

5 Care Services Ltd

# 5 Care Services Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

5 Care Services is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection, 80 people were receiving care and support services.

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

People told us they felt safe and staff knew how to protect people from the risk of harm or abuse. People's risks were assessed, monitored and managed. People were supported by enough staff that had been safely recruited. Medicines were given as prescribed. Staff had access to personal protective equipment. Accidents and incidents were monitored and reviewed. The registered manager informed us of incidents as required by law.

People were cared for by staff who had the skills and knowledge to meet their needs. Staff understood their role and felt supported by the management team. Staff sought people's consent before care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; The policies and systems in the service supported this practice. People were supported to access healthcare agencies when required.

People told us staff were kind in their approach. People told us their dignity and privacy were maintained and they were involved in the planning and review of their care.

People received care that was responsive to their needs. Care records were reflective of people's support needs and were up to date. The provider had a complaints process in place which people were aware of and knew how to access.

The provider had quality, auditing and monitoring systems in place which included competency checks on staff practice. People and staff said the provider and management team were approachable and the culture of the organisation open and friendly.

The registered manager through monitoring the service had identified that in certain areas of the governance of safety arrangements were required. These included risk assessments and people's individual care records. The process to complete these developments had commenced and the provider had employed a compliance manager to enable continual improvements and consultant to continually develop the service, to ensure people received a well-managed service and good care.

### Rating at last inspection

The last rating for this service was good (published 16/06/2016). At this inspection the rating has changed and now require improvements.

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 was not always safe  
Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective  
Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive  
Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our Well Led findings below

**Requires Improvement** ●

# 5 Care Services 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

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

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, a consultant, that the provider had employed to support them with areas that had been identified as needing development and the director of the service.

We looked at six people's care records, five staff record, and records associated with the monitoring of the service provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with six staff to gain their views about working at the service, and 11 people who the provider supported with their care.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

- Some risk assessments had been completed in relation to people's care. For example, how staff supported people using equipment such as a hoist, and people's mobility. However, one person did not have a risk assessments in place in relation to catheter care or how staff managed people's behaviour. The registered manager told us all risk assessments were in the process of being updated because they were aware that more information was needed.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe with the staff that supported them and would be comfortable raising any safety concerns with a manager. One person told us, "The girls are really nice and very friendly, I do trust them and feel quite safe with them."
- The registered manager knew the procedure for reporting concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.
- Staff were aware of the signs of abuse and how to report safeguarding concerns. One staff member told us, "If I had any concerns at all I would report to the manager or if needed the social services."
- Staff were aware of the risk involved with people's care and told us that if things changed they would report to the office.

Staffing and recruitment

- Staff spoken with told us that they completed training and worked with experienced staff before they supported people working alone. Records seen showed staff underwent a thorough recruitment process and appropriate checks were made on applicants before they were offered work. This included checks with the Disclosure and Barring Service (DBS). These checks help to ensure only suitable applicants are offered work.
  - People told us that they had the same staff were possible so that they were supported by staff that knew them well.
- . One person told us, "I have had the same girl, who is nice for all my calls, only when she is on holiday does this change."

Using medicines safely

- People were supported to take their medication when required. Risk assessments had been completed in relation to the support people required. However, information about people's allergies had not been included on the medication administration records for ease of reference in the event of an emergency, although the information was contained in the person care records.

- People spoken with confirmed they received their medicine as prescribed.
- Staff we spoke with confirmed they completed medication training. Staff could describe to us how to administer medicines safely and according to the agency's policies and procedures.
- Some people were supported by their relatives to take their medication. Staff contacted family members if the person's medication was due to run out, so staff planned to ensure people did not run out of their medication.

#### Preventing and controlling infection

- People told us care staff washed their hands and always wore gloves and aprons when assisting with personal care.
- Staff completed training and understood their responsibilities in relation to infection control and hygiene.
- Staff confirmed they had a supply of single use gloves and aprons which they collected from the office.

