

Community Caring Limited

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Inspection report

Units 1-5 Champions Business Park
Arrowe Brook Road
Upton Wirral
Merseyside
CH49 0AB

Tel: 08456432142

Website: www.communitycaring.co.uk

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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?

Good ●

Summary of findings

Overall summary

Community Caring provides personal care for people aged 18 years or over who need care or support at home. At the time of this inspection, 288 people were in receipt of support from the service. The majority of people who used the service had their care funded by their local authority. People could also pay for their own care. The service operates mainly in Wirral.

There was a registered manager in post who participated in the inspection visit. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run'.

We looked at the care files belonging to eight people who used the service. We found they covered people's needs and risks and provided adequate guidance to staff in the provision of safe and appropriate care. Care plans were personalised to people's individual needs and it was evident that people had participated in their development. People we spoke with confirmed this.

None of the people whose care files we looked at had mental health issues that impacted on their ability to consent to decisions about their care. Where people had mental health issues that made them forgetful, there was information in the person's care file about their level of understanding and concentration so staff could be aware of this during a visit. The provider had a policy in place for advising staff what to do should they suspect a person's capacity for a specific decision may be in question. The manager told us that where concerns about a person's capacity to make a particular decision had been raised previously they had liaised with the Local Authority to support the person with this.

We saw from people's daily logs that people received the care they needed. Records showed that most of the time people received support from a small team of regular staff. This enabled people and staff to get to know each other and build positive relationships. The majority of people we spoke with were more than happy with the staff that supported them. They felt safe and well looked after. Relatives we spoke with confirmed this. Everyone we spoke with said that staff treated them with dignity and respect and everyone felt their regular staff were well trained, understood their needs and knew what to do.

We saw that telephone calls were made to people every six months by a care co-ordinator. These calls were to check on people's welfare, to ensure people were receiving the support they needed and that they were happy with the service provided. Annual reviews of people's care took place and where changes were required, we could see that care plans had been updated and the delivery of care adapted to ensure the service continued to meet people's needs.

From people's daily logs and other information we were provided with during our visit, we saw evidence to indicate that visits were well planned. It was clear that the majority of staff had sufficient time to complete

the tasks they were required to do during a visit within the allocated amount of time. Late and missed visits were monitored via a 'live' system that electronically monitored the start and end time of each visit to ensure visits were conducted as planned. The manager and care co-ordinators received an email alert if a visit had not started at the planned time. This enabled a welfare call to be made to the person with another member of staff sent to complete the visit if necessary. An 'out of hours' call system was also in place to enable people to contact a care co-ordinator 'out of office' hours if they needed to do so. This ensured continuity of care and kept people safe.

Staff were recruited safely with all appropriate pre-employment checks undertaken. Staff training records showed that staff received sufficient training and adequate support and supervision to do their job effectively. These systems ensured that staff skills were regularly evaluated and reviewed to ensure staff were competent and sufficiently skilled in the provision of safe and appropriate care.

We saw that the provider had a satisfactory complaints policy in place. We looked at a sample of the complaints and found they had been properly responded to and addressed by the manager. Everyone we spoke with told us they knew how to make a complaint and felt confident they would be listened and responded to by the manager and the staff team. Two people said they had previously complained and that satisfactory action had been taken.

People's views about the quality of the service had been formally sought by the manager through the use of satisfaction questionnaires. We checked a sample of the questionnaires returned and saw that feedback was positive. People were happy with the service provided.

There were a range of effective monitoring systems in place to assess and monitor the quality and safety of the service. Information on planned and actual visits, visit times, the length of people's visits and the continuity of people's care were all recorded and monitored to ensure people receive the support they needed.

People's care plans were checked through a process of quality assurance before they were agreed as an accurate record of people's needs and care. Safeguarding issues and complaints were all logged and checked to ensure that appropriate action had been taken. Safeguarding issues had been reported appropriately to the Local Authority and the Care Quality Commission.

Overall we found the service to be well-managed. People were provided with person centred, flexible support in accordance with their needs. Staff spoken with were positive about the people they cared for and their employer and the management team demonstrated a positive commitment to continuous improvement.

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 we spoke with said they felt safe and well looked after by staff. Relatives we spoke with were also confident their loved one was safe.

Risks in relation to people's care were assessed and managed to minimise the risk of potential harm.

People's visits were regular with consistent staff. People's daily logs showed people received support in accordance with their care plan.

Staff were recruited safely. Sufficient staff were employed to complete people's visits as required and as planned.

Is the service effective?

Good 

The service was effective.

