

Care-Away Limited

Care Support Newham Branch

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Care Support Newham Branch is a domiciliary care agency that was providing personal care to 156 people at the time of the inspection.

People's experience of using this service:

People who used the service told us they were kept safe and their relatives confirmed this was the case as well.

People were safeguarded from the risk of abuse at the service and staff knew how to whistle blow if they witnessed poor practice.

Risk assessments were in place to protect people from known risks and staff were always aware of risk when in people's homes.

Safe recruitment practices were followed to ensure staff were safe to work with the people they cared for. Safe medicine practices were followed. People told us they were reminded to take their medicines on time where needed and staff observed this had been done.

People told us they were supported by competent and knowledgeable staff who had received appropriate training for their role.

People were involved in the initial assessment of needs to ensure the service could fully support them.

Consent to care and treatment was sought and documented before care began.

People were encouraged to make their own choices in relation to their care and to remain as independent as possible.

People were supported to attend health appointments and the service worked closely with professionals to ensure people's health needs were met.

People received support with light meal preparation.

People said the care staff were kind and to them and respected their privacy and dignity.

People's religious needs equality and diversity was respected.

Care plans contained people's preferences, communication needs, likes and dislikes.

People told us they were always involved in decision making and the progress of their care.

People gave positive feedback about the management of the service and the service they received.

People and their relatives knew how to make complaints about the service and these were responded to and resolved in a timely manner.

We made one recommendation about the management of equipment and recording safety checks.

Rating at last inspection:

At the last inspection the service was rated Requires Improvement (published 3 May 2018).

Why we inspected:

This was a planned comprehensive inspection based on CQC's scheduling process to check the safety and quality of care people received.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Care Support Newham Branch

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Care Support Newham Branch is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service to older and younger disabled adults.

The service did not have a manager registered with the Care Quality Commission. We were advised they were currently recruiting for a registered manager. A registered manager with the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection started on 2 May 2019 and finished on the same day. We visited the office location on 2 May 2019 to speak to staff, review care records, policies and procedures.

What we did:

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). We used the information the provider sent us in the PIR. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke to the operations manager, training manager, director, HR manager, two administrators, three coordinators and two field supervisors.

We looked at records relating to the management of the service. This included policies and procedures, incident and accident records, safeguarding records, complaint records, 10 staff recruitment files, training and supervision records, 15 care plans, satisfaction surveys and quality assurance systems.

After the inspection we spoke to nine carers, eight people who used the service and two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection in December 2017, we asked the provider to take action to make improvements in managing medicines safely and to update risk assessments. These actions had been completed and the provider met the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff within their home.
- Staff had completed training in safeguarding adults and they could tell us the signs they would look for should they suspect abuse.
- Staff were aware of the actions to take should they witness abuse and how to proceed further if the registered manager of the service did not take any action to protect people and investigate the matter.
- A member of staff said, "If I saw bruises I would complete an accident incident report and send to the access team, GP or the manager. We can whistleblow to CQC if they don't do anything."

Assessing risk, safety monitoring and management

- Risk assessments had improved and clearly stated people's known risks and provided details on how to reduce those risks.
- During our previous inspection staff were not supported to manage risk where people presented with behaviours that challenged the service. Staff now received training on how to safely manage those types of situations. A member of staff said, "We get challenging behaviour training now, had the training on how to deal with challenging behaviour and mental illness training." Staff told us this training helped them to improve their skills and gave them confidence to manage the risk safely.
- People were kept safe as staff told us they performed safety checks on equipment. These included checking hoists were fully operating and wheelchairs were safe including their brakes. However, equipment checks in risk assessments were not recorded when people started to use the service. The field supervising staff advised they did not always have the service dates available but that they did check equipment before they used it.

We recommend the provider seek advice and guidance from a reputable source about the management of equipment and recording safety checks.

- Some people were provided with a pendant alarm to keep them safe in their home which was used to alert staff to provide assistance and in the event of an emergency.

Staffing and recruitment

- Records confirmed staff were recruited to the service safely.

- Appropriate checks were carried out before staff could start working with vulnerable people. These included, checking references and a criminal records check.
- People and relatives told us carers arrived on time.
- We viewed the call monitoring system and saw where people needed two carers to provide personal care support, they arrived on time together.
- Staff told us they followed correct procedure by calling the office if they were going to be delayed in arriving at a person's home.

Using medicines safely

- Staff had completed medicine training and the service had a medicine policy and procedure.
- People who needed to be reminded to take medicines had this documented in their care plan.
- Medicine risk assessments were present and advised whether people were responsible for self-medicating or the service was to administer people's medicine.
- Medicine administration records (MAR) were completed to show people had taken the medicine as prescribed.
- Where people needed support from carers to have creams applied this had not always been completed in the sample of medicine risk assessments we viewed. We raised this with the field supervisors who updated the paperwork during our visit.

