Care Assured Limited

Care Assurred Limited

Inspection report

Bearly House
67 Liverpool Road
St Helens
Merseyside
WA10 1PQ

Tel: 01744615054

Date of inspection visit:
08 September 2016
09 September 2016
12 September 2016

Date of publication:
16 November 2016

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

The inspection was announced and took place on the 8, 9 and 10 September 2016. The last inspection was completed in June 2014, and the registered provider was found to be meeting all the outcomes inspected.

The service is registered to provide personal care to people in their own homes and operates around the St Helens area. At the time of the inspection the service was supporting 223 people.

There was a manager in post who had been registered with the CQC since October 2010. 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.

There were limited quality monitoring systems in place to monitor the service and identify where improvements may need to be made. For example an audit of accidents and incidents was not completed, a medication audit was not in place and an audit of care records had not been carried out. It is important that quality monitoring systems are in place so that trends and patterns can be identified, which can help with preventing issues from reoccurring in the future. You can see what action we told the provider to take at the back of the full version of the report.

There were policies and procedures in place; however these did not always go into sufficient detail. For example a Mental Capacity Act 2005 (MCA) policy was in place; however this did not contain information around the roles and responsibilities of the registered provider or staff in relation to the MCA, or the processes that should be followed in order to maintain people's rights and liberties. You can see what action we told the provider to take at the back of the full version of the report.

Risk assessments were not always in place to ensure that people were protected from harm. For example pressure area risk assessments were not always in place for those people at risk of developing pressure sores. In another example there was no risk assessment in place for managing the medication needs of one person who was alcohol dependent. There was also no risk assessment around protecting staff, despite an episode of aggression from this person towards staff. We have made a recommendation regarding the completion of risk assessments in relation to people's needs.

Staff training records showed that staff had received training in the safe administration of medicines. However staff did not always sign medication administration records (MARs) when medication had been given. We raised this with the registered manager who stated they would ensure staff filled these out in the future. We have reported further on this under the well led domain. We asked people whether staff gave them their medicines as prescribed and they told us that they did.

The registered provider and the registered manager were not aware of their roles and responsibilities in

relation to the MCA. Staff had not received training in this and did not have a good understanding of their roles and responsibilities in relation to the Act. The registered manager had made enquiries regarding training for staff around this. It is important that the registered provider, the registered manager and staff have an understanding of the MCA to ensure that they act within the law, and work to uphold people's rights and liberties. We have made a recommendation around implementing the requirements of the MCA.

Staff had completed safeguarding training and were aware of the signs and indicators that may indicate abuse is taking place. Records indicated that concerns were being raised by the registered manager with the local authority as required.

There were sufficient numbers of staff in place to meet people's needs. People confirmed that staff arrived on time, and that they stayed the correct length of time. The registered provider had a system in place to monitor when staff arrived at people's homes, and to ensure that they stayed the right amount of time.

People told us that staff were kind and caring in their approach. We observed examples where staff spoke respectfully to people and their relatives, and it was apparent that good relationships had developed.

People told us that the care provided was sufficient to meet their needs. Care records contained details about people's likes, dislikes and also provided a time table for staff around what tasks they needed to complete. Where staff had concerns about people's needs they reported these to the registered manager, for example where they felt that one person was socially isolated they had followed this up to ensure that additional support could be put in place by the person's social worker.

There was a complaints process in place, and people confirmed that they would feel confident in making a complaint. People felt that the registered manager would work to resolve their concerns.

There were processes in place for gathering feedback. The results of these showed that people felt the service they were being provided with was good overall.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments were not always completed to ensure that people and staff were being protected from the risk of harm.

People's medication administration records were not always signed to show that staff had supported people to take their medicines as required.

There were sufficient numbers of staff in place to meet people's needs, and people confirmed that staff arrived on time. Recruitment processes were robust and ensured that staff were safe to work with vulnerable people.

Is the service effective?

Good

The service was effective.

