

Care Never Sleeps Limited

Care Never Sleeps Limited

Inspection report

St. Helen's House
23-31 Vittoria Street
Birmingham
West Midlands
B1 3ND

Tel: 01215725705
Website: www.careneversleeps.net

Date of inspection visit:
09 June 2017

Date of publication:
07 July 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 09 June 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting. This was because the provider offers a supported service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us.

Care Never Sleeps Limited is a community based adult social care service, registered to provide personal care for persons within their own home. They currently provide a service for nine people.

There was a registered manager in post 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.

Care Never Sleeps Limited was last inspected in June 2015 and was rated as a 'Good' service,

People were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff were provided with sufficient guidance on how to support people's medical needs. People were kept safe by staff who were able to recognise the signs of abuse and raise concerns if needed.

People were supported by staff that had been safely recruited. People felt that they were being supported by staff with the appropriate skills and knowledge to care and support them.

Staff were trained and supported so that they had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences. People were supported to make choices and were involved in the care and support they received. Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS).

Staff were caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's care and support needs.

People and staff felt they could speak with the provider about their worries or concerns and felt they would be listened to and have their concerns addressed.

The provider ensured that all policies and procedures were kept up to date with current guidance and legislation. There were quality assurance and auditing systems in place to ensure continual development of the service.

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 were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed and managed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People were kept safe as staff knew how to support them in case of an emergency.

Is the service effective?

Good 

The service was effective.

People were supported to eat healthily.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's consent was obtained before care and support was provided by staff.

People were involved in deciding how they received care and support.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect.

People's privacy was upheld at all times.

People's view and opinions were listened to.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive when supporting people's changing needs.

People's consent was sought by staff when providing care and support.

People were supported to make decisions about their lives and discuss things that were important to them.

Is the service well-led?

Good ●

The service was well-led.

Auditing systems were in place to monitor the quality of the service.

People and staff knew the manager and had a positive relationship.

Staff were happy working for the provider and felt valued.

Care Never Sleeps 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 the 09 June 2017 and was announced. The inspection team consisted of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority commissioning teams to identify any information that might inform our inspection.

During our inspection we spoke with three people who use the service, five relatives, three care staff members and the registered manager. We visited the provider's office and reviewed the care records of three people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe with staff and had confidence that their care needs were supported. A relative we spoke with told us, "They [staff] look after him [person using the service] beautifully. He's happy and we don't have any concerns. They keep him safe, we don't worry about his safety at all". Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. They were able to tell us about the range of different types of abuse to look out for when supporting people. A member of staff we spoke with told us, "If I suspected someone was being abused, I'd record it and contact [registered manager's name] so that he could contact the proper authorities". This demonstrated that staff knew how to escalate concerns about people's safety to the provider and other external agencies if required.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "[Person's name] is a bit unsteady on their feet, so they're at risk of falling, especially in the bedroom when they've just got up or when going to bed. So I make sure I'm there to support them and keep the 'path' around the room clear". Another member of staff we spoke with gave us some examples of their awareness of potential risks and how they mitigated them for a person they supported that was living with dementia. They told us, "I leave the landing light on at night, because they might get out of bed and become disorientated. I wear gloves to stop any risk of infection. When I run their bath I make sure it's not too hot and I ask them to check it to make sure they're happy". We saw that the provider had carried out initial risk assessments which involved the person, their family and staff. The manager informed us that risk assessments were continually being monitored and updated when required. Any changes that were required to maintain a person's safety and promote their health care needs were discussed, recorded and reviewed to ensure that potential risks were minimised.

Staff were able to explain what action they should take in the event of an emergency. A member of staff we spoke with gave us an example of how they had responded to an emergency with a person they provided care and support for. They told us, "I had a person who was diabetic. I found them one day collapsed on the floor. I knew their sugar levels must have dropped, so I called 999 and gave him glucose gel while we were waiting for the ambulance". During our inspection of the provider's office we saw a written response from the ambulance service regarding this event, it read, "We would like to take this opportunity to express to you how impressed we were with one of your carers". It went on to say how well the member of staff had reacted to the emergency and had supported the person throughout. It concluded by saying that the member of staff's actions had prevented the person from slipping into a diabetic coma. We saw the provider had an accident and incident policy in place to support staff and safeguard people in the event of an emergency.