Preventing and controlling infection

- Staff were provided with personal protective equipment (PPE) which was used when they supported people with personal care and for meal preparation.
- People were protected from the spread of infection as staff followed good hygiene practices.
- A member of staff said, "We have everything; aprons, gloves, sleeves and shoe covers."
- Staff told us the service minimised the risk of infection from certain illnesses by training them in good infection control practices. A member of staff told us the service provided a policy on meticillin-resistant Staphylococcus aureus (MRSA) so that staff followed safe practices to prevent the spread of the infection. MRSA is a type of bacteria that's resistant to several widely used antibiotics.

Learning lessons when things go wrong

- There were systems in place to record and learn from accidents and incidents. Staff explained when things did go wrong lessons were learned so that the risk of them happening in the future was minimised.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment of their needs before the care package began and people we spoke to confirmed this.
- Staff responsible for assessing people's needs explained the systems in process to ensure people received an initial assessment promptly after being referred to the service.
- People told us they were asked what they needed in their care package and this was reviewed regularly by the service.
- A member of staff said, "We are always assessing [people] if we see changes. Social services send information then we start work and there is something different. [For example,] we may need a wheelchair, so we request it from the occupational therapist."

Staff support: induction, training, skills and experience

- Staff joining the service received a comprehensive five-day induction and completed the Care Certificate. The care certificate contains a set of standards to support staff working in the care sector.
- Records confirmed staff received training relevant to their role which included; privacy and dignity, fluids and nutrition, moving and handling, infection prevention and control, health and safety, manual handling, basic life support, awareness of mental health, dementia and learning disabilities.
- Staff explained the service took training seriously and were prompt in giving staff appropriate training for their role.
- People using the service told us staff were well trained and knew what they were doing when they visited to provide care.
- One person said, "Yes, they're very good and know what they are doing."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff prepared breakfast, light meals and drinks of people's choice.
- The service provided people with information on healthy eating and drinking to support a healthy diet
- Staff were vigilant to people if they lost weight and would contact the GP if they needed to make a referral.
- Guidance was given to staff where people may be at risk of choking. Care plans had clear details on how to prepare food to minimise those risks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed people received support from healthcare services and health professionals when needed. These included working with people's GP, social workers, occupational therapist and district nurses.
- People were supported with health appointments as needed. One person said, "I get support with hospital

and dental appointments, [care staff] stay with me."

- Care plans contained details on how to support people with different types of conditions which provided people with good outcomes and staff with further knowledge to understand people's needs. For example, care plans had fact sheets on autism, downs syndrome and learning disabilities.

Ensuring consent to care and treatment in line with law and guidance

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".

- Records showed consent to provide care was sought before people started to receive the service and people were asked for their consent to receive personal care by staff.
- Staff told us they encouraged people to make choices and understood that people were presumed to have capacity to make decisions for themselves.
- People told us staff spoke to them and asked for their consent for all aspects of care.
- Staff told us they asked for people's permission before starting to deliver care. A member of staff said, "If they refuse [care] it's their choice. [Person] still has a choice to make."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were able to build good relationships with staff as they had regular care staff providing their support.
- People told us they were treated with respect and kindness by care staff.
- One person said of the care staff, "They are very, very nice." Another person said, "Yeah all ok, I get on with them." A third person said, "I've had the same carer for four years, we get on really well."
- A relative told us staff were kind and respectful towards their family member. A second relative said, "They are so kind to [person]."
- Staff spoke very kindly of the people they looked after. A member of staff said, "I was so worried about [person] you can't care for them if you don't love them. I love the people I care for so much."
- Staff understood equality and diversity and told us they did not discriminate against people who used the service.
- Records showed that people's religious needs and sexuality was respected.
- Staff gave us examples of how they made people feel at ease when receiving personal care. A member of staff said, "I always make [person] feel secure before having a shower, I lay extra towels on the bathroom floor they get a bit scared of falling." This was a request from the person to make them feel more secure in their bathroom and this showed the caring nature of staff.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to say what they needed and were always asked for their views in order to make decisions about their care.
- Staff told us they asked people how they were feeling during each visit to encourage people to discuss their health needs and have the opportunity express any changes they would like to make.
- A member of staff said, "Of course, I'm always chatting to clients to see how they are."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected during personal care.
- People we spoke with told us staff respected their homes and personal space.
- Staff told us they closed doors and curtains when people received personal care and would knock before entering people's bedrooms.
- People were encouraged to maintain their independence and do as much as they could for themselves.
- Staff told us they were always available to provide help where people needed it.
- A member of staff said, "At the end of day they [People who used the service] are human beings, they were independent. I have to make sure they still have the same independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

At the last inspection in December 2017, we found care plans had improved but did not always have enough personalised detail. Improvements had been made to include more personalised information.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised, people's preferences, likes and dislikes and how they liked to receive care was clearly documented.

