Temple Mead Care Ltd

Elite Care 24/7

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

This inspection was announced and took place on 08 November 2018. We gave the provider 48 hours' of our intention to undertake the inspection, this was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office. This is the first inspection of this service since it registered with CQC in September 2017. At the time of our inspection 30 people received care and support services.

There was a registered manager in place who is also the registered provider. 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 told us that they received care from regular staff who generally arrived on time and stayed for the agreed length of time. However, we found the scheduling of calls needed to be improved to give appropriate travelling time between calls especially for those staff who walked or used public transport between calls. We found some call schedules had been planned with no travel time given between calls.

People were supported by staff who had received training in how to recognise possible signs of abuse and how to report any concerns. Staff were aware of their responsibilities in this area and what actions they should take.

Staff received appropriate induction training and on-going training to meet the needs of the people they supported. Where people required support with their medicines, staff had received training on recording when medicine was promoted as part of their induction training.

People were given choices and their wishes were respected by staff. Staff understood they could only care for and support people who consented to being cared for. People told us staff responded when they were unwell and would arrange health appointments on their behalf if they asked.

People told us that the liked the staff who supported them, who they described as caring. People had developed good relationships with their regular staff and staff enjoyed their roles and spoke warmly of the people they cared for.

Staff were knowledgeable about people's care needs and their preferences and people told us they could talk to staff if they had any concerns or complaints.

People spoke positively about the care provided by individual staff but felt that management of the service could be improved in some areas, for example, the scheduling of call times. The provider had checks in place, but these had not been robust enough in ensuring all area for improvement were identified and

action taken in response.

The management team worked with other agencies to support the well-being of the people receiving care and support.

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 consistently safe.

The scheduling of calls needed to be improved to give appropriate travelling time between calls especially for those staff who walked or used public transport between calls. We found some schedules had been planned with no travel time given between calls.

People felt safe with the staff who supported them and staff had received training in how to recognise possible signs of abuse and how to report any concerns.

Staff had received training on recording when medicine was promoted as part of their induction training.

Is the service effective?

Good

The service was effective.

People received care from staff who were trained in their needs and understood the importance of them consenting to their care.

Staff supported people to maintain good health by accessing healthcare professionals and supporting them to maintain a healthy diet.

Is the service caring?

Good

The service was caring.

People liked the staff that supported them and received care that met their needs.

Staff provided care that took account of people's individual preferences and was respectful of their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's care needs and their preferences.

People knew how to raise any concerns and were confident that they could speak to staff about their day to day care.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People spoke positively about the care provided by individual staff but felt that management of the service could be improved in some areas, for example, the scheduling of call times.

The provider had checks in place, but these had not been robust enough in ensuring all areas for improvement were identified and action taken in response.

The management team worked with other agencies to support the well-being of people receiving care and support.

Elite Care 24/7

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 08 November 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with nine people and the relative of one person who received support from the service. We spoke with the registered manager, who is also the registered provider. We also spoke the deputy manager and eight care workers. We also spoke to one health care professional by telephone. We looked at the care records of five people who received support from the service, three staff files, incident and accident recordings and review records.

Requires Improvement

Is the service safe?

Our findings

People told us that they received care from regular staff who generally arrived on time and stayed for the agreed length of time. However, staff told us the scheduling of calls could be improved to give the right length of travelling time between calls especially for those staff who walked or used public transport between calls. Two people and three staff told us they felt an improvement could be made if staff who drove to their calls were put together with staff who walked as this would help with travelling times between calls. One member of staff said, "We need more travel time. When we are late some people don't mind but some people don't like it."

We looked at timesheets for six staff over the previous week to see how calls were scheduled. The schedule showed that on occasion calls had been scheduled with no travel built in between calls. We asked the registered provider about this; they said where staff had alerted them that more travel time was needed then this had been addressed. This was confirmed by one member of staff we spoke with who confirmed travel time had been increased between calls when they had spoken to the deputy manager. However, three staff told us they had previously raised concerns, but the issue continued. Immediately following the inspection, the provider took action and advised us that all calls times had been reviewed and rescheduled where required to give enough travelling time between calls. We were unable to determine how effective these improvements would be as they were not in place during the inspection.

