

Calverton Supreme Home Care Limited

Calverton Supreme Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced inspection was carried out on 27 July 2016. Calverton Supreme Home Care provides support and personal care in Nottinghamshire. On the day of the inspection there were approximately 110 people using the service who received personal care.

The service had a registered manager in place 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.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were usually supported by a regular staff member or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they required by staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed.

People were supported to consume a sufficient amount of food and fluids that promoted their wellbeing. People received support from staff who understood their health needs.

People were treated with respect by staff who demonstrated kindness and understanding. People were involved in determining their care and support. They were shown respect and treated with dignity in the way they wished to be.

People could not rely on their plan of care containing all the required information to ensure their care and support was delivered as needed. People felt able to express any issues of concerns and these were responded to.

People who used the service and staff were able to express their views about the service which were considered and when appropriate acted upon. Auditing systems did not provide information to help improve the service people received.

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.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People were assessed to inform staff on how to provide them with safe care and support that maintained their independence.

People were supported by a sufficient number of staff to meet their planned needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who were trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

Is the service responsive?

The service was not always responsive.

People may not receive the care and support they require because their plan of care did not include all the information required to do so.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Systems to monitor the quality of the service people received were not effective.

People used a service where staff were encouraged and supported to carry out their duties and people were encouraged to express their views of the service they received.

Requires Improvement ●

Calverton Supreme Home Care

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 27 July 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved with the service and commissioners who fund the care for some people who use the service.

During the inspection we spoke with 21 people who used the service and one relative. In addition one relative sent us their views by email. We also spoke with five care workers, two team leaders, two senior care workers, the care coordinator, the training and care manager and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for eight people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. A person who used the service told us, "They always have good staff who will pick up on things." Another person said, "I feel perfectly safe, their honesty is superb. I can trust the people they send." Other people told us things that made them feel safe using the service included, having confidence in the staff, knowing who was coming to visit them and staff announcing themselves when they came into their home.

Staff were able to describe the different types of abuse and harm people may face, and how these could occur. They said they wrote down any concerns and passed these on to office based staff who would pass these to the multi-agency safeguarding hub (MASH) which is where any safeguarding concerns are made in Nottinghamshire. Staff told us they had been provided with training about safeguarding and we saw documents that confirmed staff had attended this training.

One care worker told us they had recently passed on some concerns to one office based staff member about a person who they were concerned about. The registered manager said this had been passed onto MASH who had decided this did not meet the threshold of a safeguarding concern, so they would not be taking any action. We reviewed the care plan of the person concerned and saw there was information on how staff should support the person and reduce the concerns that had been identified.

People received their care and support in a way that had been assessed for them to receive this safely. They told us staff who visited them knew how to use any equipment, such as mobility aids, safely. One person told us they felt confident when staff were helping them with their mobility. Another person said that staff ensured the equipment they used was in good working order. People also confirmed that their home environment had been assessed to ensure their care and support could be provided to them safely.

Several people told us having care workers helped them maintain their independence. One person said, "I couldn't stay in my home without them, my doctor has told me that." Another person told us having care workers allows them to continue to have a shower. They said, "That's why they come, I need someone there in case I slip."

Staff told us any risks to people were identified and assessed. One care worker said, "As soon as we step in the door we are looking to see they (clients) are safe. We look at the environment and always leave it safe and secure." Some care workers told us about actions they had taken to ensure people's safety with equipment around their home, such as unplugging devices when not in use. Staff also said they notified the office staff of any concerns who would arrange for these to be risk assessed. The training and care manager told us their risk assessments process aimed to provide staff guidance with effective risk management so people could carry out daily activities as safely as they could make it.

There were sufficient staff employed to provide people with care and support which met their needs at the time it was planned for. People told us their personal care visits usually took place at the time planned. They appreciated that there may be occasional delays because their care worker had run into some unforeseen

circumstances, such as needing to extend their time at a previous call or unexpected traffic problems.

Some people told us they were usually visited by a regular individual or team of staff. Some other people told us they had changes to which staff would visit them. They told us this could affect the time of their call and although they were usually visited by a staff member they had met previously, a few people said they had been visited by someone they had not previously met to provide them with their personal care. One person said, "I don't like when they send someone I don't know." Another person told us staff, "Normally arrive on time, but the times get changed a bit, it depends on who comes." People said they were usually informed if their care worker was going to be late from the arranged time.