#### Learning lessons when things go wrong

- The registered manager was open and acted when things went wrong. For example, areas had been identified that required development. The registered manager had employed a compliance manager and a consultant to ensure people were cared for safely and effectively to meet their care needs. The registered manager was aware that further planning and requirements were needed but was well on their way with the action plan they had developed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives were involved in the planning, assessment and review of their care.
- Staff knew how to respond to a change in people's health needs. Where people's health care needs changed a review was completed and support was provided if required to contact the relevant healthcare professionals or information shared with family members.

Staff support: induction, training, skills and experience.

- Staff had the skills and knowledge required to support people. Staff had received training relevant to their role.
- People were supported by staff who understood their needs and preferences.
- Staff supported people in a way that respected their culture and maintained their privacy and independence.
- People and their relatives were involved in the planning, assessment and review of their care.
- Staff understood people's needs and preferences.
- People knew who to contact if they were unhappy about any aspect of their care
- All staff completed a full induction programme to include relevant training based on people care needs and the Care Certificate that covered mandatory training topics. The Care Certificate is a nationally agreed set of standards new staff should work to. The registered manager told us "If we get a person who has additional needs then we source additional training, so staff have the relevant skills to support the person.

Supporting people to eat and drink enough to maintain a balanced diet.

- 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, "I would tell the manager if I had any concerns, but I know the people quite well and it's like us all, sometimes we don't want anything to eat. But if this continued I will tell the manager that I was worried."
- All staff spoken with told us if they had any concerns they would report to the office so family members were made aware. One person told us, "They did not eat beef and staff promote my choices."

Staff working with other agencies to provide consistent, effective, timely care.

- Staff spoken with had a good understanding of people's day to day health needs and could explain how they would support people in case of an emergency.
- People told us if needed staff would help them to make an appointment with their doctor, and relatives confirmed that they were kept informed about their relative's health.

Adapting service, design, decoration to meet people's needs

- The service provided was to people in their own homes. Risk assessment had been completed to ensure staff were aware of the risk involved when supporting people in their own homes. For example, equipment that was used in supporting people. The registered manager completed a risk assessment at the beginning the service so that both people and staff were safe.

Supporting people to live healthier lives, access healthcare services and support

- People told us that their relatives generally helped them with their health needs and attending appointments however, if needed staff will support them.
- The registered manager told us where people do not have relatives then they will do an initial referral and involved other healthcare professional and social worker if required.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act (MCA) 2005 provides a legal framework for making 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 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, for example, to keep them safe and when it had been legally authorised under the MCA 2005. To deprive a person of their liberty within the community, providers are required to notify the local authority who is responsible for applying to the court of protection for the authorisation to do so.
- People were asked for their consent before care and support was provided.
- The registered manger told us that one relative had power of attorney but was not sure if this also covered health and welfare. The registered manager told us that this would be explored further. Following the inspection, the registered manager informed us that a copy was now included in the person care records.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Peoples care record showed the care provided was centred on the individual and considered all aspects of their care, including people different cultural needs. People were fully involved in how they wanted their care to be provided and care plans reflected the choice's they made.
- People told us they were treated with respect and their views were listen to. One person told us, "Staff are caring they take their time feel safe with them they make sure I am ok and safe."
- People and their families described the care staff as caring and kind.

Supporting people to express their views and be involved in making decisions about their care.

- People and their families told us they felt involved in decisions. People were offered choices that promoted their independence.
- People were supported to make decisions about their care. One person told us, "I think the staff are really good, they ask me what I want, I am quite happy with them. "Another person told us. "Very happy, treated with respect, they come on time, on occasions can be late but not too late five minutes or so but they always come."

