Care Force Limited

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Inspection report

Holland House
12A High Street, Bromsgrove
Tel: 01527 577247
www.careforceltd.co.uk

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Ratings

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

Overall summary

We undertook an announced inspection on 27 July 2015. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes. We needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care for people who live in their own homes. 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.

The provider's policies and procedures had failed to keep people safe and reduce their risk of harm. This had led to a serious incident in June 2015. In response to the incident the provider had taken steps to make changes. These were ongoing at the time of our inspection, so that the risks to people's safety and wellbeing were being assessed and monitored. Although Care staff reported they knew the steps they needed to take to prevent the risk of this happening again the changes made will need

Summary of findings

to be reviewed. This is to make sure risks to people's safety and wellbeing were consistently and effectively managed. However although the provider had taken action to improve the safety of people who used the service. The provider needed time to test the new equipment and procedures to ensure people were kept safe.

The registered manager demonstrated that there were sufficient care staff recruited with the appropriate checks on their suitability to support people in their own homes and keep them safe.

People told us they felt supported by care staff and were able to make their own choices and decisions about their care and support. People and their relatives were involved in their care planning and how their needs were met. Care staff understood how important it was to gain consent from people they supported.

People said they liked the care staff that supported them and felt they helped them with personal care. Care staff knew details of people's care and support needs and took into account their changing needs. They were responsive to their changing health requirements, and worked with health and social care agencies to meet those needs.

Staff were trained in medicine administration so people's medicines were managed safely, and people were supported to manage their own medicines wherever possible. We saw that they were systems in place to audit the giving people's medicines, so all medicines were accounted for.

Staff were trained and knew how to recognise and report any signs of abuse or harm so could help keep people safe.

The management team encouraged customer feedback through questionnaires and face to face contact. People told us that they knew how to complain, we saw from the provider's complaint file that they had responded to complaints in a timely manner.

The leadership and the registered manager were open and transparent about the service and were keen to make improvements to ensure people were not put at unnecessary risks.

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?
This service was not consistently safe

Changes to staff practices had improved for the safety of people who used the service. However it had not been fully tested. The provider needed more time to ensure that the service is safe.

People were supported to administer their medicines by suitably trained staff

Requires improvement

Is the service effective?
This service was effective

People were supported by familiar staff that were trained and supported.

People were supported to access a range of different health and social care professionals, to ensure their needs were met effectively.

Staff knew how to respond to people's changing needs and involve other professionals as necessary

Good

Is the service caring?
This service was caring.

People were supported by staff that they had developed good relationships with and treated with dignity and respect.

People were involved with their care planning and support.

Good

Is the service responsive?
This service was responsive.

People told us that care staff responded to their needs...

People were confident that their complaints would be listened to and acted upon.

Good

Is the service well-led?
The service was not always well-led

People's care and treatment had been reviewed by the registered manager. However, improvements were needed to ensure effective procedures were in place to identify areas of concern and improve people's experiences.

People and care staff were complimentary about the overall service and felt their views listened to.

Requires improvement

Care Force Limited

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 announced inspection took place on 27 July 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service for people in their own home; we needed to be sure someone would be available in the office. The inspection team consisted of two inspectors and an expert by experience that had knowledge and experience in domiciliary care services for older people and mental health services. 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 looked at the information we held about the provider of this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are requested to notify the Care Quality Commission about these events.

This inspection was brought forward because CQC had received information about a serious incident, involving this service. We asked the local authority if they had any information to share with us about the services provided about the services provided at the agency. The local authority is responsible for monitoring the quality and funding for people who use the service.

We spoke with six people who use the service by telephone. We also spoke to five members of staff, the registered manager and the provider.

We looked at four care files, three staff recruitment files, training records and other relevant quality monitoring records for the service, such as incident reporting and complaints files

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this information to plan the content of our inspection.

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Requires improvement

Is the service safe?

