

Careworld Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 11 January 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting. This was because the provider offers a supported service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us. The service was last inspected in July 2016 under their previous name, Prime Care Services and was rated as Requires Improvement.

Careworld services currently provides domiciliary care for 34 people living in their own home.

At the time of our inspection there was a registered manager in post. 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.

People were not always consulted on how their care and support was planned and some care plans had not fully been developed.

The providers auditing and quality assurance processes and systems were not consistently effective.

The provider had ensured there were sufficient numbers of staff to provide a service, and that they were recruited and trained safely and to the needs of the service.

People were kept safe by staff who understood how to identify when they were at risk of harm and abuse.

People received care and support that was delivered in a person centred way to meet their individual needs. People and relatives were consulted on how they received their daily care and support.

People's dignity was maintained and their rights to privacy were respected by the staff. People were encouraged and supported to maintain their independence.

People were treated with kindness and compassion and said they had positive interactions with staff.

Relatives and staff were confident about approaching the registered manager if they needed to and the registered manager responded to complaints and concerns appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were supported by a staff team who understood how to protect them from abuse.

People were kept safe by sufficient numbers of staff to provide care and support.

People were supported by staff who were recruited safely.

People were supported by staff who understood how to protect them from risk of infection.

Is the service effective?

Requires Improvement ●

The service was not always effective

People and relatives were not always consulted on how their care and support was delivered.

Staff had the skills and knowledge to support people effectively.

People's consent to their care was sought by staff.

Is the service caring?

Good ●

The service was caring

People were supported by a staff team who were kind and caring towards them.

People were treated with respect and their rights to privacy and dignity were upheld.

People were encouraged to be as independent as was practicable.

Is the service responsive?

Good ●

The service was responsive

People were supported by staff who were responsive to their personal care and support needs.

People knew how to raise complaints as and when required and the provider had systems in place to process them.

People were supported by staff who knew them well.

Is the service well-led?

The service was not consistently well-led

Auditing systems and processes were not always effective.

Staff understood their roles and their responsibilities.

Feedback was sought from stakeholders and used to drive forward service delivery

People and staff had access to the registered manager when required to share their opinion of the care delivered.

Requires Improvement 

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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 11 January 2018 and was announced. The inspection team comprised one inspector.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We also reviewed information that had been sent to us by the public and partner organisations. We used this information to help us plan our inspection.

During the inspection we spoke with four people who used the service, two relatives, five members of staff, and the registered manager. We looked at four people's care records, records regarding medicines management and records relating to the management of the service; including recruitment records, complaints and quality assurance records.

Is the service safe?

Our findings

At our previous inspection we had rated the service as requires improvement in the safe domain as they had not always notified us of safeguarding incidents. At this inspection we found that the provider had made significant improvements. People were protected and safe from the risk of harm or abuse. A person we spoke with told us, "I feel pretty safe when they're [staff] around. I'm not worried when they're in the house". Another person we spoke with said, "I feel safe enough when they're [staff] around, I've had the same ones for ages now". A relative we spoke with told us, "I'm happy that she's [person] safe when she's with them [staff], they look after her very well". Staff we spoke with told us that they understood how to keep people safe from abuse and avoidable harm. A staff member we spoke with told us, "Yes we've [staff] had safeguarding training and I understand the different types of abuse to look for. For example; physical, emotional and financial abuse. If we see anything [abuse] we write it in the [daily] log and tell the office". Another member of staff explained the different signs of abuse they would be alerted to. They said, "Some [abuse] can be hidden or some very obvious, for example I'd look for subtle changes in people's behaviour". Staff told us that they understood the provider's whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself. Prior to our inspection there had been one whistle blowing concern that had been raised with us and the local authority, which was currently being looked into. This demonstrated to us that staff were aware of how to keep people safe and their responsibilities in reporting any concerns.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us that they needed to ensure that there were no trip hazards around, for example; electric cables, or small pieces of furniture that people could fall over. The provider had systems in place to ensure that all accidents and incidents were recorded and acted upon. We saw that measures were in place to reduce the risk of reoccurrence and to improve the service to ensure that people remained safe.

