

Care UK Homecare Limited







Coventry Community Care Services DCA

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?		Good	

Overall summary

Coventry Community Care Services is a domiciliary care agency which provides personal support to people in their own homes. At the time of our visit the agency supported 127 people.

We inspected Coventry Community Care Services on 28 May 2015. We told the provider we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People and their relatives told us they felt safe with their care workers. Care workers were trained in safeguarding adults and understood how to protect people from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines safely. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

People told us staff were kind and caring and had the right skills and experience to provide the care and support they required. The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. There were enough suitably trained staff to deliver safe and effective care to people.

Care plans and risk assessments contained relevant information to help staff provide the personalised care people required. People said they had consistent care workers who arrived on time and stayed the agreed length of time. People were involved in their care and were asked for their views and opinions about the service they received.

People told us they knew how to make a complaint if they needed to. People and staff were confident they could raise any concerns or issues with staff in the office and the registered manager, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, checks on records, unannounced checks on care staff working in people's homes, returned surveys and a programme of checks and audits.

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 safe.

Staff understood their responsibility to keep people safe and there were procedures to protect people from risk of harm. Staff understood the risks relating to people's care and supported people safely. Staff recruitment procedures were thorough and people received their medicines as prescribed. There were sufficient care staff to meet people's care needs.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to deliver effective care to people. Staff understood the principles of the Mental Capacity Act 2005 and people's consent was requested before care was provided. People who required support had enough to eat and drink during the day.

Good



Is the service caring?

The service was caring.

People were supported by staff who they considered kind and caring. Staff respected people's privacy and promoted their independence. People received care and support from consistent care staff that understood their individual needs.

Good



Is the service responsive?

The service was responsive.

People were involved in decisions about their care and how they wanted to be supported. Care plans were regularly reviewed and staff were given updates about changes in people's care. People were able to share their views about the service and had no complaints about the service they received

Good



Is the service well-led?

The service was well-led.

People told us they were happy with the service they received from Coventry Community Care Services. Staff felt supported to do their work and would have no hesitation raising concerns with the registered manager or office staff. The quality of service people received was regularly monitored through feedback from people and a series of audits and checks.

Good



Coventry Community Care Services DCA

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.

The inspection took place on 28 May 2015 and was announced. We told the provider we would be coming so they could ensure they would be in the office to speak with us and arrange for us to speak with care staff. The inspection was conducted by one inspector and an 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.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the provider's

information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. They also sent a list of people who used the service so we could contact people to ask them their views of the service.

We spoke by phone to 19 people who used the service, or their relative. During our visit we spoke with two care workers, a care co-ordinator, a team leader, an administrator, the registered manager, and a regional trainer for the organisation. We also contacted the local authority contracts team and asked for their views; they had no concerns about the service.

We reviewed three people's care plans and daily records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People we spoke with said they felt safe with their care workers and knew who to speak to if they did not feel safe. They told us, “I feel very safe with them [care workers],” and, “I would ring the office if anything wasn't right, but I have never had to.” People told us they felt safe because they received care from staff they knew and trusted. People told us staff arrived on time and stayed the amount of time expected of them.

Care workers understood the importance of safeguarding people they provided support to. Staff had completed training in safeguarding adults and had a good understanding of what constituted abusive behaviour. They understood their responsibilities to report concerns to the registered manager or staff in the office. One care worker told us, “If I have any concerns I would record it and report it to the office. I might not record it in the book in the home if I had concerns about a family member, but would record it separately.”

There was a procedure to identify and manage risks associated with people's care, such as risks in the home or risks to the person. Staff knew about the risks associated with people's care and how these were to be managed. Records confirmed that risk assessments had been completed, and care was planned to take into account and minimise risk. For example, staff used equipment to move people safely and undertook checks of people's skin where they had been assessed as at risk of developing pressure sores. Care workers knew how to respond to concerns identified with people's skin. One care worker told us, “If I had any concerns about a person's skin I would record it and complete a body map. I would then phone the office and the district nurse; we see them [district nurses] regularly in people's homes and have built up a good relationship with them. It's important to take action as pressure sores can develop very quickly so I record and report it as soon as I spot anything.”

Care workers told us there was always a senior member of staff available if they needed to report concerns or ask

advice. One care worker told us, “I can phone up at any time to get advice or support.” Another care worker told us, “There is always someone on call no matter what time, I always get a response.”

