

Centrion Care UK Ltd

IMPACT

Inspection report

Unit 6 Friends Institute
Sparkbrook
West Midlands
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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

The inspection took place on 2 April 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in office when we visited. The inspection was undertaken by one inspector. This was the first inspection since the service was registered with us on 30 May 2014.

The service provides a domiciliary care service to people living in their own home. The service currently provides a service for two people.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has

registered with the Care Quality Commission to manage the service. 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 was run.

All staff spoken with knew how to keep people safe from abuse and harm because they knew the signs to look out for. Where incidents had occurred the provider took action to help in reducing re occurrences.

Summary of findings

People were protected from unnecessary harm because risk assessments had been completed and staff knew how to minimise the risk when supporting people with their care.

There was enough staff who were safely recruited and trained to meet people needs.

People were supported with their medication and staff had been trained so people received their medication as prescribed.

People were able to make decisions about their care and were actively involved in how their care was planned and delivered.

People were able to raise their concerns or complaints and these were thoroughly investigated and responded to, so that people were confident they were listened to and their concerns taken seriously.

Staff supported people with their nutrition and health care needs and referrals to who were made in consultation with people who used the service if there were concerns.

Processes were in place to monitor the quality of the service provided. People who used the service were asked to comment on the quality of service they received. The information provided from people was used to improve the service where possible.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is safe

People told us they received a safe service.

Procedures were in place so staff could report concerns and knew how to keep people safe from abuse. Risks to people were assessed and managed appropriately and there were sufficient staff to meet people's care needs.

Staff recruitment showed that staff was recruited safely to ensure people were protected.

People were support to take their medication were required so they remained healthy.

Good



Is the service effective?

People told us they received care in a way that they wanted.

Staff were trained to support people and had the skills and knowledge to meet people care need. However no training had been provided in relation to the mental capacity act and the deprivation of liberty safeguards which meant people could not be assured that their legal rights would always be protected

People were supported with food and drink as required. Health care needs were met and referrals were made to other healthcare professionals where required.

Requires Improvement



Is the service caring?

The service was caring. People told us they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Good



Is the service responsive?

People told us they were involved in all decisions about their care and that the care they received met their individual needs.

People were able to raise concerns and give feedback on the quality of the service. Procedures were in place to ensure that the service learnt from people's experiences.

Requires Improvement



Is the service well-led?

People told us they received a service that met their care needs and their views were sought about the service provided.

Good



Summary of findings

There were systems in place to monitor the service provided to people and make improvement when required.

The management of the service was stable open and receptive to continual improvement.

IMPACT

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 took place on 2 April 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in office when we visited. The inspection was undertaken by one inspector. This was the services first inspection since it was registered with us on 30 May 2014.

During our inspection we spoke with three relatives, three staff and two people who used the service. We looked at safeguarding and complaints records, compliment cards and sampled four people's care records; this included their medication administration records and daily reports. We also looked at the recruitment records of three care staff, minutes of staff meetings, completed satisfaction questionnaires received by the provider and quality assurance records.

Before our inspection we reviewed all the information we hold about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority and reviewed the information they provided to us.

Is the service safe?

Our findings

People spoken with told us they felt safe and staff were very supportive. A relative told us, "I feel [named person] is very safe with them, they make sure that the door is locked when they leave and [named person] says that they feel comfortable and looked after."

All staff spoken with knew what to do in the event of possible abuse. They were clear on who they would report to and the action they would take to keep people safe. All staff told us that they had received training and knew who to contact if they had any concerns. One staff member told us "I would make sure the person was ok and contact the office so the manager could come out, that's the procedure."

The registered manager told us and staff confirmed that they were encouraged to report areas of concern. Staff told us if they had any concerns about people they felt confident that action would be taken. Records we hold showed us that the manager reported concerns to us and appropriate referrals were made to the relevant authority to ensure people were protected from harm.

People spoken with confirmed that they had an assessment that included a risk assessment and a care plan which they were involved in and were in their homes so staff could look at them. One person told us, "It's all there in my book, no problems, I know what I want, staff are very good." Records seen during our office visit confirmed that risks assessments were in place to support staff in meeting people needs. Risk assessments covered risks to the environment, people who used the service and staff. One staff member told us. "Risk assessments are done by the manager so the information is there for us to refer too." This showed that actions were taken to identify and manage identified risks so that staff and people were protected from injury.

