

Civicare (Beds Herts & Bucks) Ltd

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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: Civicare (Beds Herts & Bucks) Ltd is a domiciliary care agency that was providing personal care to 66 people at the time of the inspection in their own homes.

People's experience of using this service:

The provider's monitoring process did not look effectively at systems throughout the service. This led to issues and shortfalls in the monitoring of the service and in staff recruitment. This resulted in a risk that people did not receive all of the visits that were due, and that staff may not be suitable to work with people. People were safe using the agency because staff knew what they were doing. They had been trained and visited people to learn how to care for them before having to do so.

People received their medicines from staff who knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks if needed. They did this in a hygienic way, using protective equipment, such as gloves and aprons. Staff followed advice from health care professionals and made sure they asked for people's consent before caring for them.

People liked the staff that cared for them and they described them in a warm and positive way. They went on to tell us that staff supported them to live as they wanted. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the service's aim to deliver high quality care, which helped people to continue to live in their own homes.

We have made a recommendation that the provider obtain information about long term health conditions.

Rating at last inspection: Good (report published 26 November 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 ●

Civicare (Beds Herts & Bucks) Ltd

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:

One inspector and an assistant inspector carried out this inspection.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people. Not everyone using [service name] receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that 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 24 hours' notice of the inspection visit because we needed to be sure that the registered manager would be in.

Inspection site visit activity started on 7 May 2019 and ended on 7 June 2019. We visited the office location on 7 May 2019 to see the registered manager and office staff; to review care records and policies and procedures, and to speak with care staff. We spoke with people using the service on 28 May and 7 June 2019.

What we did:

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to let us know about. In April 2019 the provider had sent us a completed provider information return (PIR). The PIR 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.

During our inspection we spoke with four people. We spoke with the registered manager and three members of staff. We looked at four people's care records as well as other records relating to the management of the service. These included staff recruitment checks, medicine records and audits.

Is the service safe?

Our findings

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

RI: 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. Regulations may or may not have been met.

Staffing and recruitment

- Pre-employment checks were not always fully completed before new staff started working with people. Gaps in staff employment histories had not been explored, neither had explanations of staff conduct in previous care employment been adequately sought. This meant that these checks were not robust enough to make sure new staff were suitable to work with people who were vulnerable.

The lack of robust recruitment checks meant that the provider could not demonstrate that only suitable people were employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were usually enough staff available to support people safely. People told us that they had regular staff who usually arrived on time and who never failed to visit them. Staff at the service also said there were enough staff and they were only occasionally asked to cover sudden sick leave. However, a recent survey of people's views and information in audits of care records show that people may not be receiving all of the visits from staff that were due.
- There was a system in place to recruit new staff and the registered manager told us that they had recently employed staff from another agency when people's care transferred to them.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. Two people told us this was because staff regularly checked up on them.
- The provider had effective safeguarding systems in place, staff understood what to do to protect people from harm and how to report concerns. Staff told us they had training and information about safeguarding and knew where to go for further advice.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling, and falls.
- Risk assessments in relation to people's environment, in and around their homes, had also been completed. These included those for security, which made sure that risks had been identified and managed.

Using medicines safely

- Staff were trained to help people take their medicines. The registered manager completed competency checks to make sure staff understood this training and were able to give medicines safely.
- One person told us, "They watch me take my medicines, they always do this." Staff completed medicine

administration records to show if people had taken their medicines or the reason if they had not. There was information in people's care plans about the type and level of support they needed from staff to take their medicines.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. People told us staff used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection. One person also said, "[Staff] always wash their hands before touching food."

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and team leaders took action following accidents or incidents to reduce the risk of these reoccurring.
- The registered manager told us the actions they had taken to make sure staff were able to access people's accommodation following an incident where a key safe had become stuck. This ensured staff had clearer access to codes for people who used key safes and reduced the risk that staff would not be able to gain entry.

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

Good: 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

- Staff completed assessments of people's needs before they started using the service. They worked with health and social care professionals when assessing and planning people's care. This enabled them to make sure they considered up to date guidance in how to meet people's individual needs. For one person, this meant that staff were familiar with their specific learning difficulty and communication needs before care was provided.
- Prompts were written into people's care plans when there was equipment to support people with their independence. For example, one person had a portable pendant alarm that staff needed to make sure they were wearing before they left the person's home.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working for the agency and this was updated each year. New staff were enrolled in the Care Certificate, which identifies a set of standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competency.
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They said they felt well supported to do their jobs.