The provider had a mental capacity policy in place to ensure people's legal right to consent was respected. Care plans contained brief information on any issues with regards to people's level of understanding.

Staff received appropriate training, supervision and appraisal.

Everyone we spoke with said staff were well trained and understood their needs.

Is the service caring?

Good 

The service was caring.

Everyone we spoke with held staff in high regard. People told us staff were kind, respectful and always ensured their dignity was maintained.

The majority of people told us that visits were more or less on time. Some of the people we spoke with said they got a call from the office if staff were going to be late.

People told us they felt listened to and understood by the staff that visited them. People were happy with the support they received.

People received easy to understand information about the service and what types of support they could benefit from.

Is the service responsive?

Good ●

The service was responsive.

Care plans and risk assessments were individualised to aid the delivery of person centred care.

People's daily logs indicated that people received the support they needed for the required length of time. People told us they were happy with the support they received.

There was a complaints procedure in place and the manager had responded to each complaint in an appropriate and timely manner.

Is the service well-led?

Good ●

The service was well-led.

There were a range of effective quality assurance systems in place to monitor the quality and safety of the service.

People's views on the quality of the service had been sought. Feedback was positive. It was clear that people felt the service had a positive impact on their life.

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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.

This inspection took place on 25 October 2016. The inspection was unannounced and carried out by an adult social care inspection manager, inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. During the inspection, telephone interviews with people who used the service or one of their relatives were undertaken by the experts by experience to gain people's views on the quality of the service provided.

Prior to our visit, the provider was asked to complete and return a Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with eight people who used the service, nine relatives, the manager, the senior care co-ordinator and six staff members. We looked at a variety of records including eight care records, people's daily logs, ten staff records, staff training records, a range of policies and procedures and other documentation in relation to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt very safe with the staff that visited them in their own home. The relatives we spoke with also felt their loved ones were safe.

People's comments included, "They look after me really well. They are nice staff and I feel very safe with them". "Yes, I feel safe here. Community Caring makes me feel safe" and "I feel safe and have peace of mind that someone will come".

Staff we spoke with were knowledgeable about types of abuse and able to tell us what action they would take if they suspected abuse had occurred. We saw that the provider had a clear safeguarding procedure in place and on checking a sample of the provider's safeguarding records, we saw that the manager had followed this procedure. Records showed any potential safeguarding incidents were appropriately investigated and reported in accordance with local safeguarding procedures. This showed there were systems in place to protect people from abuse and improper treatment.

We looked at the care files belonging to eight people who used the service and a sample of their daily logs. We found people's care plans and risk assessments provided clear guidance to staff on how to care for them safely. Risks in relation to the home environment and moving and handling were assessed with information provided to staff on the level of risk and how to manage it. Other risks in relation to people's health needs and how they impacted on the person's life and care were also described.

Staff completed daily logs of the care and support they provided to people. Daily log information recorded the visit date, the start and end time of each visit and the support provided. This ensured that important information was shared between the staff providing care and support. We checked a sample of people's daily logs.

We saw that people's daily logs were completed appropriately after each visit and showed that people received the support they needed. From the information recorded we could see that the majority of visits to each person were regular and consistent and most of the people we spoke with confirmed this. This indicated that the number of staff employed by the provider was sufficient to enable people's visits to be undertaken in a safe and appropriate manner.

We asked the manager how they planned and monitored the visits staff undertook each day, in order to ensure people received the care they needed. They showed us the electronic monitoring system they used to ensure each visit was completed as planned. They explained that each staff member had a key fob that they activated on arriving and departing from a visit to each person's home. This information was then sent electronically via the internet to the provider's computer system and was matched automatically to the visit times pre-recorded in the system. If a visit was late or missed, an early alert was sent via email to the manager or senior staff to act upon. It was clear that this system enabled missed or late visits to be quickly identified so that appropriate action could be taken.

A late or missed call policy and procedure was also in place that advised people who used the service to call the office during the day or the 'out of hours' team, after 5pm if the staff member was more than 20 minutes late for their visit and the staff member had not been in touch to advise of an unavoidable delay. The out of hours team operated from 5-11pm in the evening and from 6.30 – 9a.m. in the morning and was managed by two senior staff, one of whom was able to undertake the person's visit if required. This ensured people's health and welfare was not placed at risk.

Care plans contained information about people's medications and whether support to prompt or administer the person's medication was required. This included information about any prescribed creams that staff were responsible for applying to people's skin. People's allergies were clearly noted in relation to any medication and where people experienced pain, the source and location of the pain were described so that staff could be mindful if the person required support to mobilise.

