

Circle of Care Service Limited

Circle of Care Service, West Green Learning Centre, Park View Academy

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 took place on 3 and 6 November 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults; we needed to be sure that someone would be in. Circle of Care Services Limited is registered to provide nursing and personal care. At the time of this inspection it was providing personal care to people living in their own home. At the time of our inspection there were 49 people receiving care.

The service was last inspected in July 2016 and was rated as requires improvement and we found three breaches of the Regulations. The provider was not implementing safe recruitment practices to ensure staff were suitable for working with people. Secondly the provider was not providing regular supervision sessions or annual appraisals to all staff, and thirdly the provider did not have effective systems and process in place to assess, monitor and improve the quality and safety of service provided. At this inspection we found the provider had made the necessary improvements around staff supervision but issues remained with their recruitment practices and their governance of the service.

There was a registered manager at the service 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 service is run.

The provider did not have robust recruitment practices in place to ensure staff were suitable for working in the caring profession. The provider had not always obtained an employment history, proof of identity and verified references for staff.

People were not always protected from risks to their health and wellbeing because risk assessments to guide staff did not provide sufficient detail for staff about how to manage specific risks.

Medicines were not always well managed. Medicine administration records did not contain the dosage of the medicines prescribed nor when they were to be taken so the service could not be assured that people were receiving their medicines as prescribed. The service did not provide guidance to staff about how to support people who required medicines on an 'as required basis'.

The provider was not set up in a way that promoted safe care through effective quality monitoring because the service's audits had not highlighted and addressed the concerns we found during the inspection.

People and staff told us there were sufficient staff to ensure people's needs were met and they felt safe and were protected from the risk of potential abuse.

Staff received the training and supervision they needed to perform their roles.

People's consent to care was recorded in their care plans and people with delegated authority had signed to consent to care on people's behalf where appropriate.

People told us they were supported to get enough to eat and drink and people had access to healthcare professionals. People told us staff wore gloves to prevent the spread of infection.

People told us staff developed caring relationships with people using the service and respected people's diversity and privacy. People and their relatives were involved in planning their care and care records included information about people's likes and dislikes and promoting their independence.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding recruitment, safe care and treatment and governance. You can see what action we told the provider to take at the back of the full version of this report.

This is the second consecutive time the service has been rated requires improvement.

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. Risks to people's health and wellbeing were identified and detailed plans about how to manage the risk were in place for most but not all people.

Medicine administration records were not appropriately maintained.

Staff were not always recruited safely.

There were enough staff to ensure people's needs were met consistently.

People felt safe with their regular care workers.

People told us staff were provided with personal protective equipment to ensure people were protected by the prevention and control of infection.

Requires Improvement ●

Is the service effective?

The service was effective. Staff received the training and support they needed to perform their roles.

People's needs were assessed before the service began providing support.

People told us they were supported to eat and drink in line with their needs and preferences.

People told us they were supported to access healthcare services.

People consented to their care and the service worked within the principles of the Mental Capacity Act 2005.

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People consented to their care and the service worked within the principles of the Mental Capacity Act 2005.

Good ●

Is the service caring?

The service was caring. People were supported by regular care workers who had established compassionate relationships with those they supported.

Staff supported people with respect and promoted their dignity.

Care plans captured people's religion and cultural requirements.

Good ●

Is the service responsive?

The service was responsive. Care plans were personalised and reviewed annually or when needed.

People knew how to make complaints and felt confident to do so.

The service did not support anyone who was at the end of their life, however, there policy in place to guide staff if this was needed.

Good ●

Is the service well-led?

The service was not always well led. Monitoring systems were in place but these were not effective in identifying shortfalls in relation to risk management and staff recruitment.

The provider carried out spot checks on staff to monitor performance and identify training needs.

Requires Improvement ●

Circle of Care Service, West Green Learning Centre, Park View Academy

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 3 and 6 November 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults; we needed to be sure that someone would be in. The provider knew we would be returning for the second day.

Before the inspection, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. A notification is information about important events which the service is required to send us by law.

During the inspection we reviewed five people's care files. We looked at eight staff files including recruitment, training and supervision records. We looked at various documents, audits, policies and procedures as well as meeting records relevant to the management of the service. During the inspection we spoke with the registered manager and the operations manager.

