

Centrion Care UK Ltd

IMPACT

Inspection report

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08 February 2017

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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 07 and 08 February 2017 and was announced. We gave the provider a weeks notice so that they could help us to arrange to visit some people in their homes.

We had previously inspected the service on 02 April 2015. We rated the service as good overall with no breaches of regulations. However the service required improvements and further training so staff fully understood the principles of the Mental Capacity Act 2005. At this inspection we found that improvements had been made.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults. At the time of our inspection 14 people were receiving a service.

There was a registered manager in post at the time of our inspection. 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.

There were some systems in place to gather the views of people and to monitor the quality of the service however, some of the systems were not sufficient to identify shortfalls and to take the actions when improvements were required.

People were safe because staff had received training and understood the different types of abuse and knew what actions they should take if they thought that someone was at risk of harm. Staff were knowledgeable about the actions to take in the event of emergencies and about how the risks to people in respect of their care should be managed. There were sufficient numbers of safely recruited staff to provide people with regular staff to support them.

People were happy with the support they received and were encouraged to make choices. Staff understood the requirements of the Mental Capacity Act so that people were supported to consent to their care and make choices about how they were supported.

Staff were caring and treated people with dignity and respect, involved them in their care and enabled their independence.

People and staff told us that they felt supported by the registered manager and felt able to speak with him if they needed to. People had no complaints about the service but felt they could raise any complaints with the registered manager. The registered manager worked with other agencies to ensure that people's needs were met.

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 were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed and managed.

People were supported by adequate numbers of staff on duty so that their needs were met by regular staff.

Is the service effective?

Good ●

The service was effective.

People received an effective service from regular staff that knew their needs and had the skills and knowledge required.

People were supported to make choices and their human rights were maintained.

People received support to eat and drink their meals and remain healthy.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff that were caring and treated them as individuals.

People's privacy and dignity was upheld and independence was encouraged where possible.

Is the service responsive?

Good ●

The service was responsive.

People were supported in a personalised way and staff were responsive to changing needs.

People's views about the service were sought and there was a complaints process in place so that people could raise any concerns they had.

Is the service well-led?

The service was not consistently well led.

People were happy with the service they received and staff were happy working for the registered manager and felt valued.

Some systems were in place to assess and monitor the quality of the service but they were not sufficient to ensure shortfalls were identified and addressed.

Requires Improvement 

IMPACT

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 checked 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 07 and 08 February 2017 and was announced. The inspection was carried out by one inspector. The provider was given a weeks notice because the location provides a domiciliary care service and we asked the registered manager to organise for us to be able to shadow a member of staff on some calls.

This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service.

When planning our inspection we looked at the information we held about the service including any notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to offer some key information about the service they provide to assist with the inspection. We also considered information shared with by Commissioners of the service.

As part of our inspection we sent out questionnaires to some staff and some people that were using the service. We took the responses to the questionnaires into consideration when planning our inspection. We visited three people in their homes with a member of staff that provided support to them to observe interactions. We spoke with four people that received a service and one relative by telephone. We looked at the care files of four people, time sheets and complaints to check if they received their care as planned. We spoke with four staff by telephone and shadowed one member of staff whilst they were carrying out their calls. We also looked at three staff files to check the recruitment process and support that staff received to

carry out their roles through supervision and training.

Is the service safe?

Our findings

All the people we spoke with told us that the staff were very reliable and only occasionally late by a few minutes. One person told us, "The staff are lovely. They are usually on time and are usually only late if there is traffic or it has been difficult to find a parking place in the street for their car." Another person told us, "I like the girls [staff] they are very nice and I feel safe with them."

People were protected from the risks of abuse because staff were able to recognise the potential signs of abuse and knew the actions they should take. Staff spoken with were able to describe different forms of abuse and their responsibility to inform the office staff. One staff told us, "We have regular clients, if I saw someone complaining or panic or behaving differently I would tell the manager and he would review." Another staff told us, "People's body language can tell you a lot. I would look for signs on their body or if emotionally they were not happy and try to find out why. I would report to the supervisor." Staff told us and records showed that they had received training to help them identify the signs of abuse and what actions they should take. The registered manager told us that there had not been any safeguarding concerns but they were aware of the process to follow in the event of an issue being identified. We had not had received any safeguarding concerns.

