Care Quality Commission

Castle Care Teesdale Limited

Castle Care Tessdale Limited

Inspection report

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Barnard Castle
County Durham
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Website:

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We inspected this service on 23 and 28 July 2015. The inspection was announced. This meant we gave the provider 24 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

Castle Care Teesdale was last inspected on 28 January 2014 and was found to be compliant with the required regulations.

The service is registered to provide personal care to people in their own homes. At the time of our inspection the provider gave us a list of 100 people who used their service, 60 of whom were in receipt of personal care.

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager in post.

We found arrangements were not in place to ensure people were given their medicines in a safe manner.

There was a robust recruitment procedure in place, reducing the risk of an unsuitable person being employed to work with vulnerable people.

The provider had in place clear guidance to staff regarding gifts and gratuities to prevent people from being placed at risk of financial abuse.

People's consent had not been obtained by the provider to deliver care.

The service had considered people's food and fluid intake and put in place specific plans to meet individual people's needs. Relatives were confident people were receiving the required nutrition.

We found staff were not receiving appropriate support through supervision and appraisal where they could discuss any concerns as well as their training needs.

People, their relatives and other professionals told us the service was caring.

The service supported people to attend local groups and day centres to prevent social isolation.

The provider had in place a statement of confidentiality and staff we spoke to understood the statement.

We found the provider did not have in place arrangements to review people's care plans.

We found families were involved in their relatives' care and had acted as natural advocates for their family members. The provider had responded to their role as advocate, listened to what was said and as a result care plans were put in place to support people's needs.

The provider had in place arrangements to gather information about people before they visited people to assess their needs before delivering care.

We found training records were in place which demonstrated staff had received appropriate training. Staff told us they had received training in moving and handling, dementia, administering medicines and first aid.

Staff who were new to the service underwent an induction period. This included staff shadowing other more experienced staff members to learn about people's needs and how they liked their care to be delivered.

The service worked in partnership with key organisations to support care provision, service development and joined-up care.

During our inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 was not always safe.

We found arrangements were not in place to ensure people were given their medicines in a safe manner.

There was a robust recruitment procedure in place, reducing the risk of an unsuitable person being employed to work with vulnerable people.

The provider had in place clear guidance to staff regarding gifts and gratuities to prevent people from being placed at risk of financial abuse

Requires improvement

Is the service effective?
The service was not always effective.

People's consent had not been obtained by the provider to deliver care.

The service had considered people's food and fluid intake and put in place specific plans to meet individual people's needs.

We found staff were not receiving appropriate support through supervision and appraisal.

Requires improvement

Is the service caring?
The service was caring.

People, their relatives and other professionals told us the service was caring.

The provider had in place a statement of confidentiality and staff we spoke to understood the statement.

We found families were involved in their relatives' care and had acted as natural advocates for their family members. The provider had responded to their role as advocate, listened to what was said and as a result care plans were put in place to support people's needs.

Good

Is the service responsive?
The service was not always responsive.

The provider had in place arrangements to gather information about people before they visited people to assess their needs.

The provider did not have in place arrangements to review people's care plans.

Professionals told us the provider worked well with them and contacted them if they had any concerns.

Requires improvement

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

The service had in place links with other community organisations including day centres and luncheon clubs.

The provider had conducted quality surveys every two years. We looked at the results of the survey and found peoples' comments were largely positive.

The registered manager had not undertaken any quality audits in the service

Castle Care Tessdale Limited

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 23 and 28 July 2015. 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.

The inspection team consisted of two adult social care inspectors.

Prior to the inspection visit we reviewed the information we had about the service. Local commissioners, the safeguarding team and Healthwatch personnel had not raised any concerns with us about the service.

During the inspection we reviewed eight people's care files and looked at four staff records. We contacted six people and their relatives by telephone and spoke to five staff members of staff including the registered manager, a partner, administrator and care staff. We spoke to three professionals who work with the service to meet people's needs.

Before the inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Requires improvement

Is the service safe?

Our findings

We checked to see if people's medicines were safely administered. The service had in place a 'Medication screening tool.' This tool asked pertinent questions about who ordered people's medicines, how they were to be given and if there were any risks to people who used the service or staff in relation to the storage, dosage management or medical conditions. We also saw in the health and safety risk assessment a section entitled, 'Medication' which asked the question 'Is medication managed by the Carers recorded on the medication record?' The person conducting the assessment had ticked 'Yes'. We looked at people's 'Medication records' and found there were gaps in the records. The registered manager told us this was because people's relatives gave them their medicines. One relative we spoke with confirmed they were responsible. We found people's medicines records were handwritten and there were no signatures on the records to confirm the handwritten references to medicines were correct. We found one person who was prescribed paracetamol 'as required' (a PRN medicine) and saw there was no guidance given to staff about when the person might need to use PRN. There were also gaps in the person's medicines records. We could not be assured people were getting the correct medicines at the prescribed times.

