Care Quality Commission

Care Central Ltd

Care Central Limited (Walthamstow)

Inspection report

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Ratings

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

Overall summary

The inspection took place over two days on the 22 and 24 September 2015 and was announced. This was the first inspection of this service since it was registered at its current location in January 2015.

The service provided support with personal care to adults with a variety of needs living in their own homes. This included people living with dementia, physical disabilities and learning disabilities. At the time of our inspection there were approximately 120 people using the service. The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At times staff did not arrive for appointments to support people. At other times only one member of staff arrived to provide support when the person was assessed as

Summary of findings

needing the support of two staff. Staff that supported people living with dementia had not undertaken any specialist training about this topic. Although the service had various quality assurance and monitoring systems in place these were not always effective.

Risk assessments were in place which set out how to support people in a safe manner. The service had safeguarding and whistleblowing procedures in place and staff were aware of their responsibilities in these areas. Checks were carried out on staff to check their suitability for employment. Records were maintained of medicine records and these were checked and audited by senior staff.

Staff undertook an induction training programme on commencing work at the service and had regular supervision. People were supported to make choices and were able to consent to their care. People were able to choose what they ate and drank. The service supported people to access other care agencies to promote their health and wellbeing.

People told us the staff treated them in a caring and respectful manner. Staff had a good understanding of how to promote people's dignity.

Care plans were in place which set out people's assessed needs and how to meet those needs. Staff had a good understanding of the needs of individuals. The service had a complaints procedure in place and people were aware of how to make a complaint.

The service had a clear management structure in place and staff told us that the senior staff were supportive and helpful.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end 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 always safe. Sometimes staff did not turn up to support people when required. At other times only one staff was available to support people who were assessed as needing two staff to support them.

The service had sufficiently robust staff recruitment practices in place and checks were carried out on staff before they commenced working at the service.

Appropriate safeguarding procedures were in place and staff had undertaken training about safeguarding adults.

Risk assessments were in place which set out how to support people in a safe manner.

People were supported to take medicines and this was recorded and checked.

Requires improvement

Is the service effective?

The service was not always effective. Staff did not undertake appropriate training, in particular in relation to supporting people living with dementia.

Staff received induction training and regular supervision.

People were supported not make choices and were able to consent to their care. People were able to choose what they ate and drank.

The service supported people to access other care agencies to promote their health and wellbeing.

Requires improvement

Is the service caring?

The service was caring. People told us they were treated with respect and in a caring manner.

Staff had a good understanding of how to promote people's dignity by respecting their privacy and promoting their independence.

Good

Is the service responsive?

The service was responsive. Care plans were in place which set out how to meet people's assessed needs. Staff had a good understanding of the needs of people they worked with.

The service had a complaints procedure in place and people we spoke with knew how to make a complaint.

Good

Is the service well-led?

The service was not always well-led. Although systems were in place for monitoring the quality of care and support provided these were not always effective.

Requires improvement

Summary of findings

The service had a registered manager in place and staff told us they found senior staff to be helpful and supportive.	

Care Central Limited (Walthamstow)

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 over two days on the 22 and 24 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The first day of the inspection was spent at the services office and the second day consisted of carrying out telephone interviews with people that used the service and their relatives.

The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service. This included looking at previous inspection reports, notifications, whistleblowing and complaints we had received. We spoke with one of the local authorities with responsibility for commissioning care from this service.

We spoke with nine people that used the service and nine relatives. We spoke with eight staff. This included the registered manager, the care service manager, two care coordinators, one field officer and three care assistants. We examined various documentation. This included six sets of care records relating to people that used the service, six sets of staff recruitment, training and supervision records, medicine charts, surveys and quality assurance checks and various policies and procedures.

Requires improvement

Is the service safe?

Our findings

Six out of the nine people we spoke with told us that there had been occasions when staff did not arrive to provide support in line with their care plan. Two care staff told us there were occasions when there was supposed to be two staff to provide support to a person but only one staff was available and that they had to provide the support on their own. For example, one staff member told us that a week before our inspection there was no second staff member available to provide support to a person that required support with using a hoist. The staff member said the person's relative had to help them. The care plan for this person stated, "He requires two persons for all transfers and personal care tasks." Another member of care staff told us they had sometimes had to provide support on their own when two people were needed. They said this was because staff had called in sick and there were no other staff available to take their place.