The registered provider was not aware of their roles and responsibilities in relation to the Mental Capacity Act 2005. Staff had not completed training in this area, however people confirmed that they were offered choice and control over their care.

People's care records outlined where they required support with food and drink preparation, and people confirmed that staff provided the right level of support with this.

Is the service caring?

Good

The service was caring.

People confirmed that staff were kind and caring in their approach and told us that they had consistent staff who they had developed a good relationship with.

People told us that their privacy and dignity was maintained by staff during personal care tasks.

People's confidentiality was protected. Care files containing personal information were stored securely in the office.

Is the service responsive?

Good

The service was responsive.

Care records contained information for staff about the level of support people required. There was a timetable in place which outlined the tasks that staff should complete.

Daily notes were maintained by staff which outlined where there had been issues or important developments relating to people's needs, so that other staff could be made aware.

People told us they knew how to make a complaint and felt confident that the registered manager would resolve their concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Audits of accidents and incidents, people's medicines and care records were not completed.

The registered provider's policies and procedures did not always contain enough detailed information.

People and staff commented that they found the registered manager to be approachable and supportive.

Care Assurred Limited

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.

The inspection was announced and took place on the 8, 9 and 10 September 2016. The registered provider was given a short period of notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was completed by two adult social care inspectors. Before the inspection, 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 they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

Prior to the inspection we spoke with the local authority safeguarding and quality monitoring teams who did not raise any issues regarding the service. During the inspection we spoke with 18 people using the service and three people's relatives. We spoke with seven members of staff along with the registered manager and registered provider. We looked at the recruitment records for six members of staff and viewed 19 people's care records. We also looked at records pertaining to the day-to-day management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe using the service. Their comments included, "[My relative] is one hundred per cent safe with staff", "Yes I feel safe, staff are professional", "[My relative] has epilepsy. Staff are very good when they have a seizure" and "Yes I'm safe with staff. They're really good".

Risk assessments were not always in place to address risks associated with people's health and social needs. For example one person was alcohol dependent and did not have a risk assessment in place for managing their medication when they had consumed alcohol. We followed up on this, and found that staff were appropriately recording when medication had not been administered due to this person being under the influence of alcohol. There had also been one occasion where this person had been aggressive towards a member of staff; however no risk assessment around managing this risk had been completed. In another two examples people's health needs meant that they were at risk of developing pressure sores; however there were no risk assessments in place to manage this. We spoke to these people and their relatives, who were able to give assurances that staff checked their pressure areas on a daily basis. It is important that this information is contained within care records so that staff know how to respond to minimise risks from occurring. We raised this with the registered manager who confirmed that a review of care records would be carried out to ensure that important information was included within records.

People's care records outlined where they required support from staff with taking their medicines. All staff had completed training in the safe administration of medication and their competency to do so had been assessed. Records were in place to show where staff had supported people with taking their medicines; however we found that in some cases these had not been signed by staff. We raised this with the registered manager who told us that on some occasions people had not been in so staff had not been able to sign the medication administration records (MARs). However this meant that it would not always be possible for the registered manager to identify where medication had not been given. We have reported on this further under the 'well led' domain.

A record of accidents and incidents was maintained, along with a record of quality concerns that had been raised by the local authority. This also included actions that had been taken to rectify these issues. A daily contact log was kept which contained details of concerns that had been raised by staff. These also included the action taken to ensure that people had been kept safe. For example staff had arrived at one person's home to find that they had fallen and cut their leg so they had contacted the GP. In another example staff had found the person was not at home and there was a lot of blood on a towel by the bed. Staff contacted this person's family and found that they had fallen and been taken to hospital.

There was a robust recruitment process in place to ensure that staff were suitable to work with vulnerable people. This included a written application outlining their previous experience and qualifications. Staff had also been subjected to a check by the disclosure and barring service (DBS) prior to being able to start working for the organisation. The DBS is a check carried out to ensure that staff do not have a criminal history. This helps employers make an informed decision about whether staff are suitable.