The provider had systems in place to ensure that there were enough staff with the appropriate skills and knowledge to meet people's needs and ensure that they were cared for safely. A person we spoke with told us, "I have four calls a day. If they [staff] are going to miss a call they send a backup carer, if they are going to be late they call and let me know, it's all good". Another person we spoke with told us that staff always arrived for their care call on time. A member of staff we spoke with told us, "Calls are no problem. I only look after [person's name] so I don't have to run from one call to another. I'm very rarely late, but if I'm going to

be I let [registered manager's name] and [person's name] relative know". The information provided in the provider's PIR supported the evidence we gathered regarding staff numbers.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. A staff member we spoke with told us, "The recruitment process went okay, they [provider] did all the checks". We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living within their own home. Staff we spoke with confirmed that the provider had completed all the necessary checks prior to them commencing work. We saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Staff told us that they had received training on handling and administering medicines. Staff were able to explain to us the protocol for supporting people with medicines and how to record this on Medicine Administration Records [MAR Sheets]. A person we spoke with told us, "She [staff] gets my medicine pack and I take them myself". We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed.

Is the service effective?

Our findings

People told us that they felt confident that staff had the correct training and knowledge to meet their needs. A person we spoke with said, "Yes, they [staff] know what they're doing, they're good at their job". A relative we spoke with said, "The staff are really good and well trained to do their job. [staff member's name] is [person's name] carer and she's fantastic, we couldn't ask for anyone better". Another relative we spoke with told us, "The staff do seem good at their job". A staff member we spoke with told us that they received sufficient learning and development opportunities for them to carry out their job effectively. Another staff member told us, "I feel I have enough training to support me in my role. I've just completed QCF (Qualifications and Credit Framework) Level 3 in Health and Social Care and as far as other training's concerned, I grab anything that's going". QCF is a nationally recognised accredited framework for developing vocational knowledge and skills. We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due.

The staff we spoke with told us that they received regular supervision. A staff member we spoke with said, "I get supervision every three months and I'm happy enough with it, I get to say what I need to". Staff told us that if they had any concerns they could contact the office for support and the management team were always available. We saw that the provider had processes in place to ensure that regular staff supervision took place.

We saw that the provider had processes in place that involved people in how they received personalised care and support. People we spoke with told us they felt that care needs were supported and that they were involved in decisions about their care. A person we spoke with told us, "I've had the same regular carer for a while now. They know what I need and they talk to me about things". Another person we spoke with said, "She [staff] talks to me all the time about what needs to be done. I make my own decisions, no problem. She's very polite, asks me if it's okay to do things for me". Staff were able to explain to us about people's needs and how they supported them. Staff explained how they gained consent from people when supporting their care needs. A staff member told us, "She [person using the service] lets me know how she likes things to be done. I do offer her choices too, about what she wants to wear, or eat, or if she'd like to go outside into the garden, especially when the weather's nice".

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. Not all of the people being supported by the provider had capacity to make informed decisions about their care and support needs. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for

who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. From talking to staff and looking at training documents we could see that they had an understanding of DoLS.

People we spoke with were happy with how staff supported them with meals. A person we spoke with told us, "They [staff] help me to prepare my meals and they're okay at that ". Another person we spoke with said, "She [staff] helps me with my meals, I don't do them on my own. They always taste okay". A member of staff we spoke with told us, "I prepare her [person using the service] food and make sure that when I leave she's got plenty to drink and snack on if she needs to".

People told us that their relatives supported them to attend medical appointments. We saw from care records that health and social care professionals were involved in people's care. We saw care records that provided information about regular appointments to doctors, opticians and dentists and staff told us they were aware of how to contact health care professionals if they needed to.

Is the service caring?

Our findings

People we spoke with told us they were pleased with the care and support provided. A person we spoke with told us, "Yes, I think they're [staff] caring, I like them". Another person said, "She's [staff] kind and caring, always checking on me and asking how I'm doing". A relative we spoke with told us the names of three members of staff that they had been impressed with when providing care and support for their family member, "They're really kind, caring and good at their job". A member of staff told us how they 'got to know' the person they were caring for; "I've got to know [person's name] gradually. Initially I read her care notes and just chatted to her".

We saw that people were involved in care planning, ensuring that their individual support needs were met. A person we spoke with said, "I'm involved with my care plan, with my [relative] and the social worker. We've got a review meeting next week". Another person told us, "I was involved in my care plan when I came out of hospital. They [provider] asked me what I wanted, I'm happy with everything". A relative we spoke with said, "I was involved in how her [person using the service] care was going to be provided right from the start, and we do have review meetings every now and then, we've got one in the next couple of weeks". We saw from people's care plans that people were encouraged and supported to express their views and to be involved in making decisions about care and support.