Staff training records demonstrated that staff had received training in the safe administration of medication and had their competency checked. There was a clear medication policy in use for staff to follow. This included specific medication guidance for 'special' medications such as Warfarin that require the dosage of medication to be monitored and which must be taken exactly as directed.

We viewed ten staff recruitment files and found that all of the appropriate pre-employment checks on staff suitability had been made. For example, all files contained an application form, two previous employer references, proof of identification and evidence that a criminal records check had been undertaken prior to employment. We saw that when staff had previous convictions; the provider had explored and risk assessed any concerns. Each new staff member had received a comprehensive induction and this was clearly recorded. This demonstrated the provider had robust recruitment process in place to ensure the staff employed were safe to work with vulnerable people.

Is the service effective?

Our findings

Most of the people we spoke with said staff knew them well and knew what they needed help with. One person said when a new member or different member of staff sometimes came they had to direct them in some aspects of their care but that the regular staff were really good and knew what to do. When asked, people who used the service and the relatives we spoke with said staff were well trained and knowledgeable in how to provide effective care.

People's comments included "I feel staff understand my needs"; "They understand my needs and know what they are doing"; "Staff turn up trained" and "We have mostly permanent staff and they are all really good".

One relative we spoke with said, "I think they are really well trained. For example, it was the carer who noticed that [name of person] had developed a rash and alerted me to call the doctor so it was dealt with. Another time they noticed a small bruise on their arm and, same again, they told me to let the doctor know just in case it needed any treatment".

One relative said "I feel the staff understand my dad's needs and are fully trained". Another relative told us "Staff know what they are doing and are fully trained".

We spoke with five staff members. Four of the staff told us they felt well trained. They said that training was regularly updated and of a good quality. Their comments included "The training is amazing; "Always getting training" "Full induction 14 courses and "We get lots of DVD updates". One staff member who was new to their job role felt that the length of time (16 hours) made available to them to shadow a more experienced member of staff was not enough before they were expected to work unsupervised.

We checked staff training records and saw that the provider had signed up to the national minimum dataset for social care managed by Skills for Care. The national minimum dataset is an online system that collects data about staff members, their job role and training. This dataset enables local authorities, the government and commissioning bodies to have information about the health and social care workforce so that they can plan at national and local level for social care services. This information is also shared with the Care Quality Commission.

By signing up to the national minimum dataset the provider was able to access funding for staff training and staff were able to benefit from a range of health and social care e-learning topics. This demonstrated the provider was committed to ensuring staff were well trained. Staff training records confirmed this.

We saw that staff had received class room based training in moving and handling, dementia, mental capacity, deprivation of liberty safeguards, medication administration, dignity and respect, person centred care, safeguarding, first aid, equality and diversity, infection control and end of life care. A period of shadowing a more experienced member of staff was also facilitated for all new staff members.

Some staff were specifically employed to work with people for short periods for example after a stay in hospital to support them to regain their independence. They had been trained in how to risk assess the person's needs and abilities so that they could ensure they were supported appropriately.

We looked at the supervision and appraisal records for ten staff. We saw that they had all had a yearly appraisal and regular supervision meetings with their line manager where they had the opportunity to discuss any problems they were having or any potential training needs. Regular spot checks on staff performance were undertaken to ensure that staff were providing the appropriate care at a good standard. Spot checks involved a senior member of staff observing the individual member of staff delivering care to a person in their own home.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. We viewed the care files of four people who lived at the home.

None of the people whose care files we looked at, had mental health conditions that impacted significantly on their ability to make decisions. We saw however that the provider had a policy in place to guide staff on what to do should they suspect a person lacks capacity to consent to a specific aspect of their care. We asked the manager if there were any people using the service whose capacity to consent to their care may be in question. The manager told us there was one person who possibly lacked the capacity to consent to some aspects of their care. They told us that where they had concerns about a person's capacity they had previously liaised with the Local Authority to ensure the person had the support they needed. We discussed with the manager, their responsibility as a registered person to ensure that this person's capacity was assessed in accordance with the MCA if any concerns about the person's ability to consent were identified. They agreed to ensure the MCA was followed should such a situation occur.

From the care records we looked at, we could see that staff had brief information on people's level of understanding and concentration so that they could be aware of this during a visit. For example, one person's level of understanding and concentration was good but they were a bit forgetful so needed lots of prompts when staff supported them with personal care.

People's decisions and preferences about their care were clearly documented for staff to follow and people told us that the staff always sought their consent and respected their choice. People's comments included, "The staff encourage me to make decisions; "Staff and office staff listen to my needs" and "Staff are lovely and respect all of my needs".