Staff spoken with told us there were procedures for reporting accident and incidents and they had the information of who to contact. Staff told us that there was an on call manager if needed who would also give them guidance if they needed. This showed there were procedures in place to support staff in the event of an emergency.

People spoken with told us they were supported by the same member of staff at each visit which meant people received continuity of care. One person told us, "I feel comfortable with staff who come to me." A relative told us, "All the staff that visit [named person] were familiar with the way [named person] wants things done and they do not have to tell them what to do." Another relative told us, "I am happy with the staff that visit, they are very nice and friendly. If we ask them to do anything they are always willing. Sometimes however I would like them to use their own initiative. For example if they see something that needs cleaning just to wipe things down, that is the only thing I would say that was an area that could be improved." People told us staff always arrived on time. One person told us, "They stay extra if I need something doing, like going to the shops, very good girls." Staff confirmed that they were allocated a set time for people's calls to be completed so people would not be left waiting. Staff spoken with told us there were enough staff to provide the care and support needed.

The registered manager told us that staffing numbers depended on the number of hours each person had been allocated. If people's needs changed then a review was held with the social worker for extra hours, but it was a small agency so at present staffing levels were adequate. Staff spoken with told us that they underwent appropriate check before starting employment. Staff told us before they started to support people they completed training and met the people who they would be supporting so the individual would know who would be coming to support them. People told us that staff were introduced to them and records confirmed that all staff received an induction as part of their recruitment.

People told us that they were supported with their medication and staff confirmed they had received training in supporting people with their medication. Care records looked at showed what medication people were taking with the instructions for staff on how to support people to take their medication. Staff told us that all instructions were recorded on the blister packs [this is where medication is stored and are called blister packs] that had been supplied to people so they knew what medication they were giving to people. One staff told us, if I thought the medication was wrong I would seek advice before giving them to people."

Is the service effective?

Our findings

People spoken with told us that they thought the staff were trained. One person told us, “I feel the staff know what they are doing.” Staff confirmed that training was provided so they could meet people’s needs. Staff spoken with told us they received supervision, performance checks and attended team meetings to enable them to do their job. One staff member told us, “We have the opportunity to develop further, like gaining qualifications in care, and we can ask for training if we feel that we would like to know more about a subject.” Staff were clear about their roles and responsibility to ensure people received their calls on time and support was provided for the length of time that people had been allocated.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA, Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Court of Protection for authority to deprive the liberty of someone that lived in their own home. We were told by the manager that everyone that currently used the service had the mental capacity to make decisions for themselves, so issues relating to the Court of Protection orders did not apply to the service at this time. Staff spoken with said they had not received specific training around the Mental Capacity Act, or DoLS so did not understand their responsibilities under this legislation. The

manager told us that training was being arranged so staff had a better understanding of this legalisation. Staff were clear that they would inform the manager if people were no longer able to make decisions about their care.

People and relatives spoken with told us they were involved in discussing people’s care needs with staff and had been asked questions about their routines and preferences. People said that staff listened to them and did exactly what they asked them to do. One person said, “They do everything I want them to do. They always ask me what I want.” We spoke with one person about the support they had with their meals. They told us staff always offered a choice, cooked what they wanted and the food was good. Staff spoken with were aware of how to support people who may be at risk of not eating and drinking enough to remain healthy. One staff member told us, “If people were not eating and drinking, I would try to encourage them and report the concerns so we could monitor them.” This showed that where required, staff supported people with managing their meals, and were able to identify and take action where risks to people’s health through poor diet and fluid intake were indicated.

People spoken with said they were independent and could call the doctor themselves if needed. One person said, “I can contact the doctor myself, but if I was ill and couldn’t do it they would do it for me.” A relative told us, they were confident their relative would not be left alone if there was an emergency. Staff spoken were clear about what they would do in an emergency and the procedure to follow.

Is the service caring?

Our findings

People and relatives spoken with told us that staff were very caring, kind and considerate. One person told us, “All [staff] very good, nice and friendly.”