There were sufficient numbers of safely recruited staff that supported people. The recruitment process was robust and ensured that staff were interviewed and the appropriate employment checks were undertaken before they were employed. Staff spoken with told us that they had been interviewed and all the required checks had been carried out before they started work. These checks included references from previous employers and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make better employment decisions and make checks about the good character of potential employees.

People told us that they had never been left without support when they needed it. People told us that they had the same regular staff and they always knew who to expect. Staff told us that they had regular visits to people which meant they got to know people well. As part of our inspection we accompanied a staff member to the homes of three people. The staff said and people confirmed that they had two staff that supported them and they were aware of when either of the staff would be attending. Staff worked in geographic areas of the city so that all their calls were within a small travelling distance.

Risks associated with people's needs had been assessed and management plans put in place. We saw that there were a variety of risk assessments and management plans in place to support staff. For example, where people were at risk of falls there were plans in place to help minimise the risk. Staff spoken with were aware of the risks associated with the care of the individuals they supported and how they were to be managed. People told us that they had been involved in the assessment and were aware of the risks that had been identified. One person told us, "They [staff] asked lots of questions and looked around the house to see that it was safe." Another person said, "They [staff] did an assessment, because I'm at risks of having falls. I had the occupational therapist to get equipment to help me for this." Staff spoken with were aware of the risks associated with the care of the individuals they supported and how they were to be managed. Staff told us that if there were any changes in needs they informed the office staff and a review was carried

out.

People were protected in emergency situations because staff knew what actions to take. We saw that the people we visited in their homes had a pendant that they could use to summon assistance in an emergency. We spoke with staff about the actions they would take if they found someone on the floor or were unable to gain access to a person's home. Staff were clear about the actions they would take in these situations. Staff told us they would contact the office and report any concerns or call the emergency services if someone was seriously ill. We saw that staff had had training in basic life support to help them to know what actions to take in the event of emergencies such as bleeding or choking.

Some of the people we spoke with and met needed support with their medication. One person told us, "No, I can take my own medicines. I don't need any support." We saw that this person's records reflected that the staff did not need to take any actions. Another person told us, "The only tablets I take myself are the painkillers. The other ones are given by the staff." We saw that people were supported to take their medicines because staff took the medicines out of the packaging but left the medicine with a drink for people to take themselves. We saw that staff were mostly aware when they needed to support or prompt people to take their medicines. We looked at the medicines administration records (MAR) and saw that they were completed where people had been supported with their medicines. The registered manager and staff told us that where they only prompted people to take their medicines they did not sign the MAR.

During a visit to one person's home we saw that there were some medicines on the table. We saw that not all the medicines were being taken by the person. The person told us that they were able to take their medicines themselves and staff told us that they did not support the individual with their medicines. The person told us that they didn't want to take some of their medicines but also that sometimes they forgot to take them. When we looked at the records for this person we saw that the staff should have been prompting the individual to take their medicines. The staff said that they always asked if the individual if they had taken their medicines but were not checking. The staff said that they would be checking in the future. We raised this issue with the registered manager who confirmed that the individual had capacity to make decisions and take their own medicines however, staff should be observing to ensure that the medicines had been taken. The registered manager told us that staff would be reminded that they had a responsibility to monitor that people continued to take their medicines as prescribed.

Is the service effective?

Our findings

People told us that the staff that visited them were knowledgeable and had the skills they needed to support them. One person told us, "They know about everything." A relative told us, "Two carers come; they use a slide sheet; they seem to know what they are doing." Staff we spoke with told us they felt confident in doing their job and confirmed that they received sufficient training. One member of staff told us, "We can get any training we need." All the staff spoken with told us that they had received induction training before they started working and there was ongoing refresher training. We saw that staff records showed that they had completed training that they needed to meet people's needs. During our visits to some people with a member of staff we saw that the staff knew what support people needed and staff were confident in their interactions with people. Staff told us that they were able to get advice from the office staff or by the on call system if advice was needed after office hours. The registered manager told us that there were not any formal recorded team meetings but when staff came to the office to drop off time sheets there were discussions and passing on of any information that was needed to be passed on.

