

Mrs Mavis Crabtree

About Care

Inspection report

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Date of inspection visit: 13 January 2016
Date of publication: 05/02/2016

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



Overall summary

This inspection took place on the 13 and 14 January 2016 and was announced.

About Care is a small domiciliary care service providing personal care to people in their own home. On the day of our inspection there were 22 people using the service.

The owner of the service who was also the registered manager was no longer in day to day management of the service and had moved away from the area. The provider had appointed a manager to manage the day to day running of the service who had been in post approximately one year. However, they had not

submitted any application to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the. 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.

We received only positive feedback from people who used the service. People told us they were supported by regular staff who provided consistency of care and they

Summary of findings

were treated with dignity and respect with no concerns about their safety. Everyone we spoke with expressed their satisfaction with the way the service was managed and the support provided by staff.

The care needs of people had been assessed prior to their moving into the service. Risks to people's health and wellbeing were clearly identified and actions were in place to minimise these. However, risks in the handling of people's finances had not been identified and advocacy support had not been explored. Care plans did not contain guidance for staff in the handling of people's finances with actions described to guide staff in mitigating these risks.

The provider did not have robust systems and processes in place and operated effectively to safeguard people and protect them from financial abuse. Risks in the handling of people's finances had not been identified and advocacy support had not been explored.

There were enough qualified, skilled and experienced staff to meet people's needs. However, we found shortfalls in the provider's recruitment practices.

Staff were supported with access to their manager, supervision and access to team meetings. This enabled staff to be supported and provided with opportunities to discuss their work performance and plan their training and development needs.

People were provided with opportunities to express their views regarding the quality of the service they were provided with annual surveys. People found the manager responded promptly to any concerns.

The culture of the service was open, transparent and focused on the needs of people who used the service. Staff were supported by the manager who they described as supportive and approachable.

Apart from annual surveys sent to people who used the service to assess their views regarding the quality of the service, the provider did not have any other systems and processes in place which assessed, monitored and planned for improvements in relation to the quality and safety of the service.

During this inspection we identified 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 this 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 consistently safe because the provider did not operate a safe and effective recruitment system.

The provider did not have robust systems and processes in place to effectively safeguard people and protect them from financial abuse. Risks in the handling of people's finances had not been identified and advocacy support had not been explored.

People received their care from a reliable and consistent staff team.

Requires improvement



Is the service effective?

The service was effective as staff were well supported and received training relevant to their roles and responsibilities.

People were asked their consent before they received care.

Staff supported people to have enough to eat and drink. People were supported to access healthcare.

Good



Is the service caring?

The service was caring.

Feedback from people who used the service was consistently positive about the standard of care they received.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive. People had their needs assessed prior to commencement of the service and were involved in the development of their care plans.

Staff listened to people and responded to their wishes. People knew who to complain to and told us they would not hesitate to speak with the manager and were confident their concerns would be responded to appropriately.

The provider's service user guide provided people with the information about how to complain should they wish to do so.

Good



Is the service well-led?

The service was not consistently well led as the manager had not applied to be registered with the Care Quality Commission (CQC).

The provider did not regularly operate systems and processes, such as regular audits of the service provided to assess, monitor and put plans in place to improve the quality and safety of the service.

Requires improvement



About 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 the 13 and 14 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service where people are often out during the day; we needed to be sure that someone would be in.

This inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) which they completed and sent back to us. 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.

Before we carried out our inspection we reviewed the information we held about the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

We spoke with five people who used the service. Three people we visited in their homes alongside staff and two people on the telephone following our visit to the location office. We spoke with four staff, the office manager and the manager responsible for the day to day management of the service. We reviewed three care and support plans, medication administration records, three staff recruitment files, staff training matrix, staff meeting minutes and records relating to the quality and safety monitoring of the service. We also looked at a sample of surveys completed by people who used the service and staff.

Is the service safe?