A care coordinator told us that either care staff or people that used the service contacted them when either there was a missed call where no staff arrived to provide care or where only one staff arrived when the person needed two staff. They said this had happened with one person on the day of inspection and estimated it happened three or four times a week across the service. We discussed this issue with the registered manager who told us, "We have had some missed calls." They told us the reason for this was a combination of staff cancelling shifts at short notice and not being able to find replacements and problems occurring with the system for allocating staff to clients so no staff were booked to attend when needed.

When staff do not arrive to support people to meet their assessed needs this potentially puts people at risk. This is a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had robust staff recruitment and selection procedures in place. Staff told us before they began working at the service various checks were carried out to check their suitability. These included proof of identification, employment references and criminal records checks. Records confirmed these checks had been carried out.

People told us they felt safe using the service. One person replied "absolutely" when asked if they felt safe. When we asked another person if they were ever treated badly by staff they said, "No, nothing like that."

The service had safeguarding adults and whistleblowing procedures in place. The safeguarding procedure made clear the services responsibility for reporting any safeguarding allegations to the relevant local authority. There was also a policy in place to help protect people from the risk of financial abuse. This made clear staff were not permitted to accept any gifts from people or be a beneficiary in their will.

Staff told us and records confirmed that they had undertaken training about safeguarding adults. Staff were aware of the different types of abuse and of their responsibility for reporting any safeguarding allegations to their manager. One staff member said they would, "Report abuse to the manager." Staff also understood about whistleblowing. The whistleblowing procedure in place made clear staff had the right to whistle blow to outside agencies. The registered manager had a good understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission. The registered manager told us they had been made aware of two safeguarding allegations this year. Records showed that these had been referred to the local authority as appropriate.

One staff member told us a person that used the service had made a safeguarding allegation to them and that they in turn had reported it to the care coordinator around April or May of this year. We discussed this with the registered manager who told us they were not aware of this and that the relevant care coordinator had not reported the matter to them or made a referral to the relevant local authority. They said the care coordinator in question had since left the employment of the service. The registered manager took steps to address this issue once we had raised it with them. This included investigating the allegation and informing both the relevant local authority and the Care Quality Commission of the allegation.

We found that risk assessments were in place for people. These set out what risks people faced and provided information about how to manage and reduce those risks. Risk assessments we saw covered risks including moving and handling people, the physical environment and people's mobility.

Requires improvement

Is the service safe?

Staff had a good understanding of the risks people faced and what steps they needed to take to reduce those risks. For example, one staff member explained about a person at risk of choking and what they did to reduce that risk. We saw this was in line with the person's risk assessment. Another member of staff explained how they checked the person's environment was safe, for example checking for trip hazards. Again, this was in line with the person's risk assessment.

The service had a policy in place which covered the administration and recording of medicines.

Staff told us they received training about the safe administration of medicines before they undertook this task. Records confirmed this training took place which included an assessment of the staff's competence to administer medicines.

Staff signed medicine administration record (MAR) charts to indicate they had administered the medicines to people. We saw completed MAR charts which included details of the name, strength, form and dose of the medicines to be administered as well as the time to be given. MAR charts were checked by senior staff. We saw some examples of unexplained gaps in MAR charts. The registered manager carried out an audit of MAR charts and this showed they had taken action in response to concerns with the charts. This included a reminder sent to staff of the importance of accurate recording with regard to medicines and the arrangement of refresher training for all staff that had responsibility for administering medicines. Records showed this training had taken place.

Requires improvement

Is the service effective?

Our findings

Staff told us that they found the training provided helpful, but two staff told us they would benefit from training about supporting people living with dementia. One staff said, "There are always new things you can learn. I would like to do a proper dementia course." They told us that nearly all of their work involved working with people living with dementia. The registered manager confirmed that much of the service's work involved supporting people that lived with dementia however they had not provided specialist training to people in this area. They told us this was a priority area that the service needed to develop and improve in.

The lack of staff training about dementia care potentially puts people at risk and is a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When staff commenced working at the service they undertook induction training. This included three day's classroom based training. This included person centred care, health and safety, moving and handling and food hygiene. Staff told us they found this helpful. One member of staff said of the induction training, "It was quite in depth, it was helpful." Another staff member said, "We learnt a lot in those three days." The registered manager told us and records confirmed that staff undertook annual refresher training in moving and handling and safeguarding adults.

We found that new care staff completed the Skills for Care Common Induction Standards (CIS). This was replaced on the 1 April 2015 by the Care Certificate. The registered manager told us the service had not started to use the Care Certificate and they were still using the CIS. The CIS and the Care Certificate are training programmes designed for staff new to working in a care setting. **We recommend that** the service uses the Care Certificate for all newly appointed staff that have not previously worked in a care setting.