Some people required the use of eye drops. We checked staff training records and found there was no training for the use of eye drops. One member of staff told us they knew how to do it. We spoke with the provider and the registered manager and asked if staff had been trained to use eye drops. They were not aware of any training.

In people's care plans we read, 'All prescribed creams to be applied following the Doctors' printed instructions on labelled containers and record on the medication record detailing the areas where creams have been applied'. We looked at people's topical medicines and found there were lists of creams on the Medication Records of creams to be applied. Signatures on the records were not consistent and there were gaps which could not be explained by the provider. The topical medicines were not accompanied by a body map which explained where the topical medicines should be applied. We looked at people's daily records and found staff had recorded, 'creams applied' but did not say where. This meant people were at risk of having their topical medicines inappropriately applied.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the provider had in everyone's care file a health and safety risk assessment which was carried out at the start of every period of care. The risk assessment required the assessor to consider if staff could move safely around the home and if there were any hazards including the potential for a fire to break out. Each person also had a mobility risk assessment. The provider confirmed these were the only two risk assessments carried out.

Each person had listed emergency contact details, this included people's names, their relationship to the person and their contact details as well as including doctors and social workers. A 24 hour on call contact number was also given out to families should an urgent need arise. This meant people had access to staff members and other professionals in case of an emergency.

We reviewed a range of staff records and saw that all staff underwent pre-employment checks including enhanced Disclosure and Barring Service (DBS) checks. We also saw the registered manager had requested two references and ensured proof of identity was provided by prospective employees prior to employment. The provider asked prospective staff members to complete an application form which detailed their past work experience, their knowledge and skills they had to carry out the role. This meant that the service had in place a robust approach to vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people.

We found accidents and incidents were logged in a 'Concerns/Incidents Reports File'. For example, we saw it documented that one person fell off their commode, the staff member called for paramedics and stayed with the person. There was however no recorded review or follow up to the incident, nor any risk assessment put in place to avoid a future reoccurrence.

We saw the provider had in place arrangements to protect people from potential abuse perpetrated by staff. We found the provider had in place disciplinary procedures which outlined what action was to be taken if there were any

Requires improvement

Is the service safe?

concerns regarding staff members. The provider told us there were no on-going disciplinary issues concerning staff. The provider also had in place a staff handbook which outlined the expected behaviours and conduct of staff. There was a clear stance taken by the provider on gifts and gratuities to prevent people from being placed at risk of financial abuse. The staff handbook also contained a whistle blowing procedure for staff who wished to report any concerns about colleagues. Staff had also been trained in safeguarding adults from abuse.

People we spoke with told us the staff arrived on time and there were the right number of carers available for people. During our inspection the registered manager was aware of people's care needs during the day and left the officer to meet with care staff when people required their needs to be met by two care staff. We asked the provider about contingency arrangements; the provider told us people knew more than one staff member and they would move staff around if for example a staff member had to wait with someone who needed an ambulance. We found there was sufficient staff cover to meet people's needs.

Requires improvement

Is the service effective?

Our findings

One relative of a person who used the service told us they had 'No hassles' with the service and there was a regular set of carers who cared for their family member. One person who used the service told us they could not "Fault the carers" and told us they turn up on time as well as staying for the required amount of time. This was echoed by other relatives we spoke to during our inspection. We saw instruction to staff in people's care plans which said, 'Chat and assist with any other tasks required in the remaining allocated times'. This meant the service was structured to optimise the time spent with people.

Staff had been trained in the Mental Capacity Act 2005. We looked in people's files to see if people had given their consent or there was a best interest's decision in place for people to receive personal care and found there were no signed records to this effect. We spoke to the registered manager and the provider and asked how they obtained a person's consent to care for them. They told us they did not obtain consent and thought the person's care manager had sought their consent before they referred them to the service.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We checked to see if staff received supervision and appraisals. A supervision meeting occurs between a staff member and their manager to look at their performance, any concerns they may have and training. Staff told us they received support from their manager and only had to ring the office if they needed help. The registered manager and the provider told us they were not good at supervision and appraisals. They confirmed they held no formal staff supervision meetings or appraisal meetings. The registered manager also told us they saw staff every day as they delivered care with staff when people needed to staff to care for them. We found staff were not receiving the appropriate support.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us the staff cooked whatever meals they required. One relative told us they fill up their family member's freezer and their relative chooses what they want. We saw staff recorded they had prepared people's meals and paid attention to individual wishes, for example one person liked to have an alcoholic drink left out for them on an evening. In another plan we saw details had been provided to thicken a person's drinks and all their food was to be served pureed. A thickened drink was to be left out for a person's relative to support them hydrate their relative between staff visits. We found one person whose relatives had stated they may say they had eaten but had not done so; the staff member was required to prepare food and leave it out for the person to help themselves. This meant the service had considered people's food and fluid intake and put in place specific plans to meet individual people's needs.

