

Care Concern (NW) Limited

Care Concern (NW)

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Care Concern (NW) on 20 February 2017. This inspection was announced.

Care Concern is a large domiciliary care agency supporting over 250 people in their own homes. Care Concern (NW) is based near Birkdale and provides care for people around the North West. They provide personal care for predominantly elderly people living with dementia or who have had a stroke.

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.

People we spoke with said they liked the staff. There were some points raised about staff timekeeping, particularly at the weekend and how this was communicated. People told us how this affected their care. We saw there was a plan in place to address these concerns, however we have made a recommendation about this.

Staff knew how to protect people from harm or abuse and had received the necessary training.

There were processes in place to ensure that staff were recruited safely. This included a satisfactory DBS check and two references.

Medicines were well managed and were administered by staff who were trained to do so.

People were largely positive about the staff and said they had a consistent staff team and liked the staff who supported them. One person said that the staff can sometimes be abrupt, however they were mostly happy with the service. Staff we spoke with described how they provided dignified care.

Staff were trained in all mandatory subjects and had regular supervision and an annual appraisal.

Information was person centred and we saw information recorded about people's backgrounds, hobbies and interests. A breakdown of each person's call time stipulated how they wanted to be supported.

Complaints were well managed; there was a process in place if people wanted to raise a complaint. We checked recent complaints as part of our inspection and saw that they were investigated and responded to.

The registered manager had been in post for a long time and was continuously developing and improving the service. This was evident as there had been some issues within service provision in the last few weeks; the registered manager had identified this through their own quality assurance systems and were striving to improve.

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.

Staff were only offered employment once suitable pre-employment checks had been carried which included an assessment of their suitability to work with vulnerable people.

Risk assessments were accessed and reviewed as part of people's care needs, these were detailed and gave staff clear instruction of how to manage and minimise assessed risks.

Medicines were managed safely and stored appropriately in the home, by staff who were trained to do so.

Is the service effective?

Good ●

The service was effective.

Staff were well supported and engaged in regular supervision and yearly appraisals. New staff were inducted into their roles in accordance with the providers policies and procedures.

The service was working in accordance with the MCA and associated principles and staff were aware of their roles and responsibilities in relation to this.

Staff had the skills and knowledge to support people in the home. This was demonstrated in staff training records and training course certificates.

Is the service caring?

Good ●

The service was caring.

Records we viewed showed that people or their relatives had been involved with the care planning process.

Staff knew the people they were caring for well, including their needs, choices and preferences.

People spoke positively about the staff.

Is the service responsive?

The service was not always responsive.

People did not always receive care, which met their needs due to lateness and poor communication from the office. We have made a recommendation about this.

Care plans were personalised and contained information about people's likes, dislikes and preferences.

There was a complaints procedure in place and it was accessible for people who lived at the home. Relatives told us that they knew how to complain.

Requires Improvement 

Is the service well-led?

The service was well-led.

The registered manager was aware of their role and had reported all incidents to the commission as required.

People and staff told us they liked the registered manager.

There were regular audits of care files, medication and other documentation relating to the running of the service.

There were quality assurance systems in place and people were regularly asked for feedback to help improve the service, this was the process of being completed during our inspection.

Good 

Care Concern (NW)

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 was a comprehensive inspection.

This inspection took place on 20 February 2017.

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that staff and someone in charge would be available.

The inspection team consisted of two adult social care inspectors and an expert by experience who made phone calls following the inspection to people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we looked at the Provider Information Response (PIR) for this service. 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 also reviewed safeguarding alerts and information received from a local authority. We saw there had recently been a complaint about Care Concern from a member of the public, so we checked this as part of this inspection.

During our inspection we telephoned 15 people who used the service and their family members. Nine people and their families chose to speak with us. We spoke with four staff including the registered manager. We also looked at three staff personnel files and eight care plans for people who used the service. We looked at other documentation relating to the running of the service.

Is the service safe?

Our findings

We looked at the number of staff and the support hours needed for people. We saw that the service employed enough staff to be able to cover the rota accordingly. We looked at examples of rotas, and saw that call times were close together, however people lived within close proximity to each other. Some people did raise call times could sometimes be problematic; however the registered manager was taking action to address this.

Staff were able to describe the action they would take if they felt someone was being harmed or abused. We saw that all staff had attended safeguarding training. Staff also told us they would not hesitate to enforce the organisation's whistleblowing procedure if they felt the needed to. One staff member said, "I would not hesitate to do what is right."

There were safe recruitment processes in place to appropriately check new staff members which included two references, identification, and a DBS check [disclosure and barring service.] This is a check that new employers request for potential new staff members as part of their assessment for suitability for working with vulnerable people.