There was sufficient care staff to allocate the calls people required to regular care workers. Care workers said if staff phoned in sick they were asked to cover additional calls at short notice, but were never pressurised to do this. Some care workers had been with the agency for several years and there was regular recruitment of new care staff to allow the service to develop.

The registered manager told us in the PIR that, ‘All staff had enhanced DBS checks prior to start of employment and this is rechecked on a three yearly basis’. The DBS (Disclosure and Barring Service) is a national agency that keeps records of criminal convictions. Staff told us they had to wait until their DBS and reference checks had been completed before they started working with people. Records confirmed staff had an enhanced DBS check, references and health declarations completed before they started work and three yearly DBS re-checks. Recruitment procedures minimised the risk of employing unsuitable staff to work with people who used the service.

Most people we spoke with administered their own medicines. One person said care workers helped them remember to take their tablets. “They put all my pills in a little pot, I know what I take; they just put it out for me.” Where people needed support there was a procedure to assist them to take their medicines safely. Care staff we spoke with told us they were confident giving medicines because they had received training and were regularly observed to make sure they were competent to administer medicines safely.

There was a procedure to check medicine records to make sure there were no mistakes. Care staff told us they checked the medication administration records (MAR) on each visit to make sure there were no gaps or errors. If they identified any errors they reported this to the office. Additional checks were made on MARs during spot checks by senior staff to ensure care workers had administered medicines correctly. Completed MARs were returned to the office for auditing and filing.

Is the service effective?

Our findings

People and their relatives told us care workers had the skills and knowledge to meet their needs. They told us care workers were competent in carrying out their role. Comments included, “They are very well trained,” and, “Such lovely well trained girls.”

Staff received training considered essential to meet people’s health and safety needs. This included training in supporting people with moving and positioning and infection control. Staff told us their induction prepared them for their role before they worked unsupervised. They told us they received the training they needed to enable them to meet people’s needs, choices and preferences. One care worker told us, “I’ve worked in care for years so it’s good to have updates to make sure my practice is up to date and I am doing things safely. You can ask for any training, if you are not sure about something you just have to ask and they sort it for you.”

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS referrals are made when decisions about depriving people of their liberty are required. The registered manager told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions. The registered manager and regional trainer were not aware the DoLS legislation had been amended to include people living in their own home, for example Extra Care Housing, and said they would raise this with the organisation.

Care workers had been trained in the MCA and had been provided with a booklet about MCA and how this affected their work. Staff we spoke with understood the principles of

the MCA and knew they could only provide care and support to people who had given their consent. They told us the MCA meant, “To give people choice and allow them to make their own decisions.” People confirmed staff asked them if it was alright with them before they provided care, comments included, “They ask me before they do things.”

Some people received food and drinks prepared by care workers. Care workers told us they found out people’s likes and dislikes and prepared food according to people’s choices. People we spoke with confirmed staff asked about preferences when preparing meals. Comments included, “I have meals from the freezer but they check what I want, they make my drinks and they leave me a drink when they go.” “They make my breakfast, I always have toast and porridge but they always ask me.” Staff visited people when expected, to make them something to eat and drink, and care workers said they made sure people had a hot or cold drink before they left. The registered manager told us in the PIR, “I send a quarterly ‘Newsletter’ to all service users with information regarding our service. I offer lots of helpful advice and information especially around the winter and summer months regarding keeping warm and keeping cool, by drinking regular hot and cold drinks.”

All the people we spoke with managed their own healthcare or relatives supported them with this. Care workers said they usually informed family if people were unwell, but they would phone the GP or district nurse if they were concerned about a person. Where required, staff supported people to manage their health conditions. For example, one care worker said, “I noticed the person was drinking a lot, but they said their mouth was dry and their eyes seemed bleary. As they are diabetic I suspected their diabetes was unstable so I phoned the GP to let him know.” Another care worker told us, “If I am not happy about someone I will phone the GP or ambulance and let the family know. I will wait until the ambulance comes and will sort the medication out for them to take with them.”

Is the service caring?