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

- People were supported to eat and drink if this was needed, although most people were able to make themselves meals and drinks. Staff had guidance about people's preferred meals and drinks for those people that needed this support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff completed information in the form of an overview of the care people needed. This recorded important information about them, their needs, daily routines and preferences. However, this information was not made available when people used other providers of care, such as hospitals or emergency health care. The registered manager told us that they communicated with other services when needed about the support people needed. We discussed with them about making this written information available if the person was not able to tell others.
- Staff had access to information about health care professionals involved with people, although most people told us that their family would support them to contact these professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care at home services this is usually through the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- We checked whether the service was working within the principles of the MCA. People were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.
- No applications had been made to the Court of Protection to deprive people of their liberty.
- People told us staff let them know before doing anything, one person said, "They [staff] usually discuss how I want things, if it's not quite right then I tell them."

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

Good: 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 were treated kindly by staff. One person commented, "They're all very nice, they're always polite." Other people told us that staff were, "Polite and respectful, caring," and "Friendly." People were comfortable in the presence of staff and enjoyed positive relationships with them.
- Staff treated people kindly; they showed concern for people and people described that staff made sure they had everything they needed. They were aware of people's individual needs and preferences.

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

- People confirmed that staff asked how they preferred to have their care and support provided.
- Staff had enough time to support people properly and in the way they wanted, which also allowed them to spend time talking with people.
- The registered manager said that no-one who received care was using an advocate, but they would refer people to advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence

- One person told us that they had requested only to have female staff and this had been respected. People told us that staff respected their privacy. They ensured people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care. People also told us that staff did this and they felt that staff were considerate because of it.
- Staff had written information about how to maintain people's independence. One person's care records specifically guided staff in how to encourage the person to do what they could for themselves.
- People's confidentiality was maintained; records were kept securely in the agency office.

Is the service responsive?

Our findings

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

Good: 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's care needs were met and they were happy with the care they received. One person told us that staff supported them to care for themselves. They went on to say about the care they received from staff, "I'm pleased with the carer that comes in the morning, they do everything I need them to do."
- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. Staff had built good relationships and knew people's likes, dislikes and preferences. Although people looked after their own long-term health conditions there was little information generally to guide staff. We recommend that the service consider current guidance and information on long term health conditions to support staff when caring for people with these conditions.
- People we spoke with said there was enough information in their care plans to guide staff. One person said, "It accurately reflects my needs and the staff member puts down what they've done while they're here."

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. They were confident that the registered manager would resolve any concerns they had. One person told us they had raised a concern and it had been acted upon quickly to their satisfaction.
- Complaints that had been received were investigated and responded to within the organisation's timescales.

End of life care and support

- Guidance was not available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit. A staff member told us that they would consult with people's relatives in the event this care was needed. However, they would continue to provide personal care to people and review this in case additional support was required.
- Further guidance was available from the registered manager and from visiting health professionals. We provided the registered manager with currently guidance about advance care planning during our visit.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives had completed a survey in March 2019, which showed positive comments about the agency with approximately a third containing comments for improvement. However, information from these surveys had not been collated and no action had been taken to address the issues raised. We found two themes that people were unhappy about; staff being more than 15 minutes early or late and people did not always receive a visit when it was due.
- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits and quality monitoring visits. These showed they identified areas of the service that required improvement, such as entries in visit records that had not been completed. The registered manager had spoken with staff, but a more detailed analysis had not been undertaken. This missed opportunities to identify if this was a wider issue around staffing numbers, involved specific staff repeatedly or whether visits had taken place but were not recorded.
- The action taken was not effective in addressing the issue as this had been ongoing and repeated since the beginning of the year.
- We also found concerns in relation to staff recruitment that the registered manager had not identified as part of their managerial responsibilities.

The lack of robust quality assurance meant people were at risk of not receiving care and should this result in people being in an unsafe position, the provider's systems would not pick up issues effectively. This was a breach of Regulation 17 of the Health and Social Care Act 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 manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when this was required.
- Staff were also committed to providing high-quality care and support. One staff member told us how staff had been supported through a difficult incident where they were required to provide additional care at short notice.

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

regulatory requirements

- Staff told us they were able to provide good quality care and support to people because they had a registered manager and senior staff who supported them. They said they could raise issues with any of these staff and their concerns would be listened to.
- The registered manager knew people well. One person told us the registered manager had visited them. They went on to say, "I think the agency is well run. I feel happier with this agency than with others I've used." A staff member told us staff were encouraged to work together and get to know each other. They said, "There is no 'them and us' culture between office and care staff." The registered manager was supported by senior staff, which made sure that the service ran well at those times when the registered manager was not available.
- The registered manager complied with most legal requirements for duty of candour; they sent notifications to us when required to do so. However, they had not displayed the rating from their previous inspection. This was rectified before the end of our visit.

Working in partnership with others

- Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority social services or continuing healthcare team. The registered manager contacted other organisations appropriately.

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 People who used the service were not protected against the risks associated with inadequate and ineffective monitoring the quality and risks to the service. Regulation 17 (2) (a), (b), (f).

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who used the service were not protected against the risks associated with incomplete staff recruitment checks. Regulation 19 (3) (a)