People we spoke with said they had a good relationship with the staff. One person told us, “They always have a chat and say hello and I look forward to seeing them.” Staff were able to tell us about the people they supported in detail and about people’s likes and dislikes. For example one staff told us, I know every little detail of [name person’s] care plan and how they want to be cared for. For example how they like their meals, how they liked to be supported to get dressed, we discuss everything.” Staff spoken with knew what was important to people and spoke affectionately about the people they supported.

People spoken with said that staff listened to their wishes and did as they asked, so that care was delivered in line with their expectations and wishes. One person said, “If I want anything done they will do it.” People we spoke with

said their privacy, dignity and independence were respected by staff. One person told us, “They are kind and respectful. They talk to you respectfully and treat you with dignity and respect. I do like them” Another person told us, “I like the staff very much they are very friendly.”

Staff spoken with gave good examples of how they ensured people’s privacy and dignity was maintained. This included, discussing the care with people to ensure they were in agreement, making sure doors and windows were kept closed whilst providing personal care and people were covered when they received support with their personal care. Care records looked at were written in a way which showed that respect, privacy and dignity formed an integral part of each person’s care plan. We saw that the risk assessment process was developed so that people maintained independence whilst they received care and support. A relative told us, “If [named person] is unwell they contact me and the most important thing they do, that I am impressed with is they don’t leave [named person] till I get there, staff are very caring.”

Is the service responsive?

Our findings

People spoken with told us they were involved in their care so they decided what they needed. One person told us, “I have a book where the information about me is written but staff know what to do.” A relative told us, “They [staff] know what [named person] needs and provide this support.” Care records looked at confirmed people’s involvement in assessing and planning their care.

People were asked if they were happy with the care they received. People spoken with told us that they received the support they wanted. Staff told us that the registered manager visited people and asked them their opinion about their care and observed staff practices to ensure they were following the care plans and meeting people’s needs.

People and relatives spoken with told us they were given information on how to make a complaint or raise concerns about the service. One person told us, “If I wasn’t happy I

would tell staff.” Staff spoken with knew how to raise concerns on people’s behalf. Records of complaints sampled showed that they were investigated and responded to.

One relative told us, the on call systems needs to be more effective as both me and my sister have had trouble getting through when the office is closed. There is an on call number, however this is not always answered and we have to wait for a call back. I have no concern about staff but would like the manager to be aware that this is a concern of ours.” We shared these concerns with the registered manager who told us that he would look into this and discuss this with the relative bringing this to our attention.

Discussions with the registered manager showed that they were aware of the needs of people and responsive to their requests for changes in the service provided. For example where a person required more help or their health needs changed the care plans reflected this.

Is the service well-led?

Our findings

There was a registered manager in post and staff told us that they were able to speak to the manager or contact the office for advice if needed. Staff told us that the manager supported them and they were able to discuss with him any concern they had or ideas that may improve the service for people. All staff were clear about what was expected of them. One staff member told us, "It our job to look after people to the best of our ability and we get support to do this." The manager ensured their legal responsibilities were fulfilled and informed us about things that they were required to inform us about.

People spoken with confirmed they felt confident about raising issues with the management and were asked their opinions about the care they received. Staff spoken with told us they were able to give their views about the service provided to people. We saw that regular staff meetings were held and staff spoken with told us that they had an opportunity to express their views in these meetings and felt that the manager would make changes were needed.

We saw in people's records that reviews were undertaken by the manager to ensure that people were happy with the care provided and that staff were providing the care as required. This showed that there was an open and inclusive management style that enabled people to make their views known.

At the time of our inspection two people received a service and both people and their relatives told us they were happy with the service provided. People spoken with told us that the staff always asked them if they were happy about their care and if they had any suggestions for improvements about the service provided to them. The registered manager told us and we saw that the quality of service provided to people was monitored. The quality of the service was monitored by talking to people who used the service and using surveys to capture feedback from relatives and friends. We saw that were processes in place for internal monitoring of the care provided. This included auditing and monitoring of care records, medication records, staff time sheets and spot checks on staff to ensure they were working to care plans and people wishes.