We saw that some people who used the service required support with meal preparation to ensure their nutrition and hydration needs were met. People's daily logs demonstrated that those who needed this type of support, received it in accordance with their dietary needs and wishes.

Is the service caring?

Our findings

Everyone we spoke with told us staff were kind and caring. People's comments included "Very caring staff, they can't do enough for me"; "All staff are very caring and understanding" and the "Office staff are lovely". A relative we spoke with also told us, "[Name of person] has their favourites but that's human nature. From what I've seen they are all very kind".

When asked if their dignity was respected, one person said "They respect my dignity at all times" and a relative told us "The staff members always close the door (when providing care) to respect their dignity".

People's care plans contained clear information about what personal care tasks the person needed help with and what they could do independently. It also included information about what support the person received from their family or other relatives, so that the care between staff and family members could be co-ordinated.

We asked the people we spoke with, if anyone called them from the service when a visit was going to be late or missed. Feedback was mixed. Two people told us that staff were more or less on time and if they were going to be late they got a telephone call to advise them. They said "Staff are more or less on time" and "They (the staff) are more or less on time unless something has happened and then we get a phone call to let us know". However other people had a different view. One person told "If they are late, no one calls to tell me" and another said "They come at different times and no one advises me". Greater consistency by the service in respect of informing people who used the service that a visit was going to be late was required. This would ensure everyone who uses the service continues to feel cared for when an unavoidable delay in receiving their visit is experienced.

People we spoke with said that the manager and office staff responded to any concerns they had in a caring way. People said they felt listened to and respected. Relatives we spoke with confirmed this. One person told us "Staff and office staff listen to my needs". Another person said "Staff and office staff always listen to me and try and help me".

The majority of people we spoke with were more than happy with the care they received. One person told us "I'm extremely happy, I am very lucky". A relative told us "They provide an excellent service. They know how to handle [name of person] and they make sure they are clean which is really important to them". These comments demonstrated that people and their relatives thought the staff that provided their support were kind and compassionate.

We saw that detailed 'welcome' information about the service was provided to people who were new to the service. This information was easy to read and gave people details of the support provided and information about the service itself. This showed that people had access to adequate information about the service and the standards of care they could expect.

Is the service responsive?

Our findings

Staff we spoke with told us they receive information on each person before their first visit and that the person's care file was in the person's home for them to read before they started providing support.

The eight care plans we looked at in respect of people's care were individualised and person centred. They provided staff with guidance on how to meet a person's needs in respect of mobility, nutrition, personal care, medication, mental health and physical health needs. People's likes and dislikes were recorded and it was obvious from reading the care plans that people who used the service or their relatives were involved in discussing their needs and care with staff at Community Caring.

One person we spoke with said "The care plan was very good, I was involved in all the planning". A second person told us "They started off thinking I needed four visits every day, but I really don't, so they discussed it with me and I have three visits at the moment". Another person said "I'm quite happy with the service. When I came out of hospital we had a meeting and were able to sort out just what I needed and that's what they do".

People we spoke with told us staff knew them well. Relatives we spoke with confirmed this. One person told us, "I feel staff understand all my needs". Another person said "The staff do everything I require and I only have to ask if I need anything else". A relative told us, "I feel they understand all of my dad's needs and always check the care plan". Another said "They definitely know their likes and dislikes". These comments indicated that people and their relatives felt that people's support was tailored to the individual's care requirements and wishes.

We saw from information provided to us by the manager that the visits staff had to complete each day were well planned to ensure that staff had sufficient time in between visits to reach the next person on their list. We saw from people's daily logs that in the majority, the same staff cared for the same person most of the time. The majority of people we spoke with confirmed this. This meant for the majority of the time people who used the service had regular carers who visited them each day. This enabled the person and the staff to get to know them well and build positive relationships with each other.

One person told us "My carers are wonderful. I have the same three people unless one of them is on holiday and they are like a breath of fresh air. I look forward to them coming in". Another said "I feel very safe with them. I have the same three people who each come on different days and they are all excellent".

Most of the people and relatives we spoke with told us that staff who visited them stayed for the agreed length of time. One person said "They do everything I want. I am sure they stay for the full forty minutes but I'm not bothered as long as they've done everything". Another person told us, "They always stay the full time and if they've done everything they need to do they will sit and have a chat with me". We reviewed a sample of people's daily logs and saw that the length of each visit was more or less in accordance with what had been agreed.