We looked at a number of care records which showed that a range of risk assessments had been completed to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, medication, pressure area care, moving and handling, use of particular equipment such of a hoist and physical health. A comprehensive risk assessment was also completed on each person's property to identify risks to staff and the person themselves. These assessments were reviewed each month to help ensure any change in people's needs was reassessed to ensure they received the appropriate care and support. For example, we saw that one person's call time was taking longer due to a decline in their physical health. This person had been re-assessed and had their care plan changed to incorporate this.

Accidents and incidents were accurately recorded and were subject to assessment to identify patterns and triggers. Records were detailed and included reference to actions taken following accidents and incidents.

Medication was appropriately managed by staff who were trained to do so. Medication was stored in people's homes and staff filled out MAR [medication administration records] charts. We spot checked some of these and saw no areas of concern where they chose and there was appropriate risk assessments in place around the storage of the medication.

Is the service effective?

Our findings

At this inspection, we found staff had a good level of skill, experience and support to enable them to meet people's needs effectively. People had freedom of choice and were supported with their dietary and health needs.

The registered manager told us that the provider monitored staff training to ensure they had the skills to perform their role. Where additional training was required the registered manager had sourced this for staff, for example Parkinson's disease and Multiple Sclerosis training. We saw the training matrix to evidence this. Staff told us that they had been supported to achieve nationally recognised qualifications. In addition, staff said that they had regular opportunities to reflect on their practice and to discuss the running of the service during staff meetings and supervision sessions.

We saw that all staff were supervised in accordance with the providers policy and appraisals took place yearly. Staff we spoke with told us they had completed an induction which including shadowing before they supported people.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that people's individual capacity had been assessed as part of their plan of care. In some cases, best interest meetings had been arranged for people who were deemed to not have capacity for certain decisions, such as the support requirements of their care package. The registered manager and the staff were knowledgeable in their role with regards to this.

Some people were supported with meal preparation as part of their care needs. Everyone we spoke with told us they felt the staff made them enough to eat. Staff we spoke with confirmed they were able to support people with this. One staff member said, "It's hard to do a full nutritious meal in an hour, but we try our best." One staff member told us they often took someone they supported a chip supper, as they liked this. We saw evidence in people's care plans which showed that staff monitored what people were eating, and raised any concerns with the senior support staff.

We saw that care staff were available to support people to attend medical appointments if needed. We saw that each person's care record contained a communication record. This showed all contact with the

person themselves, as well as any phone calls that had been made to or received from relatives, health care professionals or social workers. We saw people had been supported to request a GP appointment when unwell or in need of a medication review. We also saw that referrals had been made to the Speech and Language (SALT) team, when for example staff had observed a person had difficulties swallowing food and medication. The communication records also showed us staff's response to keeping people safe by requesting a visit by the Fire Brigade to check people's smoke detectors.

Is the service caring?

Our findings

We mostly received positive feedback about the service and the staff. Comments included, "The day staff are excellent. I have no complaints. The girls on the waking watch are brilliant." Also, "I'm happy with some of the carers. I cannot grumble. They are [care staff] all very nice" and "They help me get washed and eat my breakfast, dinner and tea. It takes a lot off my family's mind. They are all very good. They are all really helpful and friendly. I have no worries about them." One person said the staff member could sometimes be abrupt, but they were happy in general. Someone also said, "The carers are aware if my [family member's name] is getting upset. They divert their attention. They know what he can and cannot do." Also, "They are lovely people and caring. They have [family member's] best interests at heart." Someone else said, "The two carers my [family member] has in the mornings are brilliant. It is a man and another girl. The man is fantastic. [Family member] does not mind having a man. In the evenings, [person] has another man. He is really good with [person]."

People told us they felt the staff protected their dignity and respected them. Most people told us that they received a consistent service from regular and familiar staff who knew their needs well.

Most of the staff we spoke with had been in post for a long time and knew the people they were supporting well. One staff member said, "You get to know what people like, and dislike, and you can make things even more person centred. That's why I like working here."

Other staff we spoke with were able to give us examples of how they protected people's dignity when providing personal care, such as making sure doors and windows were closed and covering the person up with towels or blankets.

Overall, the feedback about the care staff was positive, and everyone we spoke with said that they would recommend Care Concern.

We saw that the service had information about advocacy services, and would signpost people to the appropriate service if they required this support. There was no one receiving advocacy support at the time of our inspection.

Is the service responsive?