Our findings

The provider did not have robust recruitment processes in place to assess and confirm potential staff were of good character and failed to make every effort to gather all available information including references from the most recent employer and confirm the reasons for gaps in employment. We reviewed the recruitment records of three staff employed within the last 12 months. We found that gaps in employment had not always been identified and not all references had been obtained from the most recent employer. It was not always evident that DBS checks had been carried out prior to staff starting their employment.

We also found that the provider had not carried out any assessment of risk where Disclosure and Barring (DBS), criminal records checks had identified multiple convictions. The provider did not have a policy in place which would determine steps they would take with guidance for the recruitment of ex-offenders showing how risks would be taken into account in safeguarding people. People could not be assured that the provider had taken all necessary steps to ensure that staff they employed were of good character and trustworthy.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us, and records confirmed they had received training in protecting adults from abuse and how to raise concerns with their line manager. They understood the different types of abuse and knew how to recognise them. Staff were able to tell us what action they would take if any form of abuse was suspected, they were clear who they would go to within the domiciliary care agency. However, staff and the manager were not aware of local protocols, contact information, and the process for reporting safeguarding concerns to the local safeguarding authority. This meant staff had not been provided with the information they required to report any safeguarding concerns externally other than to the manager should they need to do so.

The care needs of people had been assessed prior to their moving into the service. Risks to people's health and wellbeing were clearly identified and actions in place to minimise these. However, risks in the handling of people's

finances had not been identified and advocacy support had not been explored. Care plans did not contain guidance for staff in the handling of people's finances with actions described to guide staff in mitigating these risks.

The provider did not have robust systems and processes in place, operated effectively, to safeguard people and protect them from financial abuse. We noted that staff had been given access to one person's bank account pin number and would regularly, with the person's knowledge, withdraw money from their bank account on their behalf. We found that there was no recorded risk assessment with guidance provided for staff in safeguarding this person from the risk of financial abuse. For another person, staff told us they collected money on their behalf from the office and organised their shopping. Guidance for staff including an assessment of risk in the handling of this person's finances had not been included in their care plan. We also noted that the next of kin listed for this person was the provider. We discussed this with the manager who was unaware if any arrangements had been explored to access independent advocacy support services for people. This presented a potential risk as there were insufficient policies, robust procedures and processes with guidelines for staff to protect people from the risk of financial abuse.

This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient numbers of suitably qualified staff to meet people's needs. Staff and the manager told us there were enough staff at the present time balanced with the care hours provided so that all visits were covered. However, the manager regularly worked hands on shifts, covering care visits to people which meant their time was limited to enable them to carry out managerial tasks required. The manager told us they were recruiting new staff to enable them to grow the business and release more time for them to focus on planning for continuous improvement of the service.

People told us that staff did not miss calls and if they were running late they would inform people. One person said, "They always let you know if they are running late and always apologise." Another said, "They are sometimes late but always tell you they are running late. They are really good, they always ask if there is anything else they can do for you. They are so helpful." People also told us they had regular carers which meant they received consistent care

Is the service safe?

from staff who knew them well. Staff told us that their schedules allowed for them to get from one person to another and to stay for the required time. People also told us that staff stayed for their allocated time.

Medicines were managed safely. Medicines risk assessments had been completed to assess whether or not

people were able to administer their medicines independently or required staff support. Where staff provided support records of medicines administered were maintained. Staff told us they had received training in the safe handling and administration of people's medicines.

Is the service effective?

Our findings

People told us they were satisfied with the care and support they received. They told us that staff had the skills to meet their needs. One person told us, “The staff are very good. They know just what to do. You get the odd one where you have to tell them what is needed but on the whole I have no complaints.” Another told us, “Yes I think the staff are trained well and go above and beyond to help us.” A relative told us, “They are so good with my [relative]. They are never too busy to stop and chat to us.”

Staff told us that they had received supervision more regularly in the past but the manager worked hands on alongside them and this they found supportive and gave them opportunities to discuss any concerns they might have. They also told us they had received adequate training before they started working alone and that this enabled them to carry out their role effectively.

