at risk of harm or injury as staff had not been trained to apply topical medicines.

Recruitment practices were not always robust and did not always offer security to people that the staff employed to care for them had been checked thoroughly. We have made a recommendation that the provider seeks guidance on safe recruitment practice.

Staff knew how to identify and report safeguarding concerns. We were told there had been no safeguarding concerns in the service.

We have recommended to the provider they put systems in place to respond in a timely way to telephone calls for support from staff. Without this people or staff were placed at risk.

We have made a recommendation to the provider they identify training for staff in relation to the specialist needs of people using the service. Staff training was not kept up to date and monitored. The policy reflected inaccurate information related to the Care Quality Commission (CQC) and its expectations.

Staff were not able to explain how the Mental Capacity Act 2005 (MCA) affected their roles. We have recommended the service seeks training for staff in this area.

Staff were described as kind and caring. They had built relationships with the people they cared for and people spoke positively about them and their skills. Staff knew how to treat people with respect and protected their dignity.

People had been consulted as part of the care planning process and had given consent to the care being provided.

Information held in people's care plans and risk assessments was not always accurate or up to date. Although this information was updated and sent to us following the inspection, we found that people did not always have a copy of the care plan in their home. Without appropriate documentation, guidance and information on how to manage risks and carry out care safely, people were placed at risk of harm.

People and relatives spoke positively about the service they received and felt it was well managed.

We had concerns about how the service was managed. We made a recommendation to the provider to seek advice about policy writing. This was because information in the whistleblowing policy was not clear for staff to follow or understand.

There were no comprehensive audits undertaken to monitor the quality and safety of the service provided except in one area, Health and Safety. Actions recommended as a result of this had not all been actioned 12 months after the audit had taken place. Without audits and quality assurance systems in place the registered manager would not be aware of all the issues related to the service and could not drive forward improvements or ensure its safety.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

The service was not safe.

Information and training in the administration of topical medicines was not available for staff, this meant the registered manager could not be assured people were receiving the medicines safely.

Care plans and risks associated with the provision of care had not been kept up to date and accurate. They were not placed in people's homes. This placed people at risk of receiving inappropriate and unsafe care.

Requires Improvement ●

Is the service effective?

The service was not effective.

Training records were not kept up to date or accurate. Training for staff was not kept under constant review. This meant people received care from staff who were not effectively supported.

Staff were not knowledgeable about how the Mental Capacity Act 2005 affected their role. This placed people at risk of receiving inappropriate care.

Requires Improvement ●

Is the service caring?

The service was caring.

People felt staff were caring, treated them with respect and in a dignified manner.

Documents showed people had been involved in planning their care and consented to the care delivered by the service.

Staff had developed good working relationships with people and understood their needs

Good ●

Is the service responsive?

Requires Improvement ●

The service was not responsive.

Care plans and risk assessments did not always advise staff on how to care for people and how to minimise the associated risks.

People told us they knew how to raise concerns and staff knew how to respond to complaints.

Is the service well-led?

The service was not well led

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There were inadequate systems and processes in place to assess and monitor the quality of the services provided.

Where actions to improve the service had been identified these had not been followed up. This meant people's welfare and safety was placed at risk because the service was not effectively managed.

Requires Improvement 

Campbells Private Home Care

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 10 and 11 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

Campbells Private Home Care provides domiciliary care to people in their own homes. At the time of the inspection the service was supporting 12 people.

The inspection was completed by one inspector. Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the service including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we sent out 34 questionnaires to people who use the service, relatives, staff and community professionals. We wanted to hear people's views about Campbells Private Home Care. We received 16 responses. During the inspection we spoke with the registered manager who also holds the position of provider. Following the inspection we spoke on the telephone with three staff, three people and three relatives of other people who used the service. We visited one relative in their home to look at documentation related to the care of three people.

We reviewed four people's care plans. We reviewed records related the employment of four staff and policies and audits connected to the running of the service.

Is the service safe?

Our findings

One person and the relatives we spoke with told us they felt the service was safe. The reasons given were that staff were reliable, consistent and trustworthy.

The registered manager told us that as a provider they had a policy that staff did not administer medicines to anyone using the service. Staff verified that they did not administer oral medicines. However one set of documents clearly showed that staff were administering a prescribed cream to a person and the person verified this happening. A relative of another person told us how staff applied a prescribed cream and prescribed shower gel to a person. Creams, ointments and lotions that are prescribed are considered to be topical medicines. Without realising it the staff were administering topical medicines. We discussed this with the registered manager. They were not aware that staff were administering medicines. The registered manager did not have a medicines policy. Staff were not trained in the administration of medicines or the application of topical medicines. The guidance in the staff hand book referred to staff not administering medicines. On the 13 November 2016 following the inspection the registered manager sent us an updated paragraph which was to be inserted into the staff handbook which stated that staff would no longer apply creams or lotions for people with immediate effect. On the 18 November 2016 we visited the home of a family who used the service; we checked the daily records which clearly stated that staff were still applying the creams. We spoke with a person using the service on the same day who confirmed staff were still applying prescribed creams to them. The registered manager told us they were seeking training for staff on how to apply prescribed creams and lotions.