Our findings

People had mixed responses regarding whether they received care which was personalised to their needs. This was because staff would sometimes arrive for their call late, and some people raised that they did not always get a phone call when the care staff were going to be late, or if they called the office themselves, they did not always receive a call back. We discussed this with the registered manager who had highlighted this feedback for themselves during a routine audit which had taken place just before our inspection. They said, "I have spoken with the staff who do the on call, and we are changing how we communicate with people, we will aim to call everyone as soon as we know their call may be late."

People did raise that care staff were sometimes late attending their call, and this could be worse at the weekends. One person said, "The problems happen at weekends. I can accept carers being late, but I can't spend my life waiting for carers to arrive." Also, "They need more staff at weekends." Someone else said, "The only slight niggle is when the carers are late. It is unusual but irritating when it happens." Also, "Sometimes the carers are on time, but not every time. It's not bad at all." We raised this with the registered manager during our inspection. The registered manager was aware of these issues via their own quality assurance systems, and were taking steps to address this. We saw that there was enough staff employed to cover the hours, however the problems mostly occurred when staff went off sick. We asked staff if they were ever rushing around and one staff member said, "I think overall, they try and manage it very well here compared to other places, but sometimes the weekends can be hectic." Another person we spoke with said, "I can tell when staff are on holiday or are sick. I think it's all about staffing levels."

We raised some of this feedback with the registered manager during our inspection. They shared the results of the last feedback survey where people had raised this as part of their experience of Care Concern. The registered manager said, "I know there is an issue, however, I have been working hard to put it right." The registered manager had taken on a new senior care worker in one area, and had a list of 'regular bank' staff who they could use if they needed to. The registered manager was also in the process of implementing an ECM (electronic call monitoring) system. This is a system which tracks the times staff arrive at people's homes to complete their care calls and when they leave.

We recommend that the provider continues to review their approach to personalised care to ensure people receive care which is right for them and meets their needs.

The registered manager ensured people had a thorough assessment of their needs before they agreed to support people; we saw evidence of this in people's care plans. A schedule of care recorded what was required at different times of the day and clearly stated the number of staff required each time. A personalised routine was recorded to inform staff of people's preferences in relation to preparation of their meals and personal care. Health and medical information recorded people's medical history and dietary requirements. Service user agreements were signed (where possible) by the person themselves, evidencing they agreed to the information and support plan in place.

We spent time looking at complaints. Before our inspection, we had received a number of complaints about

the service, mostly due to staff lateness, which the registered manager had responded to and tried to put actions in place. We saw that one of the actions was to take on another senior support worker to support a group of staff in one of the areas where lateness was a problem. People we spoke with confirmed that by taking this person on, they had noticed some improvement in their call times. We looked at a complaint in depth. We saw the provider had investigated in line with their policy and had responded to the complainant in line with their guidance.

Is the service well-led?

Our findings

There was a registered manager in post who was also the owner of the company and had been in post for a long time.

Staff told us that they found the registered manager very supportive of them. Staff were able to describe to us their role within the service and what their responsibilities were. They told us that they had regular staff meetings with the registered manager to discuss the running of the service and any ideas they may have. Staff told us that they used these meetings to discuss the care people received and to share any learning. Staff told us they liked the manager. Staff retention was good within the service and most staff had been in post for a long time.

Staff told us the culture was person centred and friendly; one staff member said it was better at Care Concern than any other provider they had previously worked for. All of the staff said they would recommend working at Care Concern.

We looked at the quality assurance systems and processes to monitor how the service was operating and to drive forward improvements. A range of audits and checks were undertaken. The registered manager completed a management audit each month. The checks included care files, staff training and medication. Supervisor's completed medication audits in people's homes each month. Completed MAR charts were checked when they were returned to the office.

People who used the service were sent questionnaires each year to gather their views about the service. We found results for a survey in 2016. One third of service users who received a questionnaire returned it. Results of this showed that 99% were satisfied/ very satisfied with the service they received; 83% said the carers came at a time that suited them; 80% said they received their visit when it was due; 99% said they were happy with the different staff they saw and 100% said they would recommend Care Concern to other people. However due to the perceived low response to the questionnaires the provider made telephone calls to those who did not respond to the questionnaire to gather a more proportionate response. We saw that people's responses had been evaluated and any actions completed.

In addition to this, the registered manager had just had the results from the 2017 survey, although these were not analysed yet. The registered manager was very transparent regarding areas of concern identified and had taken steps to try and address this. The registered manager told us they would be undertaking a piece of work around the 'on call' to ensure that people were appropriately responded to out of office hours, as this was raised by some people as an issue.

The service had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them.

The registered manager understood their responsibility and had sent all of the statutory notifications that

were required to be submitted to us for any incidents or changes that affected the service. The rating from the last inspection was displayed in the office in line with requirement.