

Care Packages UK Limited

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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?

Requires improvement 

Overall summary

The inspection took place on 28 January 2016 and was announced. At our last inspection in December 2013 the service was compliant with all the regulations we looked at.

The service provided domiciliary care to six people in their own homes. There was a registered manager at this location. 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 and associated Regulations about how the service is run.

People told us that they felt the service kept them safe. Staff knew how to protect people from the risks presented by their specific conditions, however these details were not always included in people's care plans.

There were enough staff to keep people safe and to meet their needs. People confirmed that they were always

Summary of findings

supported by the number of staff identified as necessary in their care plans. The registered manager conducted checks when staff joined the service however they did not always conduct regular checks to see if staff remained suitable to support the people who used the service.

People who required assistance to take their medication said they were happy with how they were supported. Staff were able to explain how they supported people to take their medication in line with their care plans.

Staff had the skills and knowledge they needed to meet people's care needs. Staff received regular observations of their practice and supervisions to ensure they remained competent to support people in line with their care plans and best practice.

People were involved in reviewing their care and had consented to how it was delivered. Staff knew how to support people in line with these wishes, however this information was not always easily identifiable in people's care records.

People told us that staff supported them to eat and drink enough to stay well. Staff knew what people liked to eat. People had access to other health care professionals when necessary to maintain their health.

All the people we spoke with said that staff were caring and were happy to be supported by the service. People

had developed positive relationships with the staff who supported them and spoke about them with affection. Staff knew the appropriate action to respect people's privacy and dignity.

People told us the service would respond appropriately if their needs and views changed. We saw that records were updated to reflect their views.

The provider had systems in place to support people to express their views about the service and people were aware of the provider's complaints process. People felt their concerns were sorted out quickly without the need to resort to the formal process.

The registered manager had clear views of how they wanted to develop and improve the quality of the service. All the people who used the service and staff we spoke with expressed confidence in the management team's ability to lead the service.

The provider had processes for monitoring and improving the quality of the care people received which included observational audits of how staff provided care to people in their own homes. The registered manager reviewed incidents and comments for trends, although this was not always recorded, in order to identify if the quality of the service was improving.

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. People were protected from the risk of harm by staff who knew how to support their specific conditions.

Staff knew how to recognise and report any signs of abuse.

Records did not always contain enough information for staff about how staff were to manage the risks associated with people's specific conditions.

Good



Is the service effective?

The service was effective. People were involved in making choices about how their care was to be delivered.

People were supported by staff who received regular training and knew how to meet people's specific care needs.

Good



Is the service caring?

The service was caring. The registered manager regularly sought the views of the people who used the service. People felt they were listened to.

People spoke affectionately about the staff who supported them. People were supported by the same staff.

Good



Is the service responsive?

The service was responsive. People were supported by staff who knew how they wanted to be supported. However information about people's personal preferences was not easily accessible in their records.

The provider responded promptly to people's requests to change how their care was provided.

People were supported to express any concerns and when necessary, the provider took appropriate action.

Good



Is the service well-led?

The service was not consistently well led. There was a registered manager in place who understood their responsibilities.

There were systems in place to monitor the quality of the service however information was not always analysed for trends.

People expressed confidence in the management team and staff enjoyed working at the service.

Requires improvement



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of one inspector.

As part of planning the inspection we asked the provider to complete 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 and we took this into account when we

made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke to the registered manager, care co-ordinator and senior carer. We looked at records including four people's care plans, two staff files and staff training records to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised.

After our visit we spoke with two people who used the service, the relatives of two other people and with four care assistants. We also spoke with a health care professional who provided additional support to some people who used the service.

Is the service safe?

Our findings

All the people we spoke with said they felt the service kept them safe. The relative of one person who used the service said, “They are safe in the shower.” Staff we spoke with were aware of how to protect people from the risk of harm. Two members of staff told us the external agencies they could contact if they had any concerns about a person’s safety. Staff told us and records showed that they had received training in how to recognise and keep people safe from the risk of abuse.