Our findings

People and their relatives told us they were happy with the care they received. One person told us, "I couldn't ask for better, they are angels, they do everything for me." Another person told us, "They always ask me every time if there is anything else I want before they go, every time, and they mean it." The provider kept a book of compliments received about the service. One person had written, "The support workers have been absolutely wonderful, always friendly and helpful."

Where possible people received care and support from consistent care workers that understood their needs and who they were able to build relationships. One person told us, "It's so interesting to talk to these girls from all over the world; they are so very good, so very nice to me." People we spoke with confirmed people mainly had regular care workers. One person told us, "It's usually the same ones. It's so comforting to know they are coming." A senior staff member told us, "We try to ensure calls are allocated to regular care workers. It's so important to people to have staff they know and can build up trust and friendships. We also have re-enablement clients. If they have regular care workers they tend to improve quicker as the care worker knows what stage in their enablement they are at." (Re-enablement clients require a period of short term support to regain skills and independence, for example after an operation, and may not require support once they have fully recovered).

The registered manager told us in the PIR that, "Privacy and dignity is promoted within our staff training and demonstrated in the care we deliver and recorded in support plans. Home visit assessments (observations) to monitor the provision of care show our support staff regularly demonstrate the caring nature of our service. Often by the little things we do such as going the extra mile, considering the service users feelings, listening to people and understanding them."

Comments from people supported the information in the PIR. They told us care workers were kind and caring and treated them with dignity and respect. "They are kind, caring and polite. I had the same agency for my husband and now it's me." Care workers told us, "I treat everyone how I would expect my mum to be treated." "We laugh all the time. It's nice to leave people with a smile on their face. They are always pleased to see us." Another care worker told us how they ensured people felt treated with dignity. They said, "It's about taking your time and making each person feel they matter. We can build up a relationship and we have time to chat with them."

Staff told us they supported people to maintain their independence and to do as much for themselves as possible. "We encourage people to do things for themselves. They can become reliant on you to do things for them, so you have to remind them what they can do themselves. We have lovely clients."

People we spoke with confirmed they were involved with decision making about their care and support needs. They said their views about their care had been taken into consideration and included in their care plans. A relative told us "I was involved in a care plan for [name], she seems happy with them, they do everything she wants." Care plans were personalised and included details of how care workers could encourage people to maintain their independence and where possible, undertake their own personal care and daily tasks. People told us the information they received from the agency was clear and easy to understand.

Care workers understood the importance of maintaining people's confidentiality. Care workers told us they ensured information they held about people was kept safe and out of sight while travelling or in people's homes. One care worker said, "You have to make sure you don't leave timesheets and other information in your car or available for other people to see."

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when they first started using the service, and the service they received met their needs and choices. People told us care workers understood the care they required and carried out their care as recorded in their care plan. Comments included, “They know what I like,” and “They do everything they are supposed to whilst they are here.” Care workers we spoke with had good understanding of people’s care and support needs. They told us “We have time to read care plans and sit and talk with people, so we get to know what people need and what they like.”

People were asked their preferences about how they would like their care provided, this included whether they wanted a male or female care worker. Their preferences were recorded in their care plans and where possible the provider tried to accommodate them. One person told us, “I asked for male carers at my morning visit for personal care but they kept sending ladies, who were very nice but I preferred male carers for that sort of thing. I rang the office and we got it sorted out, I only get ladies now if there are no men on duty.”

The registered manager told us in the PIR that, “Individual person centred support plans are in place for each service user which specifically addresses and caters for the person's individual needs. This is written with the service user (with the support of family or advocate if appropriate) on commencement of their care and fully assessed for its suitability. This is reviewed annually and quality reviews are completed six monthly to ensure that the plan in place is still meeting the service user’s needs.” The three care files we looked at, confirmed the information the provider gave us. Plans provided care workers with information about how people wanted to receive their care and support. Plans were reviewed and updated regularly and people were involved in reviews of their care. People and their relatives told us the office staff regularly checked with them that the care provided was what they wanted, and this was changed if required.

The registered manager and staff we spoke with understood the importance for providing consistency of care workers. The registered manager told us, “Continuity of care is the most important thing. Care workers need to know their clients so they can build relationships and identify any changes so they can respond quickly. For example we have one client that is prone to infections and when this happens their mental capacity goes. If staff didn’t know the person they wouldn’t be able to respond quickly when this happens.”