Two people told us they had experienced some concerns with staff arriving later than expected, which they had raised with the management team. We saw the provider had taken action and re-schedule the calls. This had been acknowledged by one of the people we spoke with, who said, "It wasn't good before, but things have been much better in the last two weeks. It's 100% now!" The provider used an electronic call monitoring system that allowed them to make real time monitoring of calls. The registered provider said they had enough staff to cover their existing calls and as a new service had on-going recruitment to recruit additional staff.

People we spoke with told us they felt safe with the staff coming into their homes and providing care. One person told us staff stayed close by to make sure they were safe when using the stairs. They said, "I feel safe because staff look out for me." People were supported by staff who were aware of the risks to them on a daily basis. For example, one relative told us how their family member was supported by two staff to keep them safe when mobilising. They commented, "They support [family member] in a safe way."

Staff recognised the types of abuse people could be at risk from. Staff told us they had received training in safeguarding and were able to tell us what action they would take if they suspected someone was a risk of abuse. One member of staff told us when they had raised a concern for one person, the management team had taken immediate action. They advised there had been good communication and they felt well supported by the management team.

Staff we spoke with told us employment checks were made before they started work so people using the service were not placed at risk through recruitment practices. We checked the recruitment records of three

staff and saw records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. The provider had made checks with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

One person we spoke with was prompted by staff to take their medicine, which they said was then recorded in their care notes. Staff we spoke with told us they had training on recording when medicine was promoted as part of their induction training. The provider had an electronic care system in place which recorded when medicine was prompted. The system converted the recording into a MAR (medication administration records), which the registered provider checked each week to ensure medication support had been recorded correctly. We saw care plans included a list of people's medicines, so staff were aware of what medicines people were prescribed.

People told us they were supported by staff to keep their homes clean and tidy. Staff told us they had access to protective equipment, for example, gloves, aprons and anti-bacterial gel, to reduce the risk of cross infection when providing personal care and support. This was confirmed by one person, "They [staff] always wear aprons and gloves."

The registered provider had records in place to monitor any accidents and incidents.

Good

Is the service effective?

Our findings

People we spoke with told us staff supported them well. One person said, "They understand my healthcare condition and know the support I need." Staff told us they felt training supported them in their role and were able to give an example of how training had impacted on the care they provided. For example, one member of staff explained how moving and handling training gave them the confidence to know who to support people correctly.

The provider said all staff completed care certificate training. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care. Four members of staff also described to us their induction and said it prepared them for their role. All four staff told us part of their induction involved shadowing existing staff to see first-hand the support provided to people. One member of staff said, "I shadowed for three shifts. I was then asked if I needed any more shadowing, the choice was mine, but I felt OK to start on my own."

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 homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Any applications to deprive someone of their liberty for this service must be made through the Court of Protection and the registered provider was aware of their responsibilities in relation to this.

We checked whether the service was working within the principles of the MCA. Staff were clear on the need to ensure people consented to their care and this was confirmed by people we spoke with. One person said, "They always ask if I'm OK with everything. They do listen I'm assured of that."

Where people were supported with the preparation of meals, they told us support was good. All staff we spoke with told us about the importance of giving people a choice of meals, which was also confirmed by the people we spoke to. One person said, "I get my choice because I'm a fussy eater." Another person commented, "I pick what I want to eat myself."

Staff were able to tell us of the healthcare needs of the people they supported, and they knew when to contact outside assistance. We saw records that showed when healthcare professionals had been contacted in support of people's health. People we spoke to told us that staff would help them make healthcare appointments if they asked them to. One person said, "I haven't needed staff to contact the doctor for me yet but I'm sure they would if I need that in the future."

Good

Is the service caring?

Our findings

People we spoke with were positive about the staff who supported them. One person told us, "The carers [staff] are very caring." Another person commented, "They are brilliant, I can't fault them, they are very kind."

People told us that they received care from regular staff and staff knew how to provide their care in the way they wanted it. One person told us, "I have the same staff. I get on with them. We enjoy a joke together. I enjoy a laugh with them."

Staff we spoke with said they enjoyed working with people and had developed good relationships. One member of staff told us, "I have a good relationship with people I care for. Working with regular people enables you to build up knowledge." Another member of staff said, "I love working with people, you build up a bond with them."