New staff had the opportunity to shadow experienced staff once they had finished the classroom based induction training. This enabled the new staff to learn how to support individuals. Staff told us they felt ready to support people on their own after they had undertaken the shadowing.

Staff told us they had regular supervision. One staff member said about their supervision, "If there are any issues we have we can discuss them. It's always thorough." Records of supervision showed discussions on issues relating to people that used the service and staff performance.

All people spoken with felt the care workers were competent. Those who were helped with bath or shower told us support was provided carefully and sensitively. A relative told us, "They [staff] are excellent and handle [relative] carefully."

Staff told us that people were able to consent to their care and they had the right to refuse care. One staff member told us about a person they worked with that sometimes said they did not want to have a wash, even though this was part of their care package. The staff member said they respected the person's wishes but encouraged them to take some steps to promote their personal hygiene, for example putting on a change of clothes. Another staff member told us they spoke with people's relatives to help them make choices where people lacked capacity.

We found that care plans had been signed by the person or their relative to say they agreed with the contents of the plan and consented to have the care provided in line with it.

The service provided support to people with the preparation of food and drink. Care plans indicated that people were able to choose what they ate and drank. For example, the care plan for one person stated, "Leave a drink of choice within easy reach." All of the people we spoke with told us that when the service supported them with meal preparation and they were able to choose for themselves what they ate.

Care plans contained contact details of people's relatives and GP's so that staff were able to contact them in the event of an emergency. Staff were aware of their responsibility for dealing with illness or injury, telling us they would call an ambulance or the person's GP if required. The service worked with other agencies to promote people's welfare. For example, a care coordinator told us they liaised with the occupational therapy team to help a person obtain equipment to help them with their mobility. Another care coordinator told us that they worked with the local authority if a person's needs had changed to seek to review their care package so it met their changed needs. We saw records which confirmed this.

Good

Is the service caring?

Our findings

People told us they were treated with respect and that staff acted in a caring manner towards them. One person told us, “My carer is very good.” Another person said, “They are very good, they are very good company.” People told us they had the same regular care staff and that staff stayed for the full amount of time required. One person said, “They stay as long as I need.”

The registered manager told us that they sought to match staff with people. For example, staff who shared the same ethnic or cultural background as people or who shared the same language. We spoke with one staff member who told us they were chosen to work with one person because of their shared language and background. Another staff member said they worked with one person with whom they did not share a language, but that this person required the support of two staff and that the other staff member was able to speak their language. We saw that assessments of people gave them a choice of what gender their carer was so that they were able to work with staff they felt comfortable with. Care plans also included information about people’s likes and interests, this helped staff to get to know the person and to develop relationships with them.

The registered manager told us they sought to provide people with the same regular carers. This was so that staff and people that used the service were able to get to know each other, which enabled staff to develop a good understanding of how best to support people. It also helped to develop trusting relations between staff and people that used the service. Staff told us they did routinely work with the same people. One of the care coordinators told us if they had to find a replacement care staff due to a person’s regular carer not being available they attempted to find someone who had worked with the person before. They said they had details available to them of which staff had worked with which people even when they were working on-call and not based at the office.

Staff told us how they promoted people’s dignity. They said they talked with the person as they were providing care and continuously explained what they were doing. One member of staff said, “I am asking them if they want anything else. Always I am talking to them.” Staff told us they supported people to make choices. One staff member said, “I am always giving them choices. (Asking them) what do you want to wear today, what do you want for your lunch?”

Staff explained how they promoted people’s privacy. One staff member said, “I always close the door and have the curtains drawn so no one can see in, always making sure there is privacy.” Another member of care staff told us how they kept the parts of a person’s body they were not washing covered up when supporting them to have a wash in bed. The same staff member told us how they supported people to be as independent as possible. For example, one person needed support with meal preparation but they were still able to get their own plate and cutlery together. The person needed support with personal care but the staff member said they encouraged them to carry out the elements of personal care for themselves that they were able to manage. Care plans included information about supporting people to maintain their independence. For example, one stated, “Encourage [person that used the service] to wash her face and brush her teeth.”

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and that staff had a good understanding of how to support them. One person said, "She [staff] checks that everything is OK." A relative said, "[Relative] feels good and happy, never a complaint."