There were sufficient numbers of staff in place to keep people safe. A person we spoke with told us, "They [staff] come in three or four times a day and they're never late. They're really good". Another person said, "They come out three times a day. The time keeping's good and they let me know if they've been held up anywhere and are running a bit late". A member of staff we spoke with said, "There's plenty of time for me to get around between calls. If I'm going to be late though, I tell the office and they contact the client [person]". We confirmed with the registered manager that there were systems in place to assess the staffing levels that were required within the service. The registered manager told us that new staff were recruited in line with people's specific care packages, to ensure that they received a consistent level of care and support.

At our previous inspection we identified that the providers recruitment processes were not sufficiently robust. At this inspection we recognised the improvements that had been made by the provider. We looked at how the provider ensured that staff members were recruited safely for their roles. We saw a range of pre-

employment checks were in place and were completed prior to new employees starting work in the service. These included identity, reference and Disclosure and Barring Service (DBS) checks. DBS checks enable employers to review a potential staff member's criminal history to ensure they are appropriate for employment.

Most of the people we spoke with did not need support with their medicines, but of those who did, they told us that they received their medicines safely and as prescribed. A person we spoke with said, "They [staff] put my medicine out for me, but I take it myself. I get them [medicines] on time, no problems at all". A relative we spoke with said, "The only medicine she [person] needs is [name of medicine] when she's in pain, but the carers notice the signs and they make sure she has her medicine". We saw that the provider had systems in place for staff to record when people received their medicines and care plans included information to say when people required medicine on an 'as required' basis.

The provider had systems in place to ensure that people were protected by the prevention and control of infection. A person we spoke with told us, "They [staff] understand about keeping the place [person's home] nice and clean". A relative we spoke with told us, "I think they [staff] have a good understanding of hygiene and infection control, they always make sure [person's name] is clean". A member of staff we spoke with said, "We have hand gel and gloves to stop infection. The office [provider] gives us aprons too".

Is the service effective?

Our findings

People and their relatives were not always consulted and involved in the care planning process. A person we spoke with told us, "I did a care plan about four years ago. I've never had a review meeting but I know this is something the new [registered] manager's trying to sort out". Another person we spoke with said, "We did a care plan, I'm happy with how things are going". A relative told us, "We did a care plan with the social worker but not Careworld. I've never really seen a care plan". We discussed these issues with the registered manager who told us that they were in the process of developing new care plans in conjunction with people and their relatives. During our visit to the provider's office we saw that they were working towards a more robust care planning process.

The registered manager explained how they were in the process of developing better communication links with staff. They explained that in the past staff had not had effective lines of communication with the provider and had felt isolated. They were trying to establish a more open communication culture with staff and had implemented staff meetings and a staff newsletter. Staff we spoke with told us that they were aware that new changes were in place. One member of staff we spoke with said, "I haven't met the new manager yet, but she must be okay because things are much calmer than before".

The provider ensured that staff had the skills and knowledge required to support people effectively. A person we spoke with told us, "They [staff] seem good at what they do for me, I'm happy enough, they seem well trained anyway". Another person said, "They [staff] are trained well enough I suppose. I don't have any concerns or reasons to believe they're not". A relative told us, "They're [staff] well trained, they understand [person's name] needs and how best to care for her". A member of staff we spoke with told us, "I get a lot of training. If we need more we can ask for it. Sometimes we get clients [people] with complex needs and we have to be trained to support them". We saw that the provider had systems in place to ensure that staff were trained to meet the needs of the people they were caring for. The provider employed an in-house trainer to deliver learning and development sessions. We saw that new staff were trained in accordance with the Care Certificate which offers guidance on the basic skills and knowledge needed to work with people requiring health and social care support.