We recommend the provider seeks advice from a reputable source on the safe application of topical medicines.

During the inspection we were told each person had a care plan. This described how staff should assist the person to meet their needs. When reading the care plans in the registered location we found some information was out of date and there were not always risk assessments in place to guide staff on how to minimise the risk of harm to people when carrying out their care. Some areas of care had not been covered in the care plan, for example one person required assistance with showering, and there was no care plan or risk assessment in place to describe how this should be carried out safely. We discussed this with the registered manager. After the inspection they sent copies of additional information that had been placed in people's care plans including risk assessments. However, when we visited the family home, we found there were no care plans in place. People who used the service and their relatives told us there were no care plans in the home or they were not aware of any, this was verified by staff. We spoke with the registered manager about this situation following our visit. They told us they were under the impression that care plans and risk assessments were available in people's homes. They had realised since our inspection visit this was not the case. Without appropriate documentation, guidance and information on how to manage risks and carry out care safely, people were placed at risk of harm.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had systems in place to ensure checks were carried out prior to candidate's being offered employment. These included the completion of an application form, checks with the disclosure and barring service, and proof of identity documents. References were also sought from previous employers to account for the candidates conduct in previous roles. On the application forms for other candidates we found gaps in in their previous employment histories. These were not researched, verified or documented. We found records related to two staff where this was the case. Following the inspection the provider sent us completed employment histories for the gaps we had identified. This assured the provider that risks related to the employment of staff were minimised.

We recommend the provider seeks advice from a reputable source on safe recruitment practices.

The provider assessed the needs of people and matched this to the required staffing level to meet their needs. They told us they were in the process of employing more staff to cover in the absence of regular staff. At the time of the inspection either the registered manager or the coordinator covered for staff absences. We were told if the provider did not believe they could supply the right level of care to a person they would not take on the package of care. In doing so they were able to ensure wherever possible there were sufficient numbers of staff to meet the needs of people.

Staff had received training in safeguarding people from abuse. They were able to tell us how they would protect people and knew who to report concerns to. We were told there had been no safeguarding concerns at the service.

The provider had in place an emergency procedure in the event that the service was disrupted by severe weather or other events. This ensured any interruption to the service would be minimised, and people would be kept safe. However, some staff told us that when they contacted the registered manager by phone, they did not always respond in a timely way or acknowledge receipt of text messages. We found prior to and after the inspection that our telephone calls were not responded to quickly even though we had left a message requesting this. The telephone answer phone did not identify the service we were calling instead it was a general message. This could have proved difficult for people who have cognitive problems. Without a timely response people or staff may be left at risk.

We recommend the provider puts systems in place to ensure staff and people using the service are responded to in a timely way when making enquiries or needing support.

Is the service effective?

Our findings

People's relatives told us they believed staff were sufficiently trained to meet people's needs. Staff told us they believed they had received sufficient training to do their jobs.

The service had a training policy; it stated "All staff must keep up to date with the mandatory training specified by CQC Standards which will need to be updated at least annually." The Care Quality Commission (CQC) does not specify the training or the standard of training required for services. The policy did not highlight which training the provider deemed to be mandatory for staff to attend. Although the registered manager knew what training was deemed to be mandatory there was no information as to how often these topics needed updating. In the PIR returned to us in January 2016 the registered manager stated "Staff training is under constant review to ensure we can understand and deliver care for as wide a range of conditions and types of people. There is a wider range of training available now in a more diverse range of subjects which we will continue to evaluate and assess which will be of benefit to the client base we have at any given time, such as Intensive Interaction. Some of our clients have quite complex needs and will require specialist training for example learning disabilities and dementia." We asked to see the training matrix which was sent to us following the inspection. This recorded that three staff had completed training in how to support people with learning disabilities in 2015. There were no records for any staff having completed training in dementia care. Two staff had completed training in intensive interactions in 2011. It did not appear that staff training was under constant review. We checked with one member of staff if the information on the training matrix was accurate, they told us some of it wasn't. Because of this it was difficult to be assured that the rest of the information was correct. Following the inspection the registered manager sent us an action plan for training. This showed all staff were to complete the subjects deemed mandatory in the following month.