The registered manager told us that after receiving an initial referral a senior member of staff met with the person and their relatives where appropriate. This was to determine if the service was able to meet their needs. They said care plans and risk assessments were developed based upon information provided by the relevant local authority and the assessment of the person's needs. This involved discussions and input from the person and their family which meant people were involved in planning and deciding the care and support they received. One of the staff responsible for carrying out assessments said, "Where there are next of kin it's nice to involve them to get a full picture." The registered manager told us that care plans were reviewed every six months or more frequently if there was a need. Records confirmed this was the case.

We found care plans were in place for people. Copies of care plans were held at the service's office and also at people's homes. This meant that both people that used the service and their care staff were able to consult them. Care plans included information about what people needed support with and how staff were to provide that support, for example, in relation to personal care, meal preparation and communication. They included personalised information about what was important to the person. For example, the care plan for one person highlighted that they liked an early morning call to alleviate body aches associated with lying in bed for a long period. Staff had a good understanding of the care and support needs of the people they worked with. However, one staff member told us about one instance where a care plan did not contain all the required information. They said they worked with one person that had diabetes but this was not detailed in the care plan. We discussed this with the registered manager who told us they would revise the care plan accordingly.

People said they knew how to make a complaint. People told us that they would report any complaints to staff at the office if they had any concerns.

Before our inspection we received information that the service did not always respond to complaints appropriately. The registered manager told us there had been a number of complaints that were not dealt with properly by the care coordinator that received them. The registered manager told us this member of staff had recently left the service and since then a more systematic approach has been taken to complaints. We saw records that showed since June complaints had been recorded and investigated with the outcomes of the investigation communicated to the person that made the complaint.

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us that all people were provided with a copy of the complaints procedure and we saw that it was included within the service user guide.

Staff told us that if they received a complaint from a person they would report it to senior staff. One staff member told us a relative had made a complaint to them about staff punctuality. They said they reported this and records showed this complaint had been recorded and investigated by the service.

Requires improvement

Is the service well-led?

Our findings

The service had various quality assurance and monitoring systems in place, some of which involved seeking the views of people that used the service. One of the field officers told us told us they carried out telephone interviews with people or their relatives every six months. This was to see if people were happy with the service or if they had any concerns. We saw records of these interviews. The field officer told us when they found an issue of concern from these interviews, for example, about staff punctuality, then they informed the relevant care coordinator that had responsibility for the staff in question. However, the records of these interviews showed some people had concerns about missed calls. Although the registered manager was aware of this issue effective steps had not been taken at the time of our inspection to address it.

The registered manager told us the service carried out an annual survey of people that used the service and their relatives. This took the form of a questionnaire for people to complete giving feedback on how well they thought the service was doing. The most recent survey was carried out in September 2014 and the registered manager told us this years' service was to be conducted in the near future.

We saw a draft report relating to the last survey which said a detailed action plan was to be produced in response to the survey which included timescales for when actions were to be undertaken to address issues raised by the survey. The registered manager told us they believed this action plan had been written but that it was lost when the service moved into a new office.

People were potentially put at risk because the service had not taken steps to address issues raised through the quality assurance and monitoring processes. This was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they did receive phone calls from senior staff to see how they rated the care and support provided.

Before our inspection we received information that the service did not have any field officers in place and consequently there was no monitoring carried out of staff working at people's homes. We found that the service had recruited two field officers who were in place at the time of our inspection. They carried out spot checks at people's homes. People were told in advance that these would happen but care staff were not. We saw records of these spot checks which showed they checked staff punctuality, record keeping, use of protective clothing and how the staff interacted with the person. These checks also gave the person the opportunity to discuss any issues they wished to raise

The service had a registered manager in place and there was a clear management structure. The registered manager was supported by a care service manager, three care coordinators and two field officers in the running of the business. Staff told us they found senior staff to be supportive. One care staff said the senior staff were, "Helpful, they take their time to listen to you." Another member of staff said of the registered manager, "He is very good, he is like a friend, always helpful." Another member of staff said of their line manager, "I find her professional." Another member of staff told us, "I am able to approach my manager with any issues and they give me feedback."

The service had an out of hour's on-call system so that senior staff were available to care staff at any time. Staff told us it was easy to get through to the on-call service. One staff member said, "As a carer if I have a problem I can phone in and they can sort it out."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not always ensure that there were enough staff to meet service users assessed needs. Regulation 18 (1) The provider must ensure that staff receive training to support them to carry out their duties effectively. In particular, staff that support service users living with dementia should receive training about dementia care. Regulation 18 (1) (2) (a)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have effective systems in place to monitor the quality of service provided or to seek feedback from people that used the service. Regulation 17 (1) (2) (a) (b) (e)