Staff who were new to the service underwent an induction period. This included staff shadowing other more experienced staff members to learn about people's needs and how they liked their care to be delivered. We found staff had signed induction documentation to say they had completed their induction. One person told us if there were any new staff members they were always introduced beforehand and they came along with somebody else. This meant new staff were not left unsupported to meet the care needs of people they did not know. This also meant that people using the service could be assured a familiarity of care in that no new care worker would attend a call without first being introduced to them.

We spoke with the provider about accessing healthcare for people. They provider knew people's GP's and local community nurses as well as occupational therapists. Professionals we spoke to confirmed the staff members carried out their professional advice.

Staff told us they had received training in moving and handling, dementia, administering medicines and first aid. We saw in their files they had also completed equality and diversity and the Mental Capacity Act 2005. The provider had a training matrix in place which showed the training staff had completed and what training was planned. This meant the provider could see at a glance which staff had completed which training.

Good

Is the service caring?

Our findings

One relative told us they "Had not heard anything bad about the girls." Another relative we spoke with told us staff had found their family member ill and requiring medical attention. The staff member had alerted the family, made the necessary calls and stayed with the person until help arrived. A professional we spoke to told us they found the service to be, "Very caring." This meant people were confident the service was caring in their approach to people.

Relatives told us the staff would often provide more support to people than the care plan stipulated and cited putting washing in machines to avoid people from bending down. They told us they had been involved in assessing their relatives care needs. We found families were involved and had acted as natural advocates for their family members. The provider had responded to their role as advocates and listened to what was said and as a result are plans were in put in place to support people's needs.

People told us the staff were "Nice and friendly", and often "Cheery." Relatives told us the service responded to people's needs and respected their wishes. For example one relative explained their family member did not always want a bath and the staff member respected their wishes and offered alternatives. However one person told us sometimes the staff who go to their home often 'grumbled' due to staff shortages. They did not think it was an appropriate way to behave in a person's home.

Staff spoke to us in positive terms and in a caring manner about the people they cared for; they recognised people may present challenges to them due to their medical conditions. Staff were also able to describe to us people's likes and dislikes to us. Relatives confirmed to us staff were respectful of people's wishes.

In the service user guide we saw the provider had a Charter of Rights. The provider stated, 'We respect the rights of each client to live an as independent and fulfilling life as possible'. The rights included a statement on the provider's response to equality and diversity. People also had the right to refuse entry of a staff member to their own home, and the Charter of Rights highlighted a person can do this on the ground of incompatibility with the member of staff. The provider told us one person did not want an evening visit and we found in their care plan actions taken by staff to ensure person had what they needed throughout the evening. This meant people were involved in their care and could state what they wanted.

We found the service provided care to people with complex needs and saw the provider had in place care plans in place for such people. The care plans included giving people choice and supporting people to live as they wished. For example in one person's care plan there were suggestions for activities which the person may wish to do. In another person's records we saw staff gave people choices about their personal care. A staff member told us about how they discussed with a person what their needs are when they visit. We found irrespective of a person's disability or cognitive impairment staff involved people in their care. This meant people's human rights were protected.

We found the provider had in place a statement of confidentiality. In the same charter of rights it stated, 'Every service user has the right to be assured that no personal or confidential information concerning their affairs will be disclosed to a third party without their express permission'. Staff we spoke with understood confidentiality and no relative or person using the service described any circumstances where they knew information about other people being cared for by and supplied by staff.

The service had on display numerous thank you cards which contained comments on the kindness of the staff towards people. The provider showed us the most recent cards. One card said, 'Your competence, gentleness, humour and confidence helped us both through a difficult time'. Another card said, 'Very good care and companions'. One relative had written, 'She couldn't have had better care from anywhere and was so happy when the girls came to see her.'

Requires improvement

Is the service responsive?

Our findings

One relative told us the services was "Brilliant" and a "Godsend." They went on to explain they thought their family member received a good service and they felt confident to go out knowing they were receiving the required care. Another person told us the service "Could not be better."

The provider did not have a system in place for regularly reviewing care plans. Instead the registered manager told us the service was involved in the annual reviews carried out by local commissioners, following which care plans were amended if required. One relative told us the service was, "Very amenable to everything we have asked them to do." However we found care plans had not been reviewed, for example one person's care plan had not been reviewed since January 2009 and another person's plan had not been reviewed since September 2013. This meant there was a risk people's needs had changed and there was no updated care plan in place to guide staff to each person's additional needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider showed us documents entitled, 'New Client Information' and told us they used the document to gather information about new referrals to the service before going out to meet the person and their relatives to discuss their needs. We saw these had been completed and the provider also had information from local commissioners to describe people's needs and inform their care planning.