Staff we spoke with told us they received regular supervision to discuss work based issues. A member of staff told us, "I have supervision every six weeks, and I'm happy with how it's done". Another member of staff said, "I have supervision every three or four weeks, it's okay. They're [senior staff] polite and they listen to me about any issues, and they're supportive". The registered manager informed us that they carry out supervisions with staff monthly. We saw that the registered manager had systems in place to ensure that staff received regular supervisory support.

Most of the people we spoke with told us that they did not require support with their meals from staff. However, a relative we spoke with told us, "They [staff] really help her [person] with her food. Before she received support from them she wasn't always eating that well. But since then, they've really encouraged her and it's going really well". A member of staff we spoke with told us the importance of ensuring people had sufficient food and fluids throughout the day. They also said, "When I leave them [person] I make sure

they've always got a snack and something to drink".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection we identified that staff had limited knowledge of DoLS. At this inspection we identified that some members of staff we're still unsure of what it meant to deprive someone of their liberty, however, the provider had identified this and training had been planned to develop staff knowledge and understanding.

All of the people we spoke with had capacity to consent to their care and support. A person we spoke with told us, "They [staff] do ask permission and talk to me about what I need". Another person told us, "They [staff] talk to me and ask me what I need doing, they're good like that". A member of staff we spoke with told us, "We [staff] talk to people a lot when we're there [person's home]. Ask if they're happy for us to do our work. I ask if they'd like us to do anything and if we're doing it okay". From our conversations with staff we could see that they understood the importance of talking to people and gaining their consent before they offered care and support.

Is the service caring?

Our findings

People and relatives we spoke with told us that care staff in the service were kind and caring towards their family members. A person we spoke with told us, "They're [staff] okay, we have a laugh". Another person said we spoke with told us how they had built up a good relationship with the staff who support them and that they were kind, caring and felt very relaxed in their company. A relative we spoke with told us, "They [staff] are nice girls and I trust them". Staff told us how they treated people in a kind and caring way. One member of staff said, "If they [people] seem unhappy, I'd check to see if they were okay, or see if I can help. I'd let the office know too". From talking to staff we established that they understood the importance of supporting people in a kind and considerate manner.

People and relatives we spoke with told us they were consulted on how they preferred to receive their care and support on a daily basis. A person we spoke with told us how staff discuss their care with them regularly, making sure that everything is done the way they like it. A relative we spoke with told us, "I talk to the carers [staff] everyday as I'm really involved in her [person's] care". A member of staff we spoke with told us how they got to know about the people they supported. They said, "Some people tell you what they like and what they don't. When we [staff] get new calls [people] we talk with them to find out about them. If they can't talk a lot, we can look at their care plans too". Another member of staff said, "I do include people in their care discussions. I'm continually talking to them and asking if they are alright with how I'm working". We found care staff understood people's preferences and people were offered choices and prompted where appropriate about decisions connected to their day to day care.

Relatives told us that care staff treated their family members with dignity and respect. A person we spoke with told us, "Yes, they [staff] respect my privacy, they keep me covered up as much as possible when they help me shower". A relative told us, "They [staff] do respect her privacy and her dignity yes, I don't worry about that". A member of staff we spoke with said, "When I [staff] wash people, I close the doors so that nobody comes in". Another member of staff we spoke with said, "Privacy and dignity is my first priority. I'm really respectful when I shower them or when they go to the toilet. I make sure that doors and curtains are closed properly". A person we spoke with told us how they were supported to be as independent as possible. They said, "I do all my own meals and they [staff] encourage me to do as much as I can on my own". A relative we spoke with told us, "They [staff] do encourage her independence. She [person] used to go to the day centre and just walk around all day, but they've [staff] encouraged her to sit and get involved with activities more, which is good". From our discussions we found that people were respected by care staff and encouraged to be as independent as was practicable.

Is the service responsive?