People told us they usually received their care at the times expected and care workers stayed long enough to complete all the tasks required. We looked a sample of call schedules. Calls had been allocated to regular care workers and scheduled in line with people’s care plans. Care staff confirmed they had regular scheduled call times and had enough time allocated to carry out the care and support required without rushing. Staff told us if there was an unexplained delay for example, traffic hold ups they may arrive a little later than expected. Staff said they either phoned the person or asked the office to let people know they were running late. One care worker told us, “We are allocated enough time so no need to rush. Yesterday we stayed another half an hour as the person was unwell and had to go into hospital so we stayed until the ambulance arrived. We let the office know so they could let the next call know we were running late.” People confirmed they were told if their carer was going to be late.

People and their relatives knew they could telephone the agency’s office if they wanted to make a complaint or raise a concern. Comments from people included, “I have never had a problem to date, but I would know what to do.” “I would know how to complain if needed,” and “I know how to complain don't you worry, I can crack the whip.”

Staff told us they would refer any concerns people raised to the registered manager or senior staff in the office. They were confident concerns would be dealt with effectively. We looked at records of complaints; there had been no formal complaints since 2014. Previous complaint information confirmed concerns and complaints were listened to and dealt with in a timely manner.

Is the service well-led?

Our findings

People told us they were satisfied with the service they received. Comments included, “I couldn't ask for better”. “This is a very good service.” “I would be lost without them. I have had them nine years now.”

The service had a registered manager in post. The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

The service had a clearly defined management structure. Staff understood their roles and responsibilities and what was expected of them. Staff knew the management structure and their line manager, so they knew who to report concerns to and who was responsible for providing supervision.

The PIR told us how the service ensured staff understood their responsibilities and were supported in their role. The provider told us staff had individual meetings with their line manager to set goals for self improvement and an annual performance meeting to assess if goals had been attained. Staff had regular team meetings where they could share concerns as well as good practice. Conversations with staff and records of team meetings confirmed the information in the PIR was correct.

Staff told us they felt well supported by the registered manager and staff in the office. One senior staff member told us, “I am very well supported. [Registered manager] regularly supervises me and we have a handover every morning to pass on any information from the ‘on call’. We also have weekly senior staff meetings and team meetings with care staff. The manager always makes herself available if you need to speak to her.” ‘On call’ is an out of hours service where a senior member of staff responds to phone calls when the office is closed.

The registered manager and all the staff we spoke with enjoyed their work and told us they were proud of the service they provided. Comments included, “I am really proud of all the staff team, everyone goes the extra mile.” “I love my work. We have such a laugh with people. I really enjoy what I do.”

Staff we spoke with were aware of the providers whistle blowing procedure and confident about reporting any concerns or poor practice to their managers. A senior staff member told us, “I work well with everybody, but if I had concerns I would have no issues raising concerns and taking things further.” Staff we spoke with were certain any concerns they raised would be listened to and acted on. One care worker told us, “If I have any problems I’m never worried about sharing them, the manager is great.” There had been no recent complaints about the service. Complaint records from 2014 showed concerns had been taken seriously and monitored for trends and patterns. The registered manager had identified a trend in 2014 in relation to missed calls to people; this had been investigated and the staff member responsible had been dismissed.

People told us they had reviews of their care where they discussed their care plans. They were asked if they were satisfied with the care they received and if any changes were needed. People told us, “[Name] from the office has been out, she checks on things” another said, “[Name] comes from the office from time to time, I am very happy with the service.”

People told us they were asked for their views and opinions about the service during reviews and telephone calls. Some people remembered receiving an annual satisfaction questionnaire asking about their views of the service. All people knew who to contact in the agency if they needed to. “I talk to them in the office sometimes; they are nice too, so helpful.”

Quality checks monitored the service people received. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. Team leaders responsible for assessing care workers capability had completed training to assess care workers competency to administer medicines safely and for checking records to make sure they had been completed correctly. The registered manager completed monthly ‘care audit’ checks to make sure staff were working safely and effectively. This included telephone calls to 10 clients and 10 care staff as well as audits of 10 care files to make sure records care workers completed matched the information provided in the care plan.

Is the service well-led?

There were regular checks carried out by the provider and visits from Coventry local authority contracts department to monitor the care and support provided. No actions had been recommended by the contracts officer.