Staff had completed training in safeguarding vulnerable people and were able to recognise the signs and indicators of abuse. Staff were aware of when to report these concerns. There was a whistleblowing policy in place, and staff demonstrated awareness of this. Whistleblowing is where staff can raise concerns about the service, either inside or outside the organisation without fear of reprisals. Records showed that safeguarding issues had been appropriately shared with the local authority so that these could be investigated to ensure people's safety.

There were sufficient numbers of staff in place to keep people safe. People told us that staff were always on time, and that they did not miss calls. Their comments included, "They're always on time. Sometimes they even call a bit early", "Staff are more or less always on time. They never miss calls", "They're very reliable. It's only emergencies when they don't come on time, and even then they let us know" and "There's not very many occasions where they're going to be late. Someone always lets us know if they are".

The registered provider had a call monitoring system in place. This required staff to log each time they attended and left a call. This enabled the registered manager to monitor the length of call times to ensure that staff were spending the required amount of time with people, and that they were arriving on time. We looked at a report for the past month which showed that calls were attended on time, and where they were not, there was only a slight delay.

Staff had access to personal protective equipment (PPE) and was made available to staff on request. People told us staff wore gloves and aprons when undertaking personal care tasks. This ensured infection control procedures were followed to keep people safe.

Good

Is the service effective?

Our findings

People told us that staff were competent and good at their job. Their comments included, "The carers are skilled and look after my relative well", "Staff are efficient and know what they're doing" and "They have a nice way with them. They're very good when they're helping you". People also told us that they had a good working relationship with staff, describing them as "professional".

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. In the community any restrictions need to be referred to the Court of Protection for authorisation. At the time of the inspection there was no one who required a referral to the Court of Protection.

We spoke with the registered manager about their knowledge of the MCA. She told us that she did not have a good understanding of this, and that staff had not received training in this subject. The registered manager was already in the process of rectifying this, and had made enquiries to the local authority about organising training for staff. It is important that the registered manager, and registered provider have a good understanding of the Act to ensure that they discharge their responsibilities in accordance with the law.

Staff did not have a good understanding of their roles and responsibilities in relation to the MCA. However, they did tell us that they would offer people choice and control over their care needs. People also confirmed this. Some people's comments included, "Staff are not presumptive, for example they let me choose what I want to wear, and ask how I want things done", "They let me do things my way" and "They listen to how I want my care to be provided". This showed that people's rights and liberties were being protected, despite staff not having a formal understanding of the MCA.

We recommend that the registered provider seeks advice and guidance from a reputable source about implementing the requirements of the MCA within the service.

Staff training records showed that staff had completed training in a number of areas such as moving and handling, infection control and first aid. Training certificates evidenced that these were being kept up-to-date. In addition to the essential training, staff had completed or were in the process of completing nationally recognised vocational qualifications, which helped to further their knowledge and skills. There was an induction process in place for new members of staff which had incorporated the standards laid out by the care certificate. The care certificate is a national set of standards that care staff are expected to meet. This helped ensure that staff had the knowledge and skills necessary to carry out their role effectively.

Staff told us that they received supervision and appraisal on a regular basis, and staff records confirmed this. Supervision allowed staff the opportunity to discuss any training needs with the registered manager, along

with any other issues. It also allowed the registered manager the opportunity to raise any performance related issues, and to support with any areas of development. This process helped to ensure that staff remained accountable, and that support could be given by management where needed.

Care records outlined where people needed support with preparing food and drinks. People we spoke with confirmed that staff helped them to prepare food, and we observed that people had been left with a drink within their reach to help ensure that they did not become dehydrated.

People had been supported to access support from health and social care professionals where they required help to do so. Care records showed where staff had contacted people's GP or emergency services if they were concerned.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. Their comments included, "Staff are very respectful", "They are respectful, and give me time on my own when I need privacy", "Yes they are kind. They have a nice way with them" and "The office staff are very nice when I ring". People's family members also confirmed that they were happy with the support that their relatives were receiving.