Newly appointed staff benefitted from a comprehensive induction programme. This included training in first aid, safeguarding people from the risk of abuse and safe moving and handling. Staff described to us their induction training provided at the start of their employment. They told us they worked alongside other staff shadowing them to get to know people and become familiar with their care and support needs before they started working alone. One member of staff told us, “The training is very good. I have been supported very well. I am a quick learner and feel confident in what I do.” Another told us, “There is lots of training and I enjoy learning. They are very good to us.”

Staff performance, spot checks were carried out by the manager on care staff to check the quality of care they provided to people and to assess their competency. Records of these checks had been maintained. However, the regularity of these was sporadic.

Training records showed us that staff had received training in a variety of subjects relevant to the roles that they performed. This included training to enable the staff to support people with specific health conditions. Staff had also received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards. This meant that staff had the required knowledge to identify when a person without capacity needed specialist support to ensure that their best interests were protected.

People were provided with choice and some chose to receive support from care staff with the heating up of pre-packed meals, whilst other people in particular those with a learning disability, staff supported with learning new skills in cooking and food preparation. Support from staff was provided in a ways that helped people to maintain their independence. One person who we visited in their home had been supported by staff to prepare a meal which they told us they were, “Very proud of.”

Some people were able to manage their healthcare independently or with support from their relatives. Staff recorded the support that they provided at each visit and other relevant observations about the person’s health and wellbeing. People’s records showed us that when necessary staff had taken action to ensure that people had access to appropriate health care support for example, GP’s, community nurses and occupational therapists. One relative told us, “The staff keep us informed and it is reassuring to know that staff will notice if things change.”

Is the service effective?

Is the service caring?

Our findings

Feedback from people who used the service was consistently positive about the standard of care they received. People told us that staff respected their dignity when providing them with their personal care support needs. One person told us, “They always treat me with dignity when bathing me.” Another said, “Yes, they are all good, they reassure you and chat to you. One of them really knows how to give me a good wash.”

Staff were knowledgeable about the people they cared for and spoke with empathy and were respectful when referring to people they cared for. People told us they had been fully involved in making decisions in the planning of their care. They said they had been given information about the service and knew what to expect in terms of their support visits from care staff. They also told us that they were given the opportunity to regularly review the package of care they had been given but were not aware of any updates to their care plan record.

People told us staff were kind and caring in their approach and that as they received consistent care from regular carers this enabled them to develop good relationships with them. They told us that their privacy was respected and their dignity always maintained. Comments included, ‘The staff are always polite, courteous and kind’, ‘They are discreet, caring and thoughtful’ And ‘They are all a lovely nice bunch.’

People told us that they were informed when staff would be running late. One person told us, “They do their best to get here on time. They make sure the timing of your call is when you choose but they do have other people to see to.” Another said, “I have a copy of my care plan in the kitchen. The staff write in the folder but I can’t say I ever look at it. Although I have been asked if I agree with what has been written about me.”

We spent time visiting people in their homes alongside staff. We saw that staff were respectful and spoke to people in a kind manner. Staff approached people in sensitive manner, requested consent prior to support being provided and interacted positively with people.

Care plans were brief in detail but one described for staff how best to support the person with complex health care needs, describing in great detail their wishes and choices with regards to support with their personal care. Staff were provided with guidance in how to support people in a kind and sensitive manner for example, when responding to people who were anxious or presented with distressed behaviour in reaction to others or situations. We were therefore assured that staff had been trained appropriately and had received the guidance they needed to support people in a caring and dignified manner.

Is the service responsive?

Our findings

Staff were knowledgeable of people's needs and had detailed knowledge about each person. They described how they tried to ensure that people remained in control as far as possible and described how they supported people to express their choice and maintain their independence by encouraging them to do as much as they could for themselves with staff support. This demonstrated that people were receiving care and support when they needed it whilst maintaining their autonomy and encouraging their independence. Staff told us that care plans gave them enough information regarding people's assessed care needs and preferences. However, we found that care plans had not been regularly reviewed and did not always reflect the current care needs of people. For example, the number of required visits and the handling of people's finances.