After the inspection visit we spoke with four people who used the service and two relatives by telephone. The inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of the service setting.

Is the service safe?

Our findings

At the last inspection in July 2016 we identified a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because recruitment records did not demonstrate robust recruitment processes had been followed in order to obtain criminal record checks. While the provider had addressed the concerns we had regarding criminal record checks they had not implemented a fully robust system. We reviewed eight staff files and found that for two staff members' references had not been verified to ensure they were indeed written by the person's former employer. One staff member's application did not contain an employment history. This meant the provider could not be assured that the person had not undergone disciplinary action in the past that would preclude them from being appointed. Two staff members did not have verified proof of identity. This meant that the provider could not be assured that all staff were suitable for working in the caring profession.

The issues above relate to a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected from risks to their health and wellbeing because risk assessments to guide staff were inconsistent and did not always provide sufficient detail for staff about how to manage specific risks. For example, the risk assessment for a diabetic person stated, [sic] '[Person] has been prescribed medicines to help manage her med condition which she manages independently. In case of emergence carers should contact emergency services. If [person's] health reduces carers should inform office staff. Carers should be mindful of [person's] condition and handle her with care to reduce risk of admission'. This assessment did not inform staff about what to specifically look out for to indicate if the individual's blood sugar level became high or low, or what action must be taken in such circumstances to minimise the risk to the individual's health.

Risk assessments were not always written clearly in order to provide accurate guidance for staff. For example one person's risk assessment stated, 'Carers are to prepare and service M meals as she is unable to mobilise to the kitchen. No risk identified due to highlighted'. These assessments were not written in accordance with the provider's own policy and puts people at risk of harm.

Medicines were not well managed. Care records did not contain information about the medicines people had been prescribed, such as their appearance, purpose, possible side effects and dosage information. Information for care workers regarding the level of support people needed to take their medicines was unclear and did not contain risk assessments. Medicine administration records did not contain the dosage of the medicines prescribed nor when they were to be taken so care staff could not be assured that people were receiving their medicines as prescribed. The service did not provide guidance to staff about how to support people who required medicines on an 'as required basis'.

The issues above relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe while receiving care. One person said, "I am fine, I am alright with my two carers. They look after me very good." A relative told us, "She feels safe." Records confirmed that staff underwent training in safeguarding adults from abuse in order to know what to do if they suspected any incident of abuse had occurred.

People told us there were sufficient numbers of staff to meet their needs and they arrived promptly and stayed for the allocated amount of time. A relative told us, "Yes, the good thing is one particular carer come to him each day. He has a regular carer twice a week." A second relative said, "Stay right amount of time or more." The registered manager informed us that all staff were provided with an out of hours number so they could always contact a manager should an emergency situation arise.

People told us staff wore gloves and aprons when supporting them with personal care tasks. Care plans stated that staff should wear personal protective equipment to prevent the spread of infection. During spot checks, staff were observed to check whether they were wearing this equipment. This meant people were protected by the prevention and control of infection.

There had been three accidents and incidents recorded since our last inspection. We noted that remedial actions had been recorded to prevent a reoccurrence and these had been discussed during a team meeting.

Is the service effective?

Our findings

In July 2016 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations as staff were not receiving supervision or appraisals to enable them to carry out their roles effectively. The provider had addressed this and staff files contained records showing staff received supervision three times a year as per the provider's policy. Records showed staff were given the opportunity to talk about the people they supported and any training requirements were captured. Records demonstrated that staff received training relevant to their roles and people told us they thought this was adequate to enable staff to perform their roles well. One person said, "She's very good at her job." A relative told us, "They train people." A second relative said, "Yes, they help him well, they know what to do. They are very helpful."

Staff files demonstrated that newly appointed staff underwent an induction period that included shadowing more experienced staff members. Staff performance was monitored during spot checks where further training needs were identified. This meant staff were trained to meet people's care and support needs.

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 Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

People were supported to live their lives in the way they chose. People told us they made decisions about their care and they were listened to. Staff received training about how the MCA applied to their roles. We noted that people had signed their care records after discussion about their care to imply consent. Where someone did not have capacity to consent to care we noted that their family member with the relevant authority had signed on their behalf.