We saw that care plans were regularly reviewed to ensure they remained up to date. The manager told us that care co-ordinators contacted people who used the service every six months to check that they were happy with the care provided and to ensure it continued to meet their needs. Records and the people we spoke with confirmed this. People's care was formally reviewed with them once a year and changes made where necessary. For example, one person's care review meeting had resulted in the number of visits to the person being reduced in accordance with the person's wishes. One person had only recently started receiving support from the service but the date of the person's yearly reviewed had already been planned and documented on the person's care file for all staff to be aware of.

Daily logs in relation to people's care showed people's well-being was monitored. One person told us that staff were observant to their physical healthcare needs and contacted the district nurse team if they had concerns about the person's welfare. One person's relative told us, "The carers are excellent people. [Name of person] is mainly in bed but they keep them very clean and alert me if they notice anything wrong. For example, they suddenly developed a rash and they let me know to call the doctor".

We saw that the provider had a satisfactory complaints policy in place to advise people what to do and who to complain to, should they have concerns about the service or their care. We looked at the provider's complaints file and saw that the manager had investigated and responded to each complaint appropriately.

Some of the people we spoke with told us that there was comprehensive information about the complaints procedure in their care file. Everyone we spoke with, knew how to make a complaint or express any concerns about their care. Everyone felt confident that they would be listened to and their complaints or concerns acted upon accordingly.

People comments included, "Any complaints I call the office and they will listen and always try to help"; "If I complain, action will take place" and "I've not had any complaints but if I did I'm confident the office would help me". Relatives provided similar feedback. One relative said "Any issues I would call the office", another said "I've had no reason to complain but would call the office".

Two people we spoke with had made a previous complaint and told us their concerns were acted upon promptly. One person said "I complained about a carer and they changed it, put my mind at rest".

Is the service well-led?

Our findings

People and the relatives we spoke to said the service was well managed and that the manager and the staff 'in the office' were approachable. One person told us "The office staff are always polite and friendly" and another said "The office staff are lovely".

Staff we spoke with told us they felt supported in their job role and said the service was well led. Their comments included "Definitely well-led. All tasks are organised"; "Very well led" and "It's a good team".

We saw that surveys had been sent out to people by the provider to gain feedback on the service. We looked at a sample of 30 completed surveys and saw people's feedback about the service and the staff that cared for them was complimentary.

Comments included "(name of carer) is the most caring, helpful and pleasant person I could wish for"; "They are all excellent carers"; "I am very happy with the help I receive" and "I would like to thank everyone for all the excellent support and care that I received that has aided in my ongoing recovery". We saw that an action plan had been put into place and acted upon by the manager where people had any issues or suggestions for improvement with regards to the service.

There was a range of monitoring systems in place to enable the manager to monitor the quality and safety of the service. The number of care hours delivered in comparison to the hours planned, late and missed calls, the duration of visits and continuity of care were all monitored electronically. Telephone reviews with people who used the service or their relatives were undertaken every six months to check that people were happy with the care they received and unannounced spot checks on staff monitored the delivery of safe and appropriate care. These systems ensured that the people received the support they needed in accordance with their care plans.

We asked the senior co-ordinator about how care plans were developed and checked to ensure staff had sufficient guidance in the delivery of care. The senior co-ordinator told us that they had replaced the periodic audit of care plans with a three stage process of quality assurance. They told us that people's care plans were developed by a senior carer. These care plans were then reviewed by a care co-ordinator to ensure they were accurate and complete and then checked once again by the senior co-ordinator or the manager before being signed off as agreed. The senior co-ordinator told us this had proven more effective in identifying any inaccuracies or gaps in people's care plans than looking at each person's care plan in retrospect once it had gone 'live'. During our examination of people's care plans, we had no concerns about their quality and all care plans contained sufficient guidance for staff to follow. This showed that the system in place was effective.

The manager kept an accurate record of the number and type of both safeguarding allegations and complaints. These records were audited every three months to ensure appropriate action had been taken.

The manager told us that all the staff took an active role in the community and regularly organised

fundraising events for charities and other good causes such as Macmillan Cancer Support, Wirral Food Bank and a local hospice. They told us they had also been involved in the development of a number of local schemes to raise awareness and expand knowledge in the health and social care field. For example, the "Dying matters" campaign that raised awareness of the importance of good end of life care. This showed that the provider and manager were committed to ensuring continuous improvement in both the service and the health and social care sector.

Overall we found the service to be well organised with a flexible approach to people's care. All of the staff we spoke with demonstrated a positive attitude towards the people they cared for. The manager and senior co-ordinator with whom we liaised with during our visit were efficient and approachable. They had a good knowledge of each person's needs and care that we asked about and showed a positive commitment to continuous improvement.