

Community Care Worker Limited

# Community Care Worker Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Community Care Worker Limited is a domiciliary care service supporting people with personal care in their own homes. The service was supporting 112 people at the time of our inspection. Younger and older people had support needs such as physical and sensory impairments, learning disabilities, dementia or mental health needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People's needs were assessed, planned and reviewed to ensure they received support that met their changing needs. Staff managed people's risk assessments and care plans to ensure people received person-centred support.

There were a range of audits in place that the registered manager undertook. However, these did not always identify where 'as required' medication protocols were not in place. Other medicines were managed safely. All accidents and incidents and medicines errors were recorded and reviewed by the registered manager, where trends and a root cause analysis were undertaken.

The registered manager had an effective system to ensure that staff received appropriate training. Staff worked in partnership with professionals from health and social care organisations to meet people's needs. People's files and care plans contained evidence of safeguarding referrals.

Effective systems were in place to ensure staff were recruited safely at the service. People told us that staff wore PPE (personal protective equipment) when coming into their homes.

There were effective management systems in place, with a clear staffing structure. The service had formed good working relationships with social workers and the local authority.

### Rating at last inspection and update:

The rating at the last inspection was requires improvement (report was published on 20 February 2020). You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Community Care Worker Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Why we inspected

We received concerns in relation to people's care and how the service was promoting people's safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We looked at infection prevention and control measures under the safe key question.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed to good. We did not inspect effective, caring and responsive due to us wanting to limit ourselves and spend the least amount of time at the premises.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Community Care Worker Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector, one assistant inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

#### During the inspection

We spoke with the registered manager and two staff members. We looked at 11 people's records relating to wound care management, risk assessments, accidents and incidents, and service audits. We requested further information after our visit, relating to service policies.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, spoke with seven people and seven relatives and three health professionals over the phone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People's medicines were managed safely.
- However, where people required PRN 'as required' medication, for example creams, there was not always PRN protocols in place to advise staff when people would require these medicines. However, no person come to harm due to this omission, as staff told us they knew when PRN medicines were required.
- Records showed staff medicines competency checks and training were up to date.
- The registered manager completed audits which highlighted if there were any trends and did a root cause analysis where any medication incident had been identified.

We recommend the provider considers current guidelines on the safe management of medication.

### Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been reported to the appropriate authorities.
- People spoken with confirmed they felt safe with the care they received from care staff.
- People were supported by care workers who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern. One staff member stated, "I'd report it to the safeguarding lead. It's making sure that your clients are safe, not in any harm or trouble, safe from being physically or mentally abused."
- Where safeguarding concerns had been raised, the registered manager documented this and detailed the outcome regarding each safeguarding.

### Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and care provision.
- Risk assessments were comprehensive and reviewed when required to ensure they were kept up to date and reflected any changing needs. Where people had a specific health condition, there was detailed care plans explaining to staff how best to support people with their needs.
- Staff told us they knew about people's care needs and the personal care they required at care calls.
- Where people required a double up visit, we saw evidence that two staff members had attended each visit and assisted with care.
- Professionals fed back on whether they felt risks to people were managed. The overall feedback from health professionals was positive and it was felt risks to people's care were managed safely.

### Staffing and recruitment

- Required staff recruitment checks including criminal record checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- People told us they got their calls on time, "Yes they come on time" and "More or less around the same time."
- There were sufficient staff to meet people's needs. Staff told us, "If rotas are not right, they will change it," and, "When I first started doing the rota, it wasn't structured. I suggested to do week one and two rolling rotas, so that the care runs would be more structured. They [registered manager] took it on board now and the runs are really good."
- People and relatives told us that staff would introduce themselves when coming into their homes. One person said, "Yes they do introduce themselves." A relative commented, "Yes they let us know when they come in."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager.
- The registered manager took the necessary action to implement the required learning identified from accidents. They completed an accident/incident analysis report that identified if there were any trends or patterns and what they put in to place to reduce any reoccurrence.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a condition put on the provider registration for twelve months in February 2020. The provider has complied with this condition.
- There was a clearly defined management structure within the service.
- The registered manager and staff understood their individual roles and responsibilities, and the importance of working together to achieve the best outcomes for people.
- Improved systems had been put in place to monitor the service. These were an improvement on previous methods of quality assurance. These systems identified where improvements were needed. For example, audits focused on trends and root cause analysis.
- However, medication audits did not always identify where people did not have a PRN protocol in place for people. The registered manager told us she would ensure the files had the protocols in place.
- Staff recorded accidents and incidents, which were reviewed by the registered manager and any trends identified.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken. The rating from the previous inspection was being displayed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were effective management systems in place to promote person-centred care.
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us.
- One staff member told us, "There are lots of times I've made suggestions. If there is a problem with a service user, you know this will get sorted. You know that you are heard."
- Records were kept up to date. The registered manager had introduced a number of new systems and staffing structure since the previous inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager stated that they understood their duty of candour and told us, "Should any issue occur where there has been any wrongdoing with the care and treatment, we will be open and honest and

apologise with the intention to learn lessons."

- We found that accident and incident forms had been completed evidencing the date the next of kin had been contacted.
- Relatives told us the service had informed them when their relative had been involved in an accident.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff received training in relation to the Equality, Diversity and Human Rights as part of their induction.
- People confirmed that the provider had been in touch with them regarding reviews and to gain feedback about the service. One relative told us, "My relative has just had a review. They listened. There was a slight problem with carers coming early in the evening, but they sorted it out." Other people told us, "Yes, I gave some feedback the other day," and, "I have given feedback. They asked if I was satisfied with the service."
- The service gained feedback from a number of people and staff in the past twelve months. This included staff and people via telephone.
- The registered manager told us, "Where a service user gave satisfactory or poor feedback, management rang to gain more feedback and look at how we could improve."

Working in partnership with others

- Professionals told us they told us that the service worked well with other professionals and was well-led.