People we asked told us staff were considerate and treated them with dignity and respect. One person told us, "Staff are polite and happy." People we spoke with also told us staff respected their home and belongings. One person commented, "They keep it [my home] tidy for me."

Staff we spoke with also shared their understanding of caring for someone with dignity. They told us about practical ways in which they maintained a person's dignity. One staff member listed things they did such as closing doors and curtains when supporting people with personal care.

Staff also told us how they involved people in their day to day care and which promoted their independence. One member of staff said, "I ask do you want me to do it or would you like to do it yourself." This was confirmed by one person we spoke to who said, "At the moment I can manage my medicines, I am able to do my own but staff do prompt me." They advised they were happy that this could be reviewed in future if they needed more help.

Good

Is the service responsive?

Our findings

People that we spoke with told us they got the support they wanted. One person said, "They do exactly what I want them to do." Another person said, "They know how I like things." One person also told us how staff were responsive to their needs. They said, "The carers [staff] know me well, they anticipate your needs."

Staff respected people's individuality and diversity and were aware of people's personal preferences. Staff spoken with were able to describe people's preferences and how they liked to be supported. Three staff we spoke told us a good level of information was available on the providers electronic system, which could be updated with any changes and then staff advised. Staff also said they felt it was important to listen to people as this was the best way to learn. One member of staff said, "I ask them, how would you like it done?"

Care plans were in place that detailed people's care needs. Staff we spoke with felt that records reflected current care needs. Staff knew the people they supported well and understood the exact care and support they needed.

Two people we spoke with told us they received telephone calls to review the care they received. One person said, "Two people [staff] have been out…to see how things are. I feel involved." One person did feel the reviews could be improved further if they included a face to face review. Care plans included notes of reviews. We saw that where any areas for change had been identified these had been actioned. For example, where one person needed a reassessment to for new equipment, a referral had been made to the occupational therapist team.

People told us they knew how they would complain about the care if they needed to. Some people told us they had not made any complaints, but if they had a concern they were happy to speak to staff. One person said, "I've got the phone number programmed into my phone so I can call them any time I need to." One person told us when they had concern they had called the management team on several occasions and action had been taken.

The registered provider advised us that no written complaints had been received. The provider had a complaints policy in place and said they would look at any complaints received to assess if action could be taken to prevent further occurrences.

Requires Improvement

Is the service well-led?

Our findings

People spoke positively about the care provided by individual staff but felt that management of the service could be improved in some areas; for example, the scheduling of call times. One person said, "The carers are lovely, but the management don't know what they are doing." Another person said, "The office need to do better, not the carers [staff]."

We looked at the governance systems used by the provider because we wanted to see how regular checks and audits led to improvements in the service. The provider had a programme of regular checks in place such as a review of communication logs and medicine prompting records. We also saw the provider reviewed the service provided through spots checks and reviews. However, these checks and audits had not been robust enough in ensuring call times were scheduled allowing adequate travel time, the system relied on staff alerting the provider, so changes could then be made rather than adequate travel time being built into the scheduling.

Staff told us they received supervision and attended team meetings. However, we received mixed feedback, one member of staff told us they felt well supported and added, "I had my first supervision straight after my shadowing and I've had two more since, but you can phone the office anytime or ask the other girls [staff] if you need any advice." However, three members of staff told us they felt that team meetings could be more effective if more staff attended.

The deputy manager told us information was also shared with the whole staff group via email and we saw examples of this, for example we saw two emails when all staff had been contacted about calls being made late. We also saw some good examples of when information had been shared proactively. For example, information had been shared when there had been a heatwave alert over the summer. The information shared encouraged staff to ensure people stayed hydrated and offered extra drinks.

A registered manager was in place, who was also the registered provider. A 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. The registered manager was supported by a deputy manager and both worked across the two offices owned by the provider.

The registered provider told us that they kept their skills and knowledge current and linked to external guidance and organisations. For example, attending events organised by the local authority. The registered provider had attended a number of conferences, training courses and accessed updates on the CQC website.

Records showed the management team worked with other agencies to support the well-being of the people receiving care and support. For example, we saw communications with social workers and community health teams in supporting people's wellbeing.