Respecting and promoting people's privacy, dignity and independence

- People had their dignity and privacy respected. All the people we spoken with told us that staff treated them with respect. One person told us, "I have always worried about losing my dignity when I got older, the care staff I have make sure they only do want I want in a way I want, I feel I still have my dignity."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff spoken with were knowledgeable about people's individual needs. People were receiving personalised care that was responsive to their individual needs.
- People told us that they had a choice about all aspects of their care including the preferred time of their care calls, the level of support they required and whether they received their care from a male or female member of staff.
- People we spoke with and records we looked at confirmed that people were involved in the planning and review of their care and were consulted for their feedback on the service.
- People choices and preferences were included in the day to day support people had. One person told us, "If I ask staff to do something they do it for me, they treat me well and respect me I am always involved in what care I want."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and we saw that where complaints had been made the procedure had been followed.
- People and relatives all told us they were comfortable talking to any of the staff about any concerns or complaints they may have. One person said, "I have no complaints, I would tell the staff or my relative, but so far so good."
- The registered manager told us, if we have a complaint then this is thoroughly investigated. The registered manager told us I would rather put my hands up and improve things for people
- The registered manager regularly checked that people were happy with the service they received so any concerns could be dealt with before they developed into a complaint. Any feedback received was used as an opportunity to improve the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The Provider was aware of the AIS and told us information is available in different languages and where needed this would be provided to aid peoples understanding. People using the service did not always have English as their first language and the provider ensured they had care staff to support them that were able to speak and understand their first language.

End of life care and support

- There was no end of life care plans in place, however, people using the service were not receiving end of life care. The provider said they would look at introducing end of life care plans if people wished to express their end of life wishes.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager and staff were clear about their responsibility to ensure people received safe care that met their individual care needs.
- All staff spoken with were concerned about the traveling between calls and gave us examples of allocated travel time being five minutes between calls. Staff told us that some calls were twenty-five minutes away from each other, the five minute travel allowance was not sufficient to ensure people had their call on time. The staff then had to explain why they were late. People spoken with did not express that calls were late; however, this is an area for the registered manager to explore further to ensure calls are in a geographical order, so staff have enough travel time to go to the next call.
- The registered manager was aware of their responsibilities with regards to submitting statutory notifications to us. We had received statutory notifications from the provider as required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a clear leadership structure within the service and people and staff we spoke with knew who the registered manager was and how to contact them if they needed to.
- The registered manager told us developments were being made to people care records in consultation with individuals. The new documentation seen during the visit was clear in how staff were to support people with their care needs. The registered manager told us, "I want staff to have up to date information about people, so they receive a good service."
- All the staff we spoke with told us that the communication between the office staff was not always effective. For example, staff told us when they contact the office staff it can take as long as 20-30 minutes for the office staff to return their call. One staff member told us, "The manager gets back to you straight away, but office staff can take up to twenty minutes or longer. This meant that if staff needed advice quickly there may be a delay in any action that needs to be taken. The information has been shared with the registered manager to assess if this has had any impact with people care."

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

- People told us they were able to speak with someone at the office if they needed to. One person told us, "If I have any problem I can tell my carer she is really good and will sort things out for me. If I have to go to

hospital, they change my times they are very good."

- When issues were brought to the registered manager attention a thorough investigation was completed and feedback was sought from the person as to their satisfaction.
- The registered manager worked closely with other healthcare professionals, families and people, to ensure the service provided. was good.
- Staff told us they had good support from the management team, good training and opportunities to progress.

Continuous learning and improving care.

- The registered manager had identified that some developments was needed to the monitoring of the service which resulted in the registered manager employing a consultant to assess and review the service delivery. We saw that this work had commenced. People's care records and views had been sought and as a result changes were being made to improve the service.
- The registered manager regularly checked that people were happy with the service they received so any concerns could be dealt with before they developed into a complaint. Any feedback received was used as an opportunity to improve the service.

Working in partnership with others.

- The registered manager worked closely with other professionals to ensure consistency of the delivery of the service. Systems were in place and used effectively to continuously, identify, analyse and monitor the service provided.