Staff told us that they were able to cover all the care calls they were allocated to complete. They told us their work was planned in geographical areas so they visited the same people. However they told us when things were not running as intended due to staff not being at work as planned they were asked to carry out additional calls. This had included on a few occasions visiting people they had not previously met. We discussed this with the managers who agreed there had been occasions when this had happened. The registered manager said that they appreciated this had not been ideal and on reflection they needed to review and improve their contingency arrangements so this would not happen again in future. The training and care manager told us they had recently completed the recruitment and induction of some new staff which gave them increased flexibility to be able to cover any unexpected shortages.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

People were encouraged to manage their own medicines, but support was provided to people if required to ensure they took their medicines safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently. One person told us how staff had supported them to become independent with their medicines. They said when they had been given some new medicine to take, "They (staff) went over my medication with me and helped me manage it."

People who required support to take their medicines told us they were provided with this. One person said staff would, "Remind me if I haven't taken them. They will bring them to me if I am still in bed." Other people told us care workers supported them to apply creams and ointments.

Staff were clear about what support people needed with their medicines and described following safe practices in the administration of these. Staff told us they had received training on how to support people with their medicines safely and staff training records confirmed this. One staff member told us when a person had been prescribed a new medicine they needed assistance with they went to the office where a medicine administration record was prepared for the person. This provided the guidance staff required to administer the medicine and monitor that the correct support was provided.

The training and care manager told us staff underwent competency assessments in managing and administering people's medicines and showed us some of these they had completed recently. The registered manager told us there had been two errors made when supporting people with their medicines and we saw records made of these, which included the action taken to ensure the staff involved were

retrained and action taken to prevent these from happening again.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. A person told us, "As far as I can see they are trained, they do what I need without any complaints." Another person said care workers knew how to make sensible decisions when providing them with their support. A relative told us, "They (care workers) can do all we need. I am happy with that." Staff said they had regular training opportunities and they could request any additional training they needed.

A person who used the service also told us that new staff were, "Always shadowing experienced carers, they have to learn to follow the rules and regulations." Two recently appointed staff we spoke with told us their employment began with an induction and then they undertook 'shadow' shifts where they observed an experienced member of staff. These staff told us they felt they had been prepared for the work they were expected to undertake.

The training and care manager told us all staff were required to complete the care certificate. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. One staff member told us how the questions we were asking them were similar to what they had been learning whilst undertaking their care certificate studies.

Staff told us they had opportunities to discuss their work individually with a manager who was assigned to be their supervisor. They told us this had provided them with opportunities to discuss their training needs and work based issues. Staff also spoke of being able to gain support from other staff and managers more informally in telephone calls or when visiting the office, and they told us they had the support they needed. Staff also spoke of independently researching issues to find out information they needed.

People had their rights to be asked for their consent and make decisions for themselves promoted and respected. People told us they were asked for their consent prior to being provided with any acts of care. One person told us, "I can say if don't want to have a shower." Another person said, "They would never do anything without asking me."

Staff were aware that people had given written consent to being provided with their care, and told us they always obtained their verbal consent before providing this. Staff also provided examples of how they obtained people's consent over other activities, such as asking for their agreement to look in a drawer or cupboard for an item the person had asked them to find. We saw signed forms in people's care plans that showed people had consented to their plan of care and to be supported with taking their medicines. We also saw people had signed to show their involvement in the reviews of their care. The registered manager told us people who used the service were asked for their consent prior to any spot audits carried out on staff in their home.

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.

We checked whether the service was working within the principles of the MCA. Staff told us they had attended training on the MCA and demonstrated an understanding of the principles of this legislation. We saw some people's care files contained completed assessments of their capacity to make certain decisions. The form used did not fully follow the requirements and principles of the MCA so these assessments did not contain all the information expected. During our visit office staff identified what additional information was needed and prepared a new form for carrying out MCA assessments in future.

Some people said they did not require any assistance with preparing meals, others told us care workers would provide them with the assistance they needed to have a meal during their visit. This involved heating pre prepared meals and preparing light snacks. A person told us staff, "Get me something to eat, they usually make me a salad." One person told us they could manage to prepare most of their meals but said staff, "Get my breakfast for me so I can get my breath, I'm not good in the mornings." Most people told us staff would make a hot drink for them during their visit and people with limited mobility said staff left them with a drink as they left at the end of the call.

Staff told us they provided some people with a meal during their visit and if needed encouraged them to eat this. Two staff told us about a discussion they had together earlier in the day. This was about how they could encourage someone they visited, who was not eating as well as they had previously, to eat more. Staff also spoke of providing appropriately sized portions and making meals look appealing.