Our findings

In response to a recent serious incident the provider had made improvements to the service to ensure lessons were learnt. All staff had been provided training on what do to if they were unable to gain entry to a person's property when they visited to provide their care. The policy had been reviewed to clearly advise staff what to do in these circumstances. At the time of our inspection they had tested the new procedures three times successfully, so the risks to people were reduced. The provider told us they were in the process reviewing all risks assessments for people who used the service. We had also received a notification about this incident which the provider is required to do by law.

They had purchased a new computer system that allowed the management team to view from the office when a care staff member arrived and left the home visit, allowing them to monitor staff.

The staff team were told about the new processes to follow in the event of not being able to gain access to people they supported. The provider had placed responsibility on the duty manager so it was clear to care staff that they needed to report to. (staff were made aware who the duty manager was).Staff had been spoken to on a one to one basis, to advise them of the change. The provider had monitored how the changes had been implemented. They told us that on three recent occasions the new procedures had been followed by care staff in order to reduce risks to people and promote their safety.

People we spoke with told us they felt safe when receiving support from the care staff. They told us if they had a concern they knew how to contact the registered manager. One person told us that they had raised a concern when they started using the service but it was dealt with promptly and had been resolved.

Care staff we spoke to had a good understanding of types of abuse and about what actions they would take if they had concerns. They told us how they would report their concerns over people's safety or welfare to the registered manager, the provider or if necessary the local safeguarding authority and the Care Quality Commission. The training records for all staff working for the provider showed that safeguarding formed part of the staff induction and on going training.

The registered manager and provider had a clear understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures. They showed us examples of this of how they had reported concerns to the local authority and how this protected people from potential harm. Records showed when someone was thought to be at risk they had notified the social worker and requested a review of their care service.

People we spoke to said that care staff discussed all aspects of their care with them including any identified risks to their safety and welfare. For example rearranging timing of personal care routines to suit their diabetic medication regime. Care staff was able to discuss in detail people's risk assessments, but told us they felt it was important not to reduce people's freedom and independence.

People told us they felt the support they received in their home was safe. They were supported by staff they knew, so they were familiar with their care routines. They confirmed they were receiving the full allocated amount of time for their visit. The service had introduced an electronic monitoring system which showed where and when staff were attending people's homes. The care coordinator was able to monitor the visits and identify any potential delays in people's care calls. Care staff told us the service had a system in place where should they be held up on a visit they could call the office staff and report the problem so an alternative member of staff could be sent to the next appointment.

Staffing levels were based on the assessed care and support needs of individual people's care services. People we spoke with told us they were happy with the care staff and the support they received. The provider explained that they were in the process of recruiting additional staff and that they had put systems in place to ensure that they could meet the needs of people within their current staffing numbers.

We saw from the provider's employment records they had made checks to ensure staff were suitable to deliver care and support. Before staff started working at the service they completed an application form and were interviewed before they commenced their employment. We saw that the provider had checked staff references and with the Disclosure and Barring Service (DBS). The DBS is a national

Requires improvement

Is the service safe?

agency that keeps records of criminal convictions. The care staff records we looked at showed results of these checks, to make sure the people whom they employed did not put people at risk through their recruitment practices

We saw that some people needed support with taking their medication. People told us that they got the right amount of support to take their medication when they needed it. We heard from staff how they had attended medication administration courses and were supervised by a team leader until they were deemed competent. Spot checks were undertaken to make sure staff were competent in their caring roles. The medication administration record (MAR) sheets were audited weekly by team leaders and monthly by the registered manager. Staff were clear that any medication errors were reported to the team leaders and or the registered manager so that they could address each situation.

Good

Is the service effective?

Our findings

People we spoke with felt the service was good; they described the care staff as knowing their care needs.

Care staff were able to describe their induction and training when they first started their employment. They told us this training adequately prepared them for their new role. This included specific training needs to meet individual requirements such as catheter care. This staff member commented how the training had made them feel more confident when providing care. Before being allowed to work alone they had a period where they worked alongside more experienced members of staff. Each new employee was given a staff training handbook showing what they had to achieve before being able to work alone. These areas were then tested by the team leader who recorded the outcome of this assessment.