We saw the provider had in place care plans which detailed people's emergency contact details and had a section entitled 'Service User Information'. In this latter section we found the provider had described the person's accommodation, their medical history and their mobility with equipment in place to support their personal care. The start date was listed on the document together with details of people's care packages. Alongside each call to the person's home was a list of tasks. Some of these tasks were routine domestic chores; however some were specific to the person and their well-being. For example in one person's care plan we saw it was written, 'Ensure [person] is wearing their Call Connect alarm and falls detector'. This meant the service was carrying out arrangements to ensure people were safe between visits.

We spoke to two professionals who told us the service would contact them if they had any difficulties including the use of equipment or if a person's needs had changed and the staff were experiencing difficulties using equipment. Both staff members told us the service responded to changes and incorporated their suggestions into their practice. This meant the service sought and acted on expert advice when they encountered difficulties with equipment or identified that people's changing needs may impact on the use of that equipment.

We saw the provider had in place a complaints policy and there had been no complaints since 2008. Guidance was given to people in the service user's guide about how to make a complaint; people told us they would contact the registered manager but had not needed to make a complaint. We spoke to one person who said they had contacted the provider to complain they had not received a visit from a member of staff when they should have done. We discussed with the person the consequences of the missed visit and if they were any risks; they told us how they had managed. Their complaint was not documented in the complaints information. We could not be assured when people contacted the service to complain that all complaints were documented by the provider.

The registered manager explained that due to living in rural communities people can feel isolated. In order to respond to this need they had set up a day centre and staff who worked with people in their own homes also worked with people in the day centre. Staff confirmed these working arrangements were in place. We saw people who received personal care from the service also attended the day centre.

The provider in addition to providing personal care supported people's well-being by transporting people to meet family members, taking them to a luncheon club or on a social outing. This meant people received continuity of care and were supported by people they knew to partake in activities. This meant the provider supported people to engage in activities in their local area, helping to protect against social isolation and have a positive impact on people's wellbeing.

We found the provider worked with people and other professionals to facilitate transitions between services. The registered manager told us about people's discharges from hospital and spoke about the work which they carried out with local services, particularly based in the local

Requires improvement

Is the service responsive?

Richardson's Hospital in Barnard Castle. Staff from the hospital confirmed Castle Care Teesdale worked with them to support the person's discharge and would contact them if there were any concerns.

Requires improvement

Is the service well-led?

Our findings

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. At the time of our inspection there was a registered manager in post. We saw the registered manager worked alongside staff in delivering care to people in their own homes.

We asked the registered manager if they carried out spot checks on the work of their staff. They told us there were no spot checks carried out. They told us when people needed two staff to support them they were the second person and they saw staff working with people. This meant that on such shifts the manager's role was to provide personal care and was not necessarily therefore in a position to observe and supervise and improve the quality of the service.

People told us they thought the service they were receiving was good. We looked to see if audits were carried out by the registered manager to ensure service quality. We found there were no audits checks carried out to monitor quality, for example on people's medication or service records. This meant the provider was not assessing and monitoring the service to improve the quality.

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

Staff told us if they had any concerns they would go to the registered manager and told us they had received positive support in the past. Professionals confirmed the registered manager was caring and responsive.

We found the service worked with other professionals to support people's needs. These included occupational therapists, district nurses, care manager and community psychiatric nurses. Professionals we spoke to confirmed Castle Care staff worked in partnership with them. This meant the service worked in partnership with key organisations to support care provision, service development and joined-up care.

The service had in place links with other community organisations including day centres and luncheon clubs. The provider and registered manager described to us their networks and we found they knew the area well.

We found the service had in place and expressed visions and values to people through their service guide. The service had in place aims and objectives and their 'Charter of Rights' demonstrated the values held by the service for example it included, 'Service users as individuals have the right to fulfil their potential for personal choice of lifestyle and opportunities. We found these values in action, for example in one person's care plan we found daily activities relating to their previous employment. This meant people were receiving care in line with the values of the organisation.

The provider had in place questionnaires to ask people about the quality of the service. We saw these surveys had been conducted every two years and the provider told us they were due to conduct another survey. We looked at the results of the survey and found peoples' comments were largely positive.

The provider told us records were stored in people's homes and brought back into the office when completed. We looked at people's records and found staff filled out a contemporaneous record before they left a person's home. The records reflected what was required by the person's care plan at each call. Information in the office was stored in lockable cabinets and was easily retrievable. We found information was maintained and used in accordance with the Data Protection Act.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The provider had failed to review people's care plans and ensure the care delivered met people's needs.**

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The provider had not sought consent from relevant people to deliver their care.**

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider did not have in place arrangements for the proper and safe management of medicines.**

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider was not assessing and monitoring the service to improve the quality.**

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staff were not in receipt of supervision and appraisal to enable them to carry out their duties.**