People we spoke with told us that staff treated them with dignity, respect and upheld their rights to privacy. A person we spoke with told us, "They [staff] cover me up when washing me". A staff member told us, "When I do [person's name] personal care I shut the curtains and keep him covered up as much as possible". Another staff member we spoke told us how they upheld a person's dignity and respect, "I make sure she's [person using the service] happy and included in everything that's going on". Staff told us that they received guidance during their induction in relation to treating people with dignity and respect and we saw training records to support this.

People we spoke with recognised the support staff were providing to promote their independence and encourage them to do as much for themselves as possible. A person we spoke with told us, "I try to be as independent as I can. I like to help them [staff] with jobs around here [person's home]". A relative we spoke with said, "[Person's name] is quite independent anyway, but yes, they [staff] do encourage him to do as much as he can". Another relative told us, "They [staff] promote her [person using the service] independence as much as possible, but she's quite dependant on people's support". A staff member we spoke with gave an example of how they support people's independence, by encouraging them to take part in activities within the community, which they are now doing on a regular basis.

Is the service responsive?

Our findings

People using the service told us they felt that the provider was responsive to their needs. A person we spoke with told us, "I had a choice of who [staff] looks after me when I came out of hospital. I had a male and a female carer. I just have the one now, she's great, I stick with her ". Some relatives we spoke with told us there had been issues in the past with missed or late calls, which the provider had responded to and had introduced a call monitoring system, enabling relatives and the registered manager to monitor when staff were on site in people's homes. A relative we spoke with said, "He's [registered manager] put this system in to monitor staff visits, which is pretty good". A member of staff told us, "If there's any issues with clients [people using the service], he's [registered manager] on it right away".

We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to be met. A relative we spoke with told us how their family member had been supported to access community social groups so that they could participate in activities they enjoyed doing. A member of staff we spoke with told us, "It's all about putting the person [using the service] at the centre of everything you do for them. It's ridiculous putting things [care services and support] in place for her if she doesn't need them". Staff were aware of people's preferences and interests as well as their health and support needs, which enabled them to provide a personalised and responsive service.

We saw that the provider had a complaints and compliments policy in place. People were aware of how to raise any complaints if they needed to. A person we spoke with told us, "They [provider] gave me a complaints sheet to fill in if I need to, but I'm fine at the moment, no concerns about anything". Another person told us how they had once raised an issue with the provider as they didn't get along with a member of staff. They told us, "I told [registered manager's name] that I didn't want her anymore and he changed her for someone else". A staff member told us how they would support a person using the service to raise any issues, concerns or complaints if they needed to; "Any complaints, I'd let [registered manager's name] and her [person using the service] relative know. I'd write down what the complaint was about and [registered manager's name] would investigate. There's procedures in place to deal with these things". Records held by the provider showed that the concern had been documented appropriately.

The provider had systems in place for people and relatives to provide feedback about the care and support being provided. A person we spoke with told us, "[Registered manager's name] visits every now and then and I talk to him about four times a week on the phone". We saw that the provider had systems in place to seek feedback from people using the service, and that questionnaires were sent out to relatives, with feedback being used to support service delivery.

Is the service well-led?

Our findings

Staff we spoke with told us that the provider supported them and that they were clear about their roles and responsibilities. The registered manager told us that all care staff are self-employed and contracted by the provider as required. A staff member told us, "I like working for the company, I'm happy there and they treat me well". Another staff member we spoke with said, "I do feel supported. I work for myself basically but [registered manager's name] is supportive". Staff we spoke with told us that they felt supported and valued by the manager.

We saw that quality assurance systems were in place for monitoring the service provision. People were encouraged to share their experiences and views of the service provided. We saw evidence that regular audits were taking place, including; individual care plans, risk assessments, medicine management, accidents and incident reporting.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority or CQC. Prior to our visit there had been no whistle blowing notifications raised at the location. The provider ensured that all policies and procedures were up to date and adhered to current guidance and legislation.

At the time of our inspection there was a registered manager in place and they understood the responsibilities and requirements of their registration. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The most recent CQC reports and ratings were displayed in the main reception area. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

People and staff we spoke with told us that they were happy to discuss things with the manager if they needed to. A person we spoke with told us, "I speak to the manager every now and then and he stops by if he's in the area. I'm happy talking with him, he's okay". Staff told us they would have no concerns about raising anything they were worried about with the manager.