We were told by care staff that additional training was on offer if required to enable them to offer care to people with specific health needs. The provider told us that care staff were encouraged to attend external training courses as well as in house training courses. They thought it was important for staff to keep their skills and knowledge up-to date, so people received consistent effective care and support. We saw from the provider's training records, they had a system to ensure staff had regular training up-dates.

Care staff told us they felt supported and were encouraged to improve their skills and professional development. This was done either informally with the care coordinator or through formal supervisions and staff meetings. One member of care staff told us there was always someone to talk through any concerns or if they were not sure of anything in the care plans.

People using the service told us that their wishes and consent were considered before being offered support. One person told us, "They (care staff) check with me first before starting to support me". Care staff told us it was important to always ask people before delivering care. They told us they took into account each person's wishes and adapted the support accordingly They told us they would respect people's choices as to what they would like for lunch, what time and how they preferred their personal care.

Care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and had received training in this area. MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. The manager and provider were aware they would have to support people through best interest meetings, involving family members and professionals as necessary.

The registered manager had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service or deprive them of their liberty but was aware of the procedures to follow should it become necessary in the future.

People who used the service told us they were involved in the choices of meals and drinks that care staff prepared for them as part of their support. The care staff offered support at differing levels according to individual people's need. Care staff told us it was important for people to get the meals they enjoyed or wanted. Care staff told us they were aware that some people they support had specific dietary requirements due to medical conditions. They described how these details were recorded in the care plan kept in each person's home for them to refer to. The care staff told us care plan were very detailed and provided clear instructions about people's meal and drink routines. One person told us "they'll do anything I ask them to do."

Care staff told us what they would do if they had a concern over someone's safety or wellbeing, which may include contacting health professionals. For example they had contacted the occupational therapist to make sure the person they supported had new equipment because their current equipment was too small and causing them pain to use. We saw from the care file that the situation had been rectified by the person had been given a larger piece of equipment, which was safer and more comfortable for them to use. Staff told us that if a person was unwell they would speak with a person's doctor or respond more quickly if more urgent care was required.

Good

Is the service caring?

Our findings

All people we spoke with were positive about the care staff and support they received. One person said “Staff were easy to get along with.” People told us that staff chatted with them whilst supporting them with personal care. I am happy with it they do things like close the doors, and cover me with a towel”

One member of care staff told us they spent time with the person chatting and not rushing the person. Staff spoke about the people they supported with affection and could give detailed accounts of their individual needs. They showed us they had an interest in people’s likes and dislikes. When we to staff they were able to give us very detailed information about people’s preferences with their food choices and care routines. Staff told us they felt it was important to maintain people’s dignity by making sure they were helped to feel in control of their day to day support and were mindful in the way they spoke to them.

People told us they usually had the same care staff providing their support, so they felt they understood their needs. When care staff were on leave the registered manager told us they always tried to send a member of care staff who had visited the person before, for continuity.

The registered manager demonstrated they cared about the people the service supported by regularly joining the care staff out on home visits. Care staff confirmed this happened on double up visits. They said they felt it kept them in touch with people they supported and helped understand the care needs of the people.

Care plans were written in detail with the involvement of the person receiving support or if they were not able, advice from their relatives was sought. A copy of the care plan was kept in the person’s home for easy accessibility.

Care staff we spoke with had a good understanding of people’s human rights, including and respecting and people’s choices and wishes. When we asked them to demonstrate what they would do, if someone on a particular day didn’t want to follow their personal care routine, they replied they would respect the person’s choice. They said they would offer an alternative and be flexible if that was what the person wanted.

Good

Is the service responsive?

Our findings

People told us they felt supported by care staff who knew them well and was happy with the support they received. One person told us "I have no complaints at all" Another person said say they'll do, they've been and done it. We've no complaints and we're happy with the service we're getting. We are happy with the service'.

Care staff we spoke to had a good understanding of people's preferences, routine's and support needs. Care staff told us they felt this was possible because they worked in small teams with a regular group of people to support.

The care plans we looked at showed detailed assessments of how each person wanted their support to be carried out, individual routines and preferences. Where possible each person had been consulted about their care plan, otherwise they had been compiled in conjunction with the person and their family.