We saw staff made a record in people's daily logs of what they had provided them with to eat. The registered manager said if they were worried about anyone's nutritional or fluid intake they would monitor this using food and fluid charts. They also said they had previously sought advice from healthcare professionals such as dieticians and speech and language therapists (known as SALT who provide advice on swallowing and choking issues) when needed. The registered manager said they did not have anyone they needed to support in this way at present.

People's healthcare needs were known and they received support with regard to their health and wellbeing. One person told us, "I feel they understand my condition, they are very careful when they help me so as not to cause pain." Another person said they received support each day with a healthcare procedure. People told us care workers would ask them how they were feeling and show consideration if they were not feeling well. One person said, "They are concerned if I don't feel very well."

The training and care manager told us staff were provided with training when someone they supported had a health condition they needed to have an understanding about. Staff also said they received this training and they understood people's healthcare needs. They spoke of liaising with other healthcare professionals when needed and informing family members of any concerns. The registered manager told us about one occasion when they had altered a person's call times following advice from a healthcare professional to enable them to have a care package that supported their healthcare needs.

Is the service caring?

Our findings

People described the staff who supported them as helpful, sensitive and caring. One person said, "They will do things that need doing even if it is not on their job list." Another person told us staff were, "Very caring, we would recommend them." People also told us they enjoyed having their visits from the care workers. Comments from people included, "We have a laugh together" and "I get along with them well, if they didn't come I would miss them." A relative told us, "They have a chat together, it is nice for [name] to have someone to chat to."

Staff told us they found their work rewarding and that they enjoyed helping people. They spoke of making people feel safe and enjoying seeing them smile. One care worker described how caring for people put a smile on their face and another said, "I love hearing the stories they tell." Staff also spoke of it being difficult leaving people at the end of the call as they may have been the only visitor they had that day and wanted them to stay longer.

We received positive feedback about the service being caring from other professionals who worked with them. The registered manager told us they found staff displayed a caring approach when they carried out spot audits and this was supported by feedback they received from people who used the service and their relatives.

People told us they were involved in planning their care and support and making decisions about this. One person told us, "They don't do anything I don't ask them to." Another person said, "I am capable of saying what needs to be done, they listen to what I say." One person told us how they had been involved when their care plan had been reviewed. They said a staff member, "Made an appointment to come and do the review. I felt my contribution was listened to. They took notice of what I had to say."

Staff told us they asked people how they liked things to be done and provided them with choices. They were clear that it was the person who used the service that decided what and how their care should be provided. Staff who prepared care plans and undertook reviews told us they made sure people who used the service were included in discussions and reviews of their care and that they expressed their views. One said, "I ask how they see their care being built up, what are their preferences, likes and dislikes."

There were details about advocates included in people's care plans, which included contact details of where one could be contacted locally. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. The registered manager said one person was currently being supported by an advocate.

People who used the service said they felt staff treated them with respect. People described how care workers would announce their arrival and enter their property through the agreed way. One person told us they had always found staff to be polite and respectful apart from one occasion when they felt a staff member had not been respectful. We discussed this with the registered manager who told us they would be contacting the person to discuss this with them.

Staff described the practices they followed to enable people to have privacy and dignity when they supported them. These included following dignified practices when providing people with personal care, addressing people as they wished and presenting themselves in a professional manner. Staff also spoke of the importance of respectful communication such as not shouting from another room and always waiting for a person to reply to a question they asked. The training and care manager told us that respect for people's privacy and dignity was included in staff training and reinforced during the shadowing of other staff.

Is the service responsive?

Our findings

People told us how their needs had been assessed when they started to use the service so plans could be made on how to provide them with the care and support they needed. One person said, "I have got a care plan, we've discussed it. I would say it is not too bad at all." The care people required was kept under review to recognise if any changes were needed. A person told us, "They record what has been done. They come and discuss my care when we have a review." Staff told us the care plans contained details of the care they needed to provide to people during their visits.

When we looked at people's care plans we found that although they did contain descriptions of the care people required and they had been updated, this information was still not always kept up to date with people's changing needs. For example, one person told us they now used an aid to assist them to get into the bath and said this was not included in their care plan. We looked in the copy of the plan kept at the office (which should accurately reflect what is in the care plan held at the person's home) and found this had not been recorded. Additionally we found that when a care plan was updated this was written on a separate sheet. This meant staff had to refer to each update to find out what care people currently needed. Staff told us this took longer than needed to read and therefore cut into people's call times.

