

CareXL Ltd

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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

This inspection took place on 8 and 9 June 2017 and was unannounced. CareXL is registered with the Care Quality Commission (CQC) to provide personal care and delivers a domiciliary care service to people living in their own homes. At the time of the inspection CareXL was providing 137 hours of care and support each week to 16 people.

There was a registered manager in post. 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.

Since our last inspection in November 2016 the provider had strengthened the quality assurance processes that they used to monitor the care and support that people received. People could now be assured that a system of quality assurance was used that was well coordinated and effective at leveraging improvements in people's care and support. However. These systems had been recently introduced and were not yet embedded into practice. The leadership, governance and provider oversight had improved and the registered manager was now well supported by a visible provider. However. when we inspected in November 2016 the well-led domain was rated as inadequate. The provider has provided evidence that improvements have been in place since March 2017 and we have rated well-led as requires improvement because the provider has not demonstrated a sufficient track record of compliance to reflect a rating of good.

The provider had also made improvements to the way in which people's medicines were managed. People could now be assured that they would receive their prescribed medicines safely.

People were safeguarded from harm as the provider had effective systems in place to prevent, recognise and report concerns to the relevant authorities. Staff knew how to recognise harm and were knowledgeable about the steps they should take if they were concerned that someone may be at risk.

People's care records contained risk assessments and risk management plans to mitigate the risks to people. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. Staff were clear

about their roles and responsibilities in caring for people and received regular support from the provider.

Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The provider and senior management team were visible within the service and were accessible to staff and people receiving care and support.

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 received their medicines as prescribed by medical practitioners. The medicines that people had been administered were recorded accurately.

People were protected by robust recruitment practices and there were enough staff available to meet people's needs.

Staff knew how to recognise and respond to risk and the risk of harm to help keep people safe.

Risks to people had been assessed and appropriate actions taken to manage any risks that had been identified.

Is the service effective?

Good ●

The service was effective

Staff received the training, supervision and ongoing support that they required to work effectively in their role.

People received the support that they needed to maintain adequate nutrition.

People were supported to access healthcare services and maintain good health.

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

Is the service caring?

Good ●

The service was caring.

People were supported to make choices about their care and staff respected people's preferences.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about

their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their needs.

People were involved in the planning of their care which was person centred and updated regularly.

People knew how to complain should they wish to and were confident that their complaint would be resolved appropriately.

Is the service well-led?

Requires Improvement ●

The service was well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

There was a registered manager in place. People knew who the registered manager was and they were able to speak to them should they wish.

The provider had a clear vision for the on going development of the service.

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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.

Our inspection took place on 8 and 9 June 2017, was unannounced and undertaken by one Inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we spoke to two people receiving care from CareXL and one person's relative. We also looked at care records and charts relating to three people. In total we spoke with four members of staff, including two care staff, registered manager and the provider. We also spoke to local health and social care commissioners who commission care from CareXL. We looked at three records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Is the service safe?

Our findings

During our inspection in November 2016 we found that the provider had remained in breach of Regulation 12 (g) of the HSCA 2008 (Regulated Activities) Regulations 2014, safe care and treatment. That was because people could not be assured that they would receive their prescribed medicines safely.

During this inspection we found that the provider had taken action to ensure that people consistently received their prescribed medicines safely. The provider and registered manager had introduced a system of audits in February 2017 of the administration of people's medicines that had contributed to improving the practice of staff in this area. Staff had also received further training and observations from senior staff to ensure that they were competent to administer people's medicines safely. A person told us "The staff always give me my medicines. I get them every day and they watch me to make sure that I have taken them." People who required staff to administer their medicines to them had plans of care in place to guide staff in doing this safely. We reviewed the Medication Administration Record (MAR) charts for three people and found that these had been completed accurately by staff.

Staff were knowledgeable about the steps to take if they felt people were at risk. All staff had received training in how to safeguard people from harm and were confident in applying the learning from this training. One member of staff told us "If anyone was ever at risk or had been harmed I'd report it to the manager. If they weren't around I would tell the provider or CQC." We saw that when required alerts had been made to the local authority and that the management of the service had worked with other professionals to complete investigations.