When people needed care and treatment from other professional's the management team and care staff supported people with any advice and actions they needed to implement into their daily lives. For example, we saw the registered manager had contacted the occupational therapist on behalf of people so that their needs could be assessed and met.

Care staff recorded their support and any concerns in the daily records. These were reviewed by team leaders, care co-coordinator and registered manager. They had a monitoring form to bring any urgent concerns to the attention of the management team, which required any actions to be formally recorded for future reference and prevent further occurrence.

The provider told us that service tried to be responsive to people's changing needs, which could happen at short notice. We were given an example of this happening when one person living alone, was taken ill requiring the care staff to stay and support the person whilst the paramedics arrived. They stayed with the person, called the office so their next call could be covered.

We saw that people were asked for their views and to give feedback about the service they received through satisfaction surveys. These were analysed by the registered manager and the provider to help improve the service. People we asked told us they knew how to make a complaint and who to speak with. The provider had a system in place for recording complaints and actions taken. One person told us that when they had raised a concern it was dealt with swiftly and to a satisfactory conclusion.

Requires improvement

Is the service well-led?

Our findings

The provider told us that they had made recent changes to ensure the organisation had learned from a serious incident in June 2015. The incident had highlighted a failing in their reporting processes that the provider had not identified, therefore potentially putting people at risk. This had led to changes in the provider's policies and processed, in particular they had reviewed and made changes to their, "No Access Policy". Although we saw the provider has made improvements and these are working now, the provider needs to evidence these are consistently sustained and reviewed to ensure they are working to reduce the risks to people.

In response to a recent serious incident the provider had made improvements to the service to ensure lessons were learnt. All staff were provided training on what do to if they were unable to access a person when they visited. The policy was reviewed to make sure should it was reported to one of the management team, so appropriate action could be taken. At the time of our inspection they had tested the new procedures three times successfully, so the risks to people were reduced. The provider told us they were in the process reviewing all risks assessments for people who used the service

The provider had invested in a new computer monitoring system which allowed the management team to monitor all calls to people's houses from the office base. It alerted them if staff were held up or late for a visit, so an alternative member of staff could be sent to cover the call. This helped people to be assured they received consistent care and support in line with their service agreements. The new computer system allowed the management team to view from the office when a care staff member arrived and left the home visit, allowing them to monitor staff and take immediate action if staff were delayed. Staff told us they felt safer, lone working knowing there was a system that monitored their whereabouts.

People told us they liked the registered manager, who was approachable and available. One person told us the registered manager had visited their home to do a review of their support needs. Care staff told us the registered manager often worked alongside when supporting people with their care needs? The personal care support. Care staff told us they appreciated this because they felt it kept the management in touch with care delivery and felt supported by management. People who used the service told us that they were very happy with the service they received.

There was a clear management structure which included an out of hours on call system to support people and staff on a daily basis. Care staff we spoke to confirmed they were able to get support at all times including weekends.

We saw that the provider and the registered manager continually monitored the daily running of the service. Care staff told us, they felt they could report concerns to the care co-ordinator or registered manager and they would be dealt with. For example the care co-ordinator had called the doctor over concerns over someone's medicines.

The registered manager and provider showed us in the staff files that they monitored staff performance through unannounced spot checks and supervisions. Any areas of improvement that were identified were discussed with the person and extra training and support provided.

They sent out customer satisfaction questionnaires to people who used the service, these results were analysed by the registered manager and provider. They then used these results to see how they could develop and improve the service they provided. Care staff we spoke to told us they were happy in their jobs and felt supported by the management team. A care staff member told us, "I can ask the care- coordinator anything she is my rock". Care staff told us they thought working in small established teams helped give better quality care; they were able to get to know and build positive relationships with people they supported.

There was a culture of care staff reporting concerns and incidents; we saw records of incident reporting forms completed by care staff. These forms were analysed and actions taken to reduce the risk of these things happening again. For example, we saw that care staff were provided with additional support and training to reduce the risk of a similar incident happening again. Each member of staff had been given a copy of the amended procedure and when we asked individuals they were able to tell us what they would do if someone was not in when they visited.

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