People told us that they received care and support from regular carers which had encouraged a good working relationship to develop. Management records showed that in some cases people did not feel they had a good relationship with the staff supporting them, and in these situations the registered manager had made changes to the rotas so that different staff would visit. We spoke with people who had requested a change of staff and they confirmed that staff had not done anything wrong. One person told us "We were just different personalities". This helped ensure that a positive working relationship could develop.

People told us that staff were respectful of their homes and that they left things clean and tidy. One person commented, "Oh yes they always leave things as they found them", whilst another person commented, "Yes staff always seem mindful that this is my home". This showed that staff treated people with respect.

We observed staff interacting with people and their family members. These interactions were positive, respectful and included a lot of laughter. People commented positively on their relationships with staff. Some of their comments included, "I have got to know staff very well. They are very good", "They're really good. They laugh a lot which helps me feel relaxed", "They make me feel secure", "We have a laugh and a chat and they put me at ease", "All the staff are friendly and give me a little company" and "We have good banter and we always have a laugh".

Staff spoke positively about people and gave appropriate examples regarding how they would maintain people's privacy and dignity during personal care tasks. Examples included; ensuring curtains and doors were closed and giving people time to use the toilet in private. People confirmed that staff maintained their dignity, and told us that they felt at ease when staff were supporting them .

People told us that they felt comfortable expressing their views, and that staff gave them information and explanations before attending to their care needs. People also told us that staff asked them about their routines, and worked around their preferences. At the time of the inspection there was no one using an advocate, however the registered manager was able to give examples of where these had been used in the past. An advocate supports people to ensure that their voice is heard where difficult decisions are being made. This helps to ensure that people are involved and active in the development of their care.

People felt that their confidentiality was being maintained. Care records were stored in people's own homes, before being archived and stored in the main office. The registered provider is required by law to keep documentation for a certain period of time in case this information is needed. Archived records were stored in secure cabinets and staff had received training around ensuring information was treated with confidentiality. Where information was stored digitally, passwords were in place to maintain its security.

Good

Is the service responsive?

Our findings

People told us that staff provided the care and support that they needed. Their comments included, "Staff monitor [my relative's] skin, and had picked up on a pressure sore, which they reported to the district nurse", "They suit my needs, and do anything I need them to", "I have no issues with the service. I know I can rely on them" and "They provide the care I need to keep me at home".

Care records contained a time table which clearly outlined the tasks expected of staff. A 'service user assessment form' was available which outlined people's current medical issues, details of their next of kin and who their GP was. Records also contained a care plan assessment which included information around people's communication needs, support they required with their medication, spiritual needs and social interests. Where people had a social worker, the most recent social work assessment was included within care records. These contained pertinent details about people's care needs which staff could refer to. This meant staff had the most up to date information when they were supporting a person.

Staff completed daily notes which included details of any issues or developments that had arisen. These were left at people's homes so that staff attending the next call could access this information, and follow up where required. Staff would also be proactive by phoning the office to update them where any issues had occurred, or where they felt that a person may need additional support. For example, one person we spoke to told us that they were feeling lonely and unhappy. We followed up on this and found that a member of staff had reported this to the office, who were in the process of requesting a review from the social worker. This showed that important information was being shared, and that staff were being proactive in helping people to find a solution to any problems.

People confirmed that reviews of their care package were being completed, and that they had been involved in this process. Reviews recorded whether people were happy with the care being provided, and whether they felt their needs were being met. These were then signed by people to show that they had been involved. We found some examples where the reviews had not been completed within the timeframe set by the registered provider which we raised with the registered manager who informed us that these would be completed. This helped ensure that the support being provided to people was suitable to meet their needs.