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. A member of staff told us about one person who lacked capacity. They told us that when the person was shouting it meant that they wanted something to eat. They would offer something and if the person continued shouting they would offer something else until they started to eat it. This enabled the person to be able to choose what they ate. People told us that staff always asked them what help they wanted. Both staff and the registered manager told us that they always assumed people had capacity to make decisions until proven otherwise. We saw that there were assessments of people's capacity in their records so that it was clear that people could make their own decisions. We saw that staff offered people choices such as what they ate and drank at meal times. Staff we spoke with understood the need for consent and were able to give examples of how they offered choice and protected people's rights. One member of staff said, "I talk to people, I always ask if it's okay for me to help and what they want or need today".

People told us that because they had regular staff they had got to know the staff and the staff got to know them and how they liked things done. A relative told us, "It's mainly the same people [staff]. There's a different one at the weekends but she's really nice. We always know who is coming. She's [person] chuffed with them [staff]. It's been the same ones for over a year." We saw that staff were matched with people and their needs. For example, we saw that although some staff's use of the English language was limited they had been matched with people who also spoke little English but spoke the same language as the member of staff. This meant that they were able to build up relationships that were caring and based on a shared understanding of their cultures.

We saw that people were supported to have sufficient to eat and drink. Some people had family members who supported them, but some people were supported by the staff. One person told us and we saw that the

staff asked them what they wanted to eat and their request was fulfilled by the member of staff. Staff told us that they mainly had to warm up the meals as they had been prepared by family members. We saw a member of staff ask people if they wanted to have drinks left for them in a flask so that they could have a drink when staff were not around. Staff told us that if they noticed that people were not eating well they would inform the office and they would liaise with the families.

People told us that staff or their families would support them if they were feeling unwell. One person told us, "If I asked them they would get the doctor. If I was very ill, my son is around but I think they would contact him." Staff told us they would raise any concerns they had about people's health with the office and they would speak with the families. Staff were clear that if people were seriously ill they would have no hesitation in contacting emergency services.

Is the service caring?

Our findings

All the people we spoke with were happy with the staff and the consistency of the staff that supported them. One person said, "They have been coming since July. Usually the same people; one comes three days and one four days and they cover each [during absences]. I always know who's coming." A relative told us, "She [person receiving a service] loves them [staff]. They have a very good rapport. They [staff] call her by her name." Staff were also happy that they had regular people to support as this enabled them to build a relationship with them and get to know them.

People were treated with dignity and respect. One person told us, "They wash my body and wipe me down. They [staff] are nice, polite, privacy and dignity maintained. They do what I ask." Another person said, "They [staff] are respectful, and manage my dignity and tidy up the bathroom after them." A member of staff told us, "She [person] is old and if she asks me to do something I will do it. She [person] ends up sitting in one chair and she gets bored. She will ask if she can go outside. I will take her out for a few minutes." This showed that staff had empathy towards people and their individual situations and treated people accordingly.

One person told us that they were happy that they could make choices but that staff were not able to make a ham sandwich. Some of the staff had particular religious needs which meant that they were not able to touch certain meats. The staff reminded the person that a different member of staff could be provided if that was what they wanted to eat. The person told us that they would not wish to change the staff 'just for that'. The person said they were happy with the food they had and the staff were always nice, polite and supported them in the way they [person] wanted. The manager confirmed that he had discussed this issue with the person and was told that they did not want to change the staff that supported them. This showed that the registered manager was mindful of the needs of both staff and people and treated them with respect for their individual cultures. During our visit we saw that the staff were doing additional tasks such as vacuuming because there was no other support the person needed and they still had the time that was allocated to the person. This showed that staff were not in a rush to move to the next call and ensured that people received the time allocated to them.

People were supported to be as independent as they could be. We saw that people had the equipment they needed and one person told us that they had equipment available to allow their independence to be maintained. We saw that one person was able to go up and downstairs independently and the staff supported them to have access to their walking frame when they needed it. People were supported to do as much as possible for themselves. One person told us, "I can wash the bits I can reach and staff can do the other bits." Staff told us that they felt that giving people choices also promoted their independence.

Is the service responsive?