We recommend that the service finds out more about identifying and monitoring the training for staff, based on current best practice, in relation to the specialist needs of people using their service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

Some staff had received training in MCA. When we spoke to the staff about the Act they were not able to describe the basic concept of the Act. We were told some people who received care were not able to make decisions for themselves. Where decisions had to be made on their behalf we saw that the best interest process had been followed. Documents showed that their relatives had met with professionals involved in their care to discuss and agree future plans. Some people receiving care from the provider had the mental capacity to make their own decisions. We read they had given consent in their care plans to receive care.

We recommend that the service seeks advice from a reputable source on training for staff, based on current best practice, in relation to the Mental Capacity Act 2005.

When new staff were appointed they received an induction. This included going through the policies and procedures of the service. Staff then received training in such areas as health and safety and moving and handling. Newly appointed staff were expected to complete the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. This involves observations of staff performance and tests of their knowledge and skills. In doing so the provider could be assured that staff received the correct information to carry out their role and their knowledge and skills could be assessed.

Staff also received support through supervision and appraisals. Staff told us they received supervision and appraisals. One staff member told us they worked with the registered manager on a regular basis and therefore their performance in their role was monitored. They told us they found supervision useful because "There are always things that need correcting and keeping in check." The registered manager told us they completed supervision every three months and spot checks where possible. Appraisals were carried out annually. The registered manager told us it was not always possible to hold staff meetings, due to having such a small team and the need to support people at regular times. They sent us minutes of a meeting held with specific staff to discuss the needs of a person. They told us they had recently organised a lunch for the staff who were available to enjoy social time together.

Where people required support with their food and nutrition, this was supplied by staff. Care plans reflected people's needs. We were told about one person who had nutritional needs, and they were supported by the community learning disability team. Records were kept of what the person had eaten and was reviewed by the relevant professionals. This enabled the person's health and welfare to be monitored.

Is the service caring?

Our findings

One person described the staff as "The best I have ever had." They told us they could not speak highly enough of them. A relative told us a person who used the service could be prone to grumbling about things; however they had never heard a grumble about Campbells Private Home Care. Another relative told us how the staff "Love and respect" the people they are caring for. They described how staff were "Lovely with them (people being cared for)." They told us how the service cared not only for the people but for the relatives as well.

It was clear when discussing with staff that they had built healthy rapports with people and they knew people's needs well. They understood people's preferences and how they wished to be cared for. One staff member was able to tell us about a person's disability and how they focussed on their ability. This encouraged the person to be as independent as possible when carrying out personal care. They were aware of the person's limitations and knew how to encourage them by "Suggesting things in a nice way." They told us "I have total respect for people. I reassure and ask constantly if they are ok and comfortable."

Staff members told us how they allowed people to make choices and decisions about aspects of their lives and their care. One staff member told us this was important to people to preserve their independence as "Not having everything done for them means they have some say in their care, they are involved and they achieve, it is important for their positivity and self-worth."

Another staff member told us how they were "Very diplomatic" when discussing a personal aspects of a person's health with them. They went on to tell us how they valued the relationship with a person they cared for. "As a result of the knowledge gained from them (the person) and the family it means I feel I can give a much better service."

One person told us they got on very well with the staff and they were "Perfectly satisfied" with the service they received. Another person told us "Being disabled is one thing, being in pain all the time is another. They (staff) always turn up and are bright and cheerful. If I want to go out they will be patient and help me get my shoes and coat on. They then wait until I get through the door and check that I am ok." They told us a previous care provider had failed to show this level of patience and concern. When asked if they would recommend Campbell's Private Home Care they said "Yes without reservation."

One relative told us how staff treated the person with dignity and respect. The person required assistance with personal care. They said "When being bathed, especially for men they want to be treated as a normal person. The carers are excellent. X has never felt belittled or treated as a child." Staff told us they respected people and preserved their dignity and privacy. They did this by covering people when performing personal care and being careful of their non-verbal language such as facial expressions when dealing with people.

We read in the care plans people had been consulted as part of the assessment process. Where people were able to they had consented to the content of the care plan. Where people were not able to do so, records showed their relatives had given consent on their behalf and this ensured any care provided was considered

by family members and professionals to be in the person's best interest.

Is the service responsive?

Our findings

People and relatives told us prior to care commencing an assessment of the person's needs took place; this involved family members where appropriate. Documents verified this. A risk assessment was carried out on the environment to ensure it was safe for staff to work in people's homes. Following this a care plan was drawn up.

When reading the care plans, we found some information was out of date and not accurate. Risk assessments were not always in place for care that presented a risk to people. For example one person who had epilepsy had no up to date care plan or risk assessment in place in relation to their epilepsy. We discussed this with the registered manager, and following the inspection they sent us up to date care plans and risk assessments. These documents minimised the risk of people receiving inappropriate and unsafe care.