Our findings

Staff supported people with care that was responsive to their needs. A person told us, "The new [registered] manager's really nice, she's listens to me and puts things right when there's a problem". They continued by giving us an example; "A carer [staff] came once and didn't knock my door before they came in, I went ballistic. They haven't been since and the others are fine". Another person we spoke with said, "They [staff] do things how I like them doing and I let them know if they're not. They've been coming a while now and we know each other very well". A third person we spoke with said, "If I need anything changing I'll ask them [provider]. They went on to explain how their health support needs had changed recently following an operation and that the provider had put measures in place to ensure that they received the support they required to help their rehabilitation. A relative we spoke with said, "They [staff] know her [person] really well, how she communicates, things that might make her mood change and the signs when she's not feeling well". They continued, "If we have any issues they [staff] are pretty quick at responding to them". A member of staff we spoke with told us that if the needs of the person they were caring for changed, they would record it in their daily notes and inform the provider so that appropriate adjustments could be made. We saw that care plans were person centred and showed staff how people preferred to be supported, so that they could receive care that was responsive to their individual needs.

Relatives told us they were aware of how to raise a complaint if they needed to. A person we spoke with told us, "If I've got any complaints I call the [registered] manager". Another person said, "I've never really had to complain, but I'd just call the office [provider] if I needed to". Staff we spoke with understood how to support people to raise a complaint with the provider if and when required. A member of staff said, "If they [people] want to complain, I tell them to call the office. I let the office know too". We saw the provider had systems in place to record complaints and provide an appropriate response when required. We saw that complaints and concerns were monitored and used to improve service quality and were provided in an accessible format. . At the time of our inspection there were con complaints being dealt with.

None of the people being supported by Careworld were currently receiving end of life care. The registered manager explained that if this situation changed, staff would be trained in how to support people appropriately.

Is the service well-led?

Our findings

At our previous inspection we noted that the registered manager was not always aware of their responsibilities when notifying us of information they were lawfully obliged to. At the time of our inspection there was a new registered manager in post which meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. The provider had systems in place to ensure that the service ran smoothly if the registered manager was off site.

At our previous inspection we recognised that the providers systems for monitoring the quality of service were not always effective. At this inspection we found that the provider still required improvement in this area. New systems were being introduced to support service delivery, however some were either untested or required improvement. For example: We noted that the provider requested that people's daily notes were submitted at the main office on the 1st of every month. However, we saw that some of December's records had not yet been delivered. A member of staff we spoke with told us, "There's no time to drop off daily logs at the end of a shift because the office closes at 4:30pm". It would be good if we had a specific time, even Saturdays". We also saw that auditing systems were not always effective, for example; The master audit sheet for monitoring medicines, care plans, daily logs, and call logs had not been completed. We discussed this with the registered manager who informed us that new IT systems were being introduced to support the quality assurance process and that currently they were not fully operational. They also explained that they were working to a Service Improvement Plan with support from the Local Authority Commissioners to ensure that service quality was effective. We saw that these omissions had no adverse impact on people being supported by the service. This demonstrated to us that the quality assurance process required improvement and where new systems had been implemented they needed to be embedded .

We saw that people and their relatives were generally involved and consulted about how the service was run. We saw that that surveys and questionnaires were carried out and feedback used to develop and drive the service forward. We saw records of satisfaction surveys from stakeholders, with actions for developing service delivery. A person we spoke with told us, "I did a questionnaire some time back". A relative we spoke with said, "They [provider] ring me out of the blue to see how things are going and if I'm happy with [person's name] support". However, they also told us, "They [provider] didn't tell me they were changing their name from Prime Care. It would have been nice to have been informed. They don't let us know these things, that's my only issue really".

We saw that staff were clear about their roles and responsibilities to ensure that people received the appropriate care and support. A member of staff we spoke with told us, "It's good working for them. We've had a lot of changes over the last few years but it doesn't affect me too much because I'm out in the field. I know what I'm doing". People we spoke with told us that they felt confident that the service was moving in a positive direction. A person we spoke with told us, "The new [registered] manager seems really good, she seems to be on the ball with things".

We saw that the provider was working closely with external organisations to drive the development of the service forward. We saw evidence that the location was working in partnership with the local authority commissioners and other local services within the provider's network, to share information.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.