Our findings

Everyone we spoke with and records we looked at showed that people were involved in and contributed to the planning of their care. We saw that reviews took place when needed. One person told us, "They [staff] asked lots of questions and wrote it all down." Staff told us and we saw that care plans and risk assessments were available in each person's home. Staff told us that if there were any changes in people's needs they would inform the office and a review was then carried out. One of the people we spoke with told us that they needed an additional call and they had told the registered manager this. When we raised this issue with the registered manager they told us that they had discussed the issue with social services and an additional call had been agreed and this had started the morning of the day we visited the agency's office. This showed that the registered manager liaised with other services to ensure that people's needs were met.

We saw that care plans were detailed and showed how people wanted to be supported and included other people that were involved in people's care. We saw that staff knew the people they cared for well and had built good relationships with the people they supported.

We asked people what they would do if they were not happy with the service they received. Everyone we spoke with told us that they were happy with the service they received and they had no complaints. One person told us, "I don't have any complaints. I could phone the office I suppose." A relative told us, "It's an excellent service, it's brilliant." Staff told us that if a person told them they were unhappy about something they would pass this onto the registered manager to deal with. The registered manager told us that there had not been any complaints and although they had received compliments these had not been recorded.

The registered manager ensured that equality and diversity was taken into account when people were matched with staff so that their linguistic and cultural needs could be met. All the people we visited were able to easily converse with the staff that supported them. We saw that the cultural needs of staff were also taken into consideration when asking them to support people.

We asked people if they had ever been asked to comment on the quality of the service they received. Some people told us that they had not had any surveys to complete but the staff consistently asked them if they were happy with the service. One person said, "No surveys but the ladies always ask if I'm happy." A relative told us, "No surveys but we always chat." Staff told us that office staff asked people and their relatives for feedback about the staff. The registered manager told us that they had completed some telephone surveys and everyone had been happy with the service they received. This showed that there were some systems in place to gather the views of people to check that they were happy with the service.

Is the service well-led?

Our findings

We asked the registered manager about how they monitored the quality of the service and how any themes and trends were identified. The registered manager told us that surveys had been carried out with people and although a record of the contact was made there was no overall analysis of the findings. We were told that people were happy with the service they received, although there was no breakdown of what made them happy. We asked about how late and any missed calls would be identified. We were told that at the moment people would have to call the office to say the staff was late or had not turned up. We asked if any spot checks had been carried out on staff. Spot checks are where a senior member of staff will check if staff arrive at a call on time, stay for the required time and if they carried out the appropriate tasks. The registered manager told us that these had not been undertaken. We saw that daily records and time sheets were being reviewed and audited by the office staff. However, we saw that the times that people were attending some calls was not always at the time that had been agreed and this had not been identified and actions taken to clarify and address the difference in times. This showed that although there were some systems in place they were not sufficient to identify where the service was not being provided as required. The registered manager told us that they were planning to introduce an electronic monitoring system to monitor the times that staff attended their calls.

Everyone we spoke with told us they were happy with the service. One person told us, "It's not a bad service." Another person told us, "It's a good service." A relative told us that the service was excellent. Staff spoken with felt that a good service was provided because people received support from staff they knew and saw on a regular basis. Staff felt supported by the registered manager and office staff. Staff told us that the registered manager or supervisor were always available for support and the staff felt supported by them to carry out their roles. One staff member told us, "We have regular meetings with the manager and he passes on any information we need." Another member of staff told us, "If I need to I can meet the manager. They [manager] comes out to see if the clients are happy and when we meet they ask if we have any concerns." Records we looked at showed that staff received regular supervision which meant they had an opportunity to discuss their work and any concerns they may have. This showed that people and staff were happy with the service and felt supported because there were open communications.

The service was required to have a registered manager in place as part of the conditions of registration. There was a registered manager in post at the time of our inspection. Information we hold about the service showed that the provider was meeting their registration requirements and the contract requirements of the local authority that bought services on behalf of people. The registered manager was aware of their responsibility to keep us informed of incidents and accidents that may occur whilst providing care and the duty of candour to be open and honest with people regarding any incidents that occurred.

We saw that the provider worked with other service provider's to ensure that people's needs were met. This included occupational therapists and other health care professionals. A relative told us, "The nurse comes monthly they [staff] will contact the doctor or nurse if needed." The registered manager told us that he had links with some training providers to ensure that he knew what training was available. The registered manager told us he attended meetings with care commissioners and meetings arranged by the Care Quality

Commission (CQC) so that he could keep up to date with developments in the care sector.