We recommend that the service seeks advice from a reputable source on training for staff, based on current best practice, in relation to care planning and risk assessments for people.

Documents showed how people wished to receive their care, and described what people wanted to achieve. For example one person's care plan reflected they wanted to achieve "Choice and control." For another person "To be more independent." The PIR stated care plans were reviewed each year or sooner if required. When speaking with people they told us the local authority reviewed their care or one person told us they reviewed their care daily and any issues were discussed with the staff. Another person's relative told us they were not aware of a review but they did complete a form which gave them the opportunity to state if any changes to their care were required. To date no changes had been required.

People told us they knew how to complain, we were told by the registered manager that there had been no formal complaints made in the last year. When we looked at the complaints log we found one complaint had been made about the late arrival of staff on one occasion. The registered manager told us this had been dealt with immediately and was resolved. Staff told us they would pass any complaints or concerns to the registered manager for them to deal with.

Records showed that where people received support from a number of professional services, each services input was documented. The registered manager showed us notes of multi-disciplinary meetings and correspondence which indicated an understanding between agencies of their defined roles. They also showed where concerns were raised about a person's welfare they were shared with the relevant professional. This ensured those professionals who were involved in supporting people, shared an overview of people's needs and were kept up to date with relevant changes. This meant people received a consistent service.

Is the service well-led?

Our findings

People and their relatives thought the service was well managed. Some comments included "I can't speak highly enough of Ann (the registered manager) and Y (a staff member.) For they are the best I have ever had." A relative told us they felt the service was well managed and followed this up by saying "I would say the best thing about the service is the dependability of staff. I trust them."

We were told by the registered manager that staff were encouraged to raise concerns and there was an open culture within the service. There were mixed responses to this from staff. Some staff believed there was an open and honest culture within the service, whilst other staff felt there was more of a blame culture. They gave examples of where they had raised concerns and these had not been listened to or acted upon. Other staff told us they believed the senior staff did listen and did take appropriate action when needed.

After the inspection we were sent an updated whistleblowing policy. This was to be included in the paper staff handbook. The problem with the policy was that it included information links which were only accessible by reading the policy on a computer. There was no explanation of what a "Prescribed person or body" was. It was clear the policy had been taken from the internet, and had not fully been tailored to the needs of the staff team at the service.

We recommend that the provider seek advice and guidance from a reputable source, about policy writing.

The registered manager told us their vision for the service was "That we supply the best care of the domiciliary care agencies in the area." One staff member told us the vision for the service was "To provide a personal more intimate service. We are a small caring company, when we are called carers that is what we are. We don't lose sight of that. That is what Ann's vision is and that is why I like to work for her." Another staff member told us they believed the vision was "To work more as a team." It was apparent that staff wanted to provide the best quality care and they cared about the people they supported. However, systems were not always in place to support staff to do this.

The managerial overview of the service was lacking. We had concerns that information we found out during the inspection was not known by the registered manager until we brought it to their attention. It was evident there was a lack of quality assurance tools in place. If the registered manager had carried out quality assurance checks they would have found the same areas of concern that we found during the inspection. The regular review of care plans would have indicated to the registered manager that they were not always kept in people's homes. The registered manager would have realised the content of the care plans and risk assessments were not always up to date and relevant. Review of staff training records would have meant staff training would have been up to date and gaps in knowledge and learning would have been identified earlier. If detailed policies were in place and the governance of staff practice was aligned to those policies the registered manager would have understood the practice of applying topical medicines was not in line with their own policy. This practice continued even though we were told it had been stopped.

An external company carried out a health and safety audit dated 12 November 2015. They recommended all

staff were trained in the area of Health and Safety. The training matrix showed only three staff had up to date training in this area. Without audits and quality assurance systems in place the registered manager would not be aware of all the issues related to the service and could not drive forward improvements or ensure its safety.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent out a questionnaire to people to obtain feedback regarding the quality of the service they received. We found some of the language used difficult to understand for example, "How satisfied are you that your outcomes can be met." Only one person responded to this question. People were also given a rating to score the service for example 1 equalled poor, and 4 equalled excellent. However the questionnaire did not lend itself to being scored as people were presented with questions not statements. For example, Do you have any changes you would like to be considered? The registered manager showed us the results of the nine question survey. The responses were all positive. When asked if any development would be used as a result of the survey the registered manager did not think this was possible due to the positive responses.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to provide detailed and up to date care plans and risk assessments to ensure care was appropriate and safe. Care plans were not located in people's homes. Regulation 12 (1)(2) (a) (b) (c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. They failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (1) (2) (a) (b) (c) (e)</p>