Staff provided care that was necessary to ensure people's wellbeing was maintained. Examples shared with us included; Staff had sought support for a person who was feeling socially isolated. The registered manager for the service had been out to one person's home in their spare time to help clean it up whilst they had been in hospital as there had been environmental health issues. Staff had supported a person to access pest control after finding a rat in the person's home. People shared examples of where staff would go "above and beyond", for example one person told us that staff would buy extra items and give them to people if there was a buy one get one free offer on in the supermarket. Another person told us that staff would do "anything" for her if she was struggling, including doing a small shop .

People told us that they knew how to make a complaint, and felt that the registered manager would be responsive in addressing any of their concerns. The registered provider had a complaints policy in place,

which was given to people when they started using the service. Some complaints had been received by the service. These had been documented and action had been taken to resolve the issue. This demonstrated that people's concerns were being appropriately addressed.

Requires Improvement

Is the service well-led?

Our findings

The service had a manager in post who was registered with the CQC. People commented positively on the service and felt that it was being well run. Their comments included, "I speak to the manager every now and then. She always seems very nice", "I think this is a really good service and have no issues. I know I can rely on them", "I have no complaints or issues. I think it is very very good" and "This is a good service. I can't fault the carer who comes to help me".

There were limited audit systems in place to monitor the quality of the service being provided to people. For example there was no audit in place to monitor accidents and incidents and no medication audits to ensure that people were taking their medicines as prescribed. Care records were not audited to ensure that they were accurate and up-to-date. We found that risk assessments were not always in place, and found examples where people's MARs had not been signed by staff to show where medicines had been given. It is important that the registered manager and the registered provider have quality monitoring systems in place so that they can identify where improvements are needed, and identify patterns and trends so that they can work to prevent these from reoccurring.

There were policies and procedures in place however at times these did not contain enough information. For example a policy around the Mental Capacity Act 2005 had recently been developed, however this was brief and did not contain any details relating to the responsibilities of the registered provider or staff, and did not outline the processes that should be followed where someone may be being deprived of their liberties. There was a medication policy in place, however this did not outline details around what training staff should receive before being able to administer medication, or how often their competency to administer medicines would be reviewed. There were also no details around how often people's medicines would be reviewed to ensure they were being administered safely and accurately.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because quality monitoring systems were not robust, and policies did not adequately outline processes and procedures to be followed.

There was a review process in place which ensured that people were happy with the service being provided. This gave people the opportunity to express their views on the service, and where they thought things could be better. An annual survey was also completed by the registered provider which aimed to ascertain how satisfied people were with the service. At the time of the inspection the registered provider was awaiting the result of the 2016 survey; however an analysis of the 2015 results was available which showed that overall people were happy with the care that was being provided.

The registered provider did have a disciplinary policy in place and action had been taken in accordance with this where required. This helped to ensure that poor practice was addressed, and that relevant action was taken to support staff and prevent issues from happening again in the future.

Staff told us that they had not been asked about their views on the service; however they felt confident in

approaching the registered provider or registered manager with any suggested improvements. We saw an example where staff felt one person needed more support, and had contacted the office about this. Where the registered manager needed to give updates to staff, a memo was given to staff when they visited the office. Where one to one feedback was required, this was done during supervision with staff.

Staff spoke positively about the registered manager and registered provider, describing them as "great", "lovely" and "supportive". Staff told us that they felt that they felt well supported by the team and that there was a positive atmosphere within the service. These comments were reflected in the comments made by people using the service who told us that the registered manager was "approachable" and that they had had regular contact with her, along with other members of the office staff.

The registered provider had a statement of purpose which outlined their core values. These included maintaining people's independence and treating people with dignity and respect. These values were included in the staff handbook and given to staff as part of their induction. People confirmed that staff worked towards promoting their independence, and allowed them to do things for themselves where they were able to. They also told us that staff were respectful and caring. This showed that staff worked in accordance with the registered provider's values.

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 Quality monitoring systems were not robust, and policies and procedures did not contain sufficient detail.