Before people started to receive a service the provider completed an assessment of their needs. This considered people's needs in relation to various aspects of care including washing, dressing, grooming, continence care, eating and drinking. Records showed people and their relatives were included where this was appropriate. The care plans created briefly reflected people's preferences and choices for their care. A person told us, "Yes, they did come before it started and then they bring the carers and introduced them to me." The registered manager gave an example of when the service had turned down a care package because upon assessment they would not have been able to deliver the standard of care they aspired to given the short amount of time before the care package was to start. This meant people's needs were assessed and personalised care plans created as a result.

People told us they were supported to prepare and eat their meals in line with their preferences. One person said, "I tell them what I need, like what I want for breakfast and in the evening if I have anything to warm up" A second person said, "She asks me what I want. It depends what I ask her to give me. She washes her hands and wears gloves." A relative told us, "She decides what she wants to eat." Care plans contained basic information about people's preferences such as culturally specific food. Care plans contained information about whether someone was on a soft diet but there was not an associated risk assessment about what to do if the person was at risk of choking. Daily logs demonstrated people were given food to eat and fluids to drink at each visit.

Care files contained information about people's health conditions and the support they needed to maintain their health and access healthcare services. People's GP contact details were included in care files and were easily accessible to staff. Where people received regular support from healthcare professionals, such as district nurses, this was clearly recorded. For example, one person's care file contained information that district nurses visited to support them with their healthcare conditions. People told us they were supported to access healthcare services when this was necessary. One person said, "She helps me phone the doctors for me." Records showed the service worked with other agencies involved in people's care, including social services and healthcare professionals.

Is the service caring?

Our findings

Five out of the six people and relatives we spoke with told us they had established positive, caring relationships with their regular care workers who visited them. One person said, "Yes they call me [name]. That is what I want." A second person said, "What I am getting is a regular carer. I am satisfied." A third person said, "Yes they are very nice people, both of them. They do knock. They will phone me to ask me if I am alright." A relative told us, "Yes. I can see she talks to him, very friendly, makes him smile." Conversely one relative had experienced difficulties with one staff member and told us, "They shout at her and it makes me feel terrible. Doesn't always get washed properly and she gets upset and annoyed when I ask her to do it again. This is one particular carer."

People and relatives completed feedback forms and the feedback was positive about staff interactions. Typical comments included, "Very happy with the [carer]...he is always polite, very helpful and respectable;" and, 'New carer attended she was very professional and helpful.' A third comment, 'We are extremely pleased with both of them.' Daily notes demonstrated that staff spent time to talk to people and greeted them in a friendly manner. Spot checks on staff performance assessed staff members' behaviour in terms of respect and professionalism.

This meant that regular care staff members strove to develop caring relationships with those whom they supported.

People told us they felt supported to express their views and were involved in making decisions about their day to day care. A person said, "I would say [they give me choices]." Care plans prompted staff to give people choices and to inform people of what they were about to do. For example one person's records stated, 'Please communicate every action and approach [to person] so [person] is fully aware of this in advance.' People's communication needs were captured in their care plans and informed staff where they needed to pay attention to people's facial expressions and certain sound to understand what they wanted if they were non-verbal.

People told us they were treated with respect and dignity, giving examples of when staff knocked before entering bathrooms. One person said, "It doesn't feel uncomfortable [while receiving personal care]."

People's diversity was respected. People's cultural and religious preferences were included in their care plans and staff gave examples of how they altered the times of their visits in order for people to be able to attend places of religious worship on Holy days. The registered manager informed us that staff received training about diversity and that they should not discriminate against people based on their sexuality. We noted that dignity and diversity was discussed during team meetings.

Is the service responsive?

Our findings

People's care and support needs were written in care plans to ensure staff had appropriate information available to meet people's needs. People were involved in planning their own care. Care records were written from the first person where appropriate and contained details of their personal preferences and circumstances. Where possible, people had signed them to evidence their involvement. Relatives stated the provider involved the family where appropriate.