People's risks were assessed and effective measures were implemented to manage the identified risks. People's needs were regularly reviewed and acted upon as their needs changed. Staff were knowledgeable about people's risks and the steps to take to mitigate these risks. For example one person had a plan of care in place to provide guidance for staff in mitigating the risk of them falling. Staff told us that they supported this person by ensuring that they always had food and drink next to them easily within reach and that their mobility aid was readily available so that they remembered to use it when moving in their home.

There were sufficient numbers of staff available to provide people's commissioned care at the time they wished to receive it. One person told us "The staff always arrive when they are supposed to. If they get caught in traffic which is rare they always let me know that they will be a little late." The provider had embedded the use of their electronic rota system for staff to ensure that staff provided people's care at the appropriate time. One member of staff told us "Things are much better now. We get our rota in advance and always have travel time so that we can get to people on time."

Appropriate recruitment practices were in place to ensure that any staff working were of a suitable character to provide people with care and support. The files we looked at had the appropriate checks and references in place. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with children and vulnerable adults, to help

employers make safer recruitment decisions.

Is the service effective?

Our findings

During our last inspection in November 2016 we found that the provider was in breach of Regulation 18 (2)(a) of the HSCA 2008 (Regulated Activities) Regulations 2014. Staffing. This was because the staff providing care and support to people did not have the skills and knowledge they required to care for people safely.

During this inspection we found that staff had received the training that they needed to support people safely. The provider had a system in place to monitor staff training and to ensure that training was regularly updated. One member of staff told us "The training is good now. We know that we have to do it otherwise we aren't allowed to work." One person using the service told us "The staff must be well trained as they know what they are doing. If I thought they hadn't had the training they needed I wouldn't let them come back so it must be saying something that they keep coming."

The provider had also supported staff to access formal qualifications to aid their professional development. One member of staff told us "I am about to start my Diploma Level 3. It's nice to know that there is professional training available for us too."

Staff received regular supervision and support from senior staff at CareXL. One member of staff told us "There is a really good atmosphere now. The manager is very supportive and we feel able to come into the office for a chat. We also get regular supervisions and come into the office for those." The provider had also introduced a system of on task supervision whereby staff were observed by senior staff providing care and received direct feedback and support related to their day to day practice.

People were supported and enabled to make decisions in relation to their care and support. 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.

The manager and staff were aware of their responsibilities under the MCA code of practice. On a day to day basis people were encouraged and enabled to make decisions about their care and support. One person told us "When the carers get here they always ask what I want them to do; it's important as sometimes I want them to help me make a meal and sometimes my family help."

People received the support that they needed to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed through their individual plans of care. Staff ensured that people were encouraged to eat and drink regularly. One person told us "The carers always make me a nice breakfast and leave my lunch ready for me to eat when I am ready." Staff also liaised with people's relatives to ensure that people had access to meals and snacks according to their preferences.

People had regular access to healthcare professionals and staff were vigilant to people's changing health needs. We saw examples in people's care records of staff reacting positively to changes in people's health, contacting their GP and reporting these changes to the on-call staff. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell.

Is the service caring?

Our findings

Staff knew people well and had developed positive relationships with the people that they supported. One person told us "I have the same staff come and help me which is important. I get on with them well. If they finish early or I need less help they stop and have a coffee with me. It's nice to have someone to talk to." One member of staff told us "We know people well because we support the same people. For example, we know that if [Person] is not in then he will probably be visiting his wife's grave so we see home there."

People were treated with dignity and respect. One person told us "The staff are always polite and respectful." Staff described how they maintained people's dignity by ensuring that people's curtains were closed when they provided care and by knocking on people's front doors before entering; even when using a key.

Staff understood the importance of respecting people's choice. They spoke with us about how they cared for people told us that they ensured people were offered choices in what they preferred to eat and how they wanted to receive their care. One person told us "The staff always check what I would like doing each time they come to see me. They never just assume."

Staff worked in partnerships with people's relatives to ensure that people received the care that they needed. For example staff described how they noted that one person was not eating much. They suggested a number of alternative meals that the person may enjoy and asked their relative to purchase these for them to prepare.