- A member of staff said, "We always check how people like things to be done, people may have the same needs but different ways of satisfying those needs, such as how to be undressed." This showed care was being tailored to people's individual needs.

- People told us they contributed to the preparation of their care plan which made them feel involved.

- One person said, "[Staff] asked me what I wanted and gave me paperwork."

- Staff told us people's preferences were respected. A care coordinator responsible for assessing care said, "First thing we ask is what do you need and any preference in [care staff]?"

- One person said, "I was offered a choice of male or female carer."

- Relatives confirmed their family members choice of care staff was respected. A relative said, "They provided a female carer for [person] which they wanted."

- Care plans were regularly reviewed by a dedicated team of staff and people using the service told us they received regular reviews of their care which ensured their needs were always being met.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their care staff.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. People's care plans included a section about their individual communication needs. For example, a care plan explained someone preferred hand gestures and body language to communicate with staff.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure.

- People using the service told us they knew how to complain and given information by the service on where they could go if they were not satisfied with the outcome.

- Records confirmed the service maintained a complaints log where they recorded and acted on people's complaints and these had been resolved to people's satisfaction.

End of life care and support

- The service did not provide end of life support at the time of the inspection.
- The service had an end of life care policy which covered how to support people in a dignified and pain free manner and to always respect people's preferences. Care plans included a section where this could be discussed. However, in the care plans reviewed no one had expressed their end of life wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection in December 2017, we found the provider was not submitting notifications where safeguarding alerts had arisen. We found the service had made improvements however, notifications were not being sent promptly to the CQC.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We spoke to the operations manager and the director about the duty of candour and they could explain the importance of being open and transparent when things went wrong and the need to share that information with the relevant organisations.
- We identified that notifications of incidents were not always being promptly sent to the CQC. We spoke to the care coordinators and informed the operations manager and the director of this. We were advised they were awaiting further information from the person's GP before sending. However, we explained notifications where there was an unexplained injury or bruising should be sent without delay. After the inspection we received the notifications.
- Records did show the service had taken steps to ensure people were protected and kept safe after an incident and they had informed other relevant organisations and health professionals without delay.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service currently did not have a registered manager but were actively recruiting for one.
- Staff told us they were supported by their coordinators, operations manager, the director of the service, training manager and an administrator of the service if they had any work issues.
- The operations manager said, "I'm here to support the team while we look for a new registered manager."
- A member of staff said, "If I have any issues I can go to [administrator] she deals with it straight away."
- Staff were clear about what was expected of them and valued the work they did to help people live better lives.
- Staff were completing extra tasks for people where they had the time and people expressed they were receiving a quality service as staff were going over and above their planned care responsibilities.
- Records showed staff were invited to regular team meetings to discuss ways to improve care.
- Staff told us there was a good atmosphere at the service and they enjoyed working for the provider.
- Audits were performed to check the quality of the service. We viewed records of MAR chart audits which were effective in identifying improvement to be made. For example, where staff had not followed correct procedure the outcome was to send staff on further training.
- The audits did not always identify where staff had not completed, for example, the date of equipment service checks. After the inspection we were sent updated documents to show this had been rectified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People we spoke to were able to speak to staff at the main office for guidance and support.
- A person said, "I was given the contact number and I call the office when I need to."
- The service regularly sought feedback from people who used the service, to improve the quality of care provided to people who used the service.
- Records showed that telephone monitoring took place regularly and people felt they were being listened to when they were asked if the care they received was good.
- People and staff completed an annual survey to provide feedback on the quality of the service. The service provided an analysis of the results to support improvement plans.

Continuous learning and improving care

- The service had submitted an action plan to show how they were going to improve the service with clear roles given to staff to show who was responsible for each task.
- Staff at the service spoke highly of the training which they advised meant they were always learning something new.
- Staff attended regular meetings where safeguarding, results of audits and how the service could improve was discussed.
- A member of staff said, "Oh yes, during meetings they tell us about record keeping and talk about training and different policies."
- The senior management team explained they always wanted to improve and learn. The director said, "As soon as we stop learning and improving, we are on a slippery slope downwards."

Working in partnership with others

- The director of the service advised the service had established links with a number of local authorities to share information and to participate in a number of pilot schemes within the local borough, records confirmed this.
- Records confirmed the provider attended contract meetings with the local authority every three months to discuss the service and improvements to be made.