Field supervisors reviewed care plans on an annual basis or when there was a change in need which was in line with the provider's own policy. Staff gave examples of when they changed the care provided based on a change in someone's health and support needs. For example, when someone's needs changed the provider made a referral to an occupational therapist and then complied with their recommendations. Records confirmed that the provider contacted social services in order to provide more assistance to someone when their needs changed.

Care was tailored to people's needs and preferences. Details in care records about how people wished to be supported were personalised to a certain extent though more information about people's particular preferences in relation to personal care could have been explored such as types of products they liked to use or how they wish their hair to be washed. The care plans contained comprehensive information about people's backgrounds and their likes and dislikes and who was important to them. We noted that how to provide person-centred care had been discussed during team meetings.

People told us they knew how to make complaints and that they would be listened to. A person told us, "I would phone the agency if anything goes not to my suit, not to quarrel, but to sort it out, but that rarely happens." A second person told us, "I would ring them up because I have their telephone number." A relative told us, "My [family member] has raised a concern and they changed the carer." A second relative said, "We asked them to send us a rota. Every Friday we get a rota. That's working ok so far." A third relative told us, "There was one situation where we asked for the carer not to come back. She wrote a formal complaint. She was happy with the outcome."

We noted that staff had been trained in dealing with complaints and the complaints procedure was contained in the service user guide so that all people and their relatives had access to it.

The service did not support anyone who was at the end of their life; however, there was a policy in place to guide staff if this was needed.

Is the service well-led?

Our findings

In July 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records had not been appropriately maintained to enable the provider to assess and monitor the quality of the service. The provider had not adequately addressed this issue and the breach of regulations remained.

The provider was not set up in a way that promoted safe care through effective quality monitoring systems. Audits had not identified the shortfalls we found in relation to safe care and treatment and gaps in records relating staff recruitment. For example, the provider assessed medicines administration records (MAR) for errors. However, these did not pick up that the dosage and frequency was not contained on the MAR to ensure staff could administer medicines as they were prescribed. Care plan reviews had not identified gaps relating to risk management which put people at risk of avoidable harm.

In addition, staffing records had not been appropriately maintained. The registered manager did not have copies of verified references and proof of identity for all staff members. This meant the provider had not appropriately maintained the records required of them.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us it was easy to contact the registered manager. One person said, "Yes, whenever you phone somebody is there all the time." A second person said, "Yes, they are not far away. I have a number for them." People spoke well of the service they received. One person said, "They are doing good at the moment. They are giving me a good service." A second person said, "There is nothing wrong at the moment, I am happy at the moment." A relative told us, "Me and [my family member] are happy. This carer is particularly good."

Staff reported that the manager was approachable. One staff member said, "Everyone is nice and approachable in the office." A second said, "The door is always open." The registered manager told us that they supported staff who showed commitment to service users and performed well by accommodating their rota requests and identifying promotion pathways for them. The registered manager also highlighted the importance of feeding back compliments to care staff has on staff morale.

Team meetings were used to discuss issues that were important to the service-wide delivery of care. Individual staff performance was monitored via random spot checks. People told us these occurred semi-regularly. One person said, "They do come but not very often, yes I have had a few." People and their relatives told us they felt consulted about the standard of care that was being provided. One person said, "Someone came and asked me how the care is going and if I am satisfied." A relative told us, "When the manager comes they discuss all of those things about the care, if they are happy if they need anything changed, other services. A couple of days ago the manager visited." A second relative said, ". A member of staff checks on my parent's situation all the time." The registered manager told us that feedback was sought

via the telephone and visits from people, relatives and the social services. We noted that feedback from a recent survey to service users was positive with all seven people who returned the form stating they would recommend the service to others.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Nursing care Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not assess all risks to the safety of service users and did not do all that was reasonably practicable to mitigate all risks. Medicines were not managed safely Regulation 12(2)(a)(b)(g).
Nursing care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not robust enough to identify the shortfalls in risk assessments and medicine management. The provider had not maintained appropriate records of staff recruitment. Regulation 17(1)(2)(a)(b)(c)(d)(i)(ii).
Nursing care Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured that staff were of good character. Recruitment procedures were not effective to ensure that persons employed had proof of identity and a full employment history. Regulation 19(1)(a)(3)(a).