People received their support from regular care workers. They told us that when new staff had been employed to work in the service they had been introduced to them, as staff shadowed more experienced care staff during their induction training.

We asked people if the support they received met their needs and whether any changes to their care arrangements were required. People told us they had been involved in the planning and review of their care. People gave us examples of when staff had responded in an emergency or when adjustments had been made to the timing of their support visits in response to appointments and when they were unwell. This meant that care was provided in a flexible way in response to people's needs where possible.

Where people were provided one to one support throughout the day and night, people told us staff supported them to maintain their independence and

respected their choices as to how they wished to live their lives. Discussions with people who used the service and staff demonstrated that people had been supported to follow their personal interests and their equality and diversity had been respected in maintaining personal relationships of their choosing.

People told us they found the manager responded promptly to any concerns when these had been expressed to them. They had confidence in the management to deal with any concerns they might have. One person said, "We often see the manager because they come out and care for people along with the care staff. If we have a problem we know we can speak to them and they will sort things out for you." There was a formal system in place for responding to complaints. Information which guided people as to this process was provided to people within the 'service user guide' given to people on commencement of the service.

We reviewed the one complaint that had been received by the service within the last 12 months. Records evidenced that the manager carried out an investigation, provided a response to the complainant with outcomes agreed. All the people we spoke with told us they were not aware of any formal complaints policy, but they had confidence in the manager to deal with any concerns or complaints they might have. We observed one person with limited verbal communication ask to see the manager alone as they had some concerns they wished to discuss with them. It was evident that this person felt confident they would be understood and comfortable in the presence of the manager. This demonstrated that the service was open and responsive to people's concerns.

The provider had carried out annual surveys assessing people's views regarding the quality of the service provided.

Is the service well-led?

Our findings

There was a registered manager who was also the owner of the service. However, the registered manager was no longer in day to day management control of the service and had moved away from the area. They had appointed a manager to manage the day to day management of the service who had been in post for approximately one year. The current manager had not submitted any application to register with the Care Quality Commission (CQC). Following a discussion with the manager it became clear they had not recognised their responsibility to apply to be registered with CQC as is required by law. They told us they would without delay submit their application immediately following this inspection.

The culture of the service was open, transparent and focused on the needs of people who used the service. People, relatives and staff told us the manager was approachable and available when needed and they were confident that they would respond to any questions or concerns they might have. Staff spoke highly of the service and described the service as a, “good place to work.” They told us they were supported by the manager and described them as, “Hands on.”, “Always available when you needed them.”, “Nothing is too much trouble, they are there when you need help.”, “They are really nice and helpful. You can always contact them if you need help or advice.”

The views of staff and people who used the service had been assessed annually. We noted that the majority of the

views expressed were positive. Where people had identified improvements needed such as staff not wearing uniforms or ID badges we noted that this had been discussed in staff meetings.

Apart from annual surveys sent to people who used the service to assess their views regarding the quality of the service, the provider did not operate any other systems and processes which assessed, monitored and planned for improvements in relation to the quality and safety of the service. We asked the manager if the provider carried out any quality and safety monitoring of the service. They told us that although the provider visited the service occasionally, there were currently no formal, recorded quality and safety monitoring audit reports produced from these visits which would identify shortfalls and planning for continuous improvement of the service.

The manager regularly worked hands on to cover care visits to people. This they told us left them with limited capacity to fulfil the full range of their management duties. For example, providing regular staff supervisions including staff performance checks, reviews of care and updating care plans and risk assessments to reflect people’s current needs. The manager told us, “I carry out reviews and staff spot checks when I have time.” They also told us they were in the process of recruiting a senior staff team to address this shortfall. Senior staff would support the manager in providing hands on care as well as the supervision of staff, quality monitoring visits and care plan reviews.

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 | <p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Fit and proper persons employed</p> <p>The provider did not have robust recruitment processes in place.</p> |

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Safeguarding service users from abuse and improper treatment.</p> <p>The provider did not have systems and process in place and operated effectively to safeguard people and protect them from financial abuse.</p> |