Additionally the way information was presented was at times brief, and did not provide the guidance each person needed to provide them with personalised care. We also found that information that had been identified when assessing ways of minimising risks people faced had not been included in the guidance for staff in their care plans. For example one person's mobility risk assessment identified one person needed to use a walking aid at all times to reduce the risk of them falling but this was not referred to in their care plan. The training and care manager and the registered manager agreed with the improvements we found that were needed in the care plans.

People told us care workers arrived on time and stayed for the full duration of the call. One person said the staff who visited them, "Arrive on time and stay until the end." Staff told us there was normally sufficient time allowed for them to travel between appointments so they could arrive at the next appointment on time. We discussed with staff whether they had sufficient travelling time allocated between appointments. Staff told us there were occasions where there was not, however some staff said they had raised this with the care coordinator who had adjusted the travelling time. Other staff who told us they did not have sufficient travelling time had not raised this with the care coordinator to rectify. The care coordinator said they would remind staff to inform them if they did not have sufficient travelling time.

People were told how they could raise a concern or make a complaint. People told us they had seen information in their care files about how to raise a complaint. One person told us when they had not been happy about something a care worker had told them, "Why not call the office and point this out to them. I did and they sorted it."

Staff told us they thought that the information provided in people's care files clearly explained how they could make a complaint if the situation arose. We looked at this information which explained how people

could make a complaint and how this would be managed. There was also information about other bodies people could raise concerns with, such as the local authority. There was also advice on how to obtain support to make a complaint if the person felt they needed this.

The registered manager described responding positively when people had raised a concern and we saw records kept described the action that was taken and how the complainant was informed of the outcome. The provider's representative, who we call the nominated individual, attended the feedback at the end of the inspection and said they saw complaints as an opportunity to learn and improve the service.

Is the service well-led?

Our findings

We received mixed comments from people about their experiences of contacting staff based at the office. Some people described receiving a positive and prompt response, whereas some other people felt their reason for contacting office staff had not been acted upon. This included either cancelling or rearranging appointments. Comments ranged from, "When I cancel or want extra it doesn't get done, I have to keep phoning up" to "If I call the office they deal with things properly."

People were provided with a rota informing them of their calls for the following week. One person said, "Each week I have a new rota saying when they should be here so I find out who is coming to see me." However another person told us they did not receive a rota informing them of this in time. They said they used to call the 'on call' number at weekends to find out at what time they would be receiving their morning care call on the Monday. They told us they had stopped doing so when they had been told this number was for emergencies only. The registered manager said the person should not have been told this and said they would look into this further.

Staff were generally positive about the way the service was run, although some staff said they felt obliged to cover unallocated calls on their days off. Staff said there needed to be other arrangements found. Staff also said they did not think it was good practice to attend calls they had not previously visited, which had happened on some occasions. The registered manager agreed this was not good practice and said they would be looking for ways to ensure this did not happen in the future. They also told us they had recruited more staff which would reduce the need to contact other staff when they were off duty.

Staff told us they were provided with information about the service through messages and phone calls. However they said there had not been a team meeting held recently where they could discuss the service with colleagues and managers. The registered manager said they were conscious they had not been able to hold team meeting's recently and were looking at ways for these to take place. There were minutes of management and governance meetings held. Staff said they felt welcomed when they came to the office and any resources they needed, such as personal protective equipment (PPE), were always available. Staff told us they could always contact a senior or manager for advice, including out of hours when there was an 'on call' service provided.

The management of the service was shared out between members of the management team and people who used the service we spoke with said they had not had direct contact with the registered manager. The senior care workers and the training and care manager visited people to review their care and collect any comments and feedback. Staff told us the management team were approachable and supportive. A professional who worked with the service described examples of how the service was well led and spoke positively about their involvement with the management of the service.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been

notified of events that had taken place the provider was required to notify us about.

The auditing of people's care records was not sufficiently robust to identify errors and where any improvements were needed. We looked at a sample of records that had been audited in the office and found these did not highlight any issues, such as a lack of description of the care provided in people's daily notes to show the care had been provided as planned. There was also a time delay in auditing records after they had been completed.

People who used the service were asked to comment on the service they received. A person told us someone from the office had been out to see them on a couple of occasions to ask how things were going and if they were happy with the service. They also told us they had checked on how staff were carrying out their duties. Staff told us they received feedback on their work following spot audits carried out by one of the senior staff.

Staff told us people were asked for their views about the service they received by completing a survey form. They told us the results of these were shared with them. The registered manager showed us the file of survey forms which showed when survey forms had been sent out and when they were returned. The information contained in these was analysed and where needed acted upon. The registered manager told us that they had recently introduced a new style questionnaire, but they had found that the response to these was not as good as to the previous ones, so they had changed back to the original questionnaires.