People's feedback about the care and support that they received was sought by the provider through regular questionnaires, phone calls and visits by senior staff. This information was then used to tailor the care and support that people received. For example we saw that one person's call time had been changed as a result of their feedback so that they were supported to go to bed later in the evening.

Is the service responsive?

Our findings

People had personalised plans of care in place that were detailed and reflective of people's care needs. These plans of care supported staff in providing person centred care to people. One person told us "I know that I have a care plan in the house. The manager came out to see me and my daughter and we told them what should go in it. A member of staff told us "People's care plans are much better now. They tell us exactly what we need to do." People plans of care were regularly reviewed and updated. People had a plan of care to provide guidance for staff for each of their care visits.

People's individual plans of care were written in a person centred manner and had been developed in partnership with people using the service. The plans covered all aspects of a person's individual needs, circumstances and requirements. This included details of the personal care required, duties and tasks to be undertaken by care staff, risk assessments, how many calls and at what times in the day or evening enabling consistent appropriate care and support to be provided.

The care that people received was flexible and responsive to people's needs. One person told us "I can make changes to my care if I need to. If I want an extra call, or to cancel or change the time of my call I just need to tell the office and they sort it."

The provider had not started to support any new people since our last inspection however, had a system in place to assess people's needs prior to starting to provide them with care. This was so the provider could ensure that they were able to meet people's care and support needs. The provider told us "We would never agree to provide someone with care unless we knew we had enough staff and could meet their needs safely."

People said they knew how to complain and felt confident that their concerns would be listened to. One person told us "I have never had to complain but I have the contact details for the office so would speak to the manager if I needed to." The provider had not received any complaints since our last inspection however, had a procedure in place to ensure that these were investigated and responded to appropriately. The management of feedback from people was also monitored by the provider as part of the planned quality assurance procedure.

Is the service well-led?

Our findings

During our inspection in November 2016 we found that the provider was in breach of Regulation 17 (1) (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014, good governance. That was because a system to carry out audits of the service was not in place therefore no audits had been completed. That meant that the provider could not be assured that people were receiving safe, effective and appropriate care and treatment and that the service was meeting the standards required within their registration and the Health and Social Care Act 2008. In November 2016 we rated the well-led domain as inadequate. Although during this inspection we identified improvements there was not a sufficient track record of compliance to show that these improvements had been sufficiently embedded into practice and therefore this domain is rated as Requires Improvement.

During this inspection we found that the systems used to monitor the quality of care that people received had been strengthened. A planned system of audits was in place having been introduced in March 2017 and completed by the registered manager. These audits were overseen by the provider and monitored during monthly management meetings. The actions taken as a result of these audits had been effective in improving the quality of care that people received and in addressing the breaches of regulation that we found in our last inspection. For example, the provider's audits in February and March 2017 had highlighted omissions in the recording of people's medicines by staff. The registered manager had taken action to address this with the staff team and we found that in April and May 2017 the administration of people's medicines had been recorded accurately.

The registered manager felt supported in their role and told us that the provider had provided the resources that they needed to lever improvements within the service. The registered manager and provider had plans to develop the service further by introducing an electronic system to monitor people's call times, administration of medicines and care plans. The provider also told us that they were planning on introducing guaranteed hours contracts for care staff to improve staff retention and provide greater flexibility in call times for people receiving care.

People could be assured that the quality of the service that they received was appropriately monitored and improvements made when required. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC). Feedback from people that used the service was regularly sought through surveys and 'spot checks' by senior staff and was consistently positive. People's suggestions for improvements to the service were listened to and acted upon as necessary. People's care was overseen by a management team that consisted of a registered manager and deputy manager. The registered manager and deputy manager were committed to providing person centred care and support and staff were clear of the expectations placed upon them by the senior management team.

The provider's previous rating was displayed prominently upon their website and within their office. The registered manager and the provider were visible, approachable and responsive to feedback from staff and people using the service. Staff told us "The service is well managed now. The manager knows everyone and

is always available if we need support. We also see the provider in the office and they are accessible and we can talk to them if we need to."

The service was being managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as accidents and incidents and other events that affected the running of the service.