The provider managed risks to people in order to protect them from harm. The care-coordinator assessed people’s needs when they initially joined the service and conducted a review of their needs a month later. This ensured they had identified and were checking they were meeting any risks associated with people’s conditions. Staff we spoke with were knowledgeable about the risks associated with people’s specific conditions and could describe the actions they would take to protect people from harm. One member of staff told us how they supported a person to reduce the risk of developing pressure sores. Another member of staff told us how they helped a person with their mobility and we saw this was in line with their care plan. We noted however that the plan did not contain all the actions the member of staff told us were necessary to keep the person safe. The care co-ordinator told us they would review this plan and we saw several other risk assessments which did contain detailed and comprehensive information for staff.

There were enough staff to keep people safe and meet their needs. People confirmed that they were always supported by the number of staff identified as necessary in their care plans. A member of staff told us, “There are always two of us to use the hoist. If there wasn’t, I would not do it.” People told us and a review of the staff rotas for the week before our visit confirmed that they were supported by the same staff who would stay their allotted

time. A member of staff told us they were not under pressure from the provider to hurry their calls and would have time to attend calls early when requested. The provider had established a resource of bank staff who they could call upon to support people at short notice when necessary to ensure people continued to be supported by the required number of staff to keep them safe.

Staff told us and records showed that there was a robust recruitment process to ensure people were supported by suitable staff. We saw that the provider requested additional information and from prospective staff members when they failed to obtain the required number of references. All staff had presented evidence that they had been subjected to criminal records checks when they joined the service, however the provider had not applied for updated checks to ensure that staff members were still suitable to support the people who used the service. Most staff had worked for the service for several years. The registered manager told us they would address this promptly. Failure to conduct regular checks could result in the service employing people who were not of good character.

Although most people who used the service did not require assistance from the service to take their medication, those who did so said they were happy with how they were supported. One person told us, “They know where it is and will get it for me if I ask.” The care co-ordinator explained how they had recently introduced a process for staff to support a person to take their medication. This included details for staff of the person’s medication and when it should be taken. A member of staff we spoke with said they had recently undergone training in safe medication administration. Staff kept a record of medications administered and the care co-ordinator said they would audit these records at the end of each month. This ensured people would receive their medications as prescribed.

Is the service effective?

Our findings

All the people we spoke with said they were happy with the care they received. People told us that the service met their needs and supported their wellbeing. A person who used the service told us, “I am much better now. I was in a right state when they first came.” One member of staff told us how a person they had supported was now able to self-mobilise and records showed that the skin integrity of another person had vastly improved since they joined the service. A health care professional told us that staff were knowledgeable and people’s conditions had improved since they were supported by the service.

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. A person who used the service told us, “They have all the knowledge they need.” A relative told us, “I am happy to stand back and let them get on with it. They know what they are doing.” We spoke with four members of staff who all said they received regular training and additional training as people’s care needs changed. One member of staff told us that the provider, “Had been very helpful,” in supporting them to gain additional health and social care qualifications. The care co-ordinator gave several examples of how they supported staff with their personal development and obtaining professional qualifications. These included supporting staff to conduct supervisions and observations of other staff members. Some members of staff were key workers to people so they could provide guidance and advice to other staff about the person’s specific care needs. We spoke to a member of staff who was a key worker to two people who used the service. They were able to explain the people’s specific care needs, which we noted was in line with their care plans.

The care co-ordinator and a senior care explained the provider’s induction process for new staff which included an introduction to the people who used the service and observations to ensure they had demonstrated the skills needed to meet their care needs. All the staff we spoke to had worked at the service for some time but all confirmed that their induction had prepared them to fulfil their roles and responsibilities. The registered manager and care co-ordinator conducted observations and supervisions with established care staff in order to ensure they remained competent to support people in line with their care plans.

People had been offered the opportunity to express how they wanted to be supported and when possible people had signed their care records to indicate their agreement and consent. When necessary people had been supported by others who were close to them in order to help them express their views and make decisions about how they wanted their care to be provided. We saw that the provider would change how people were supported in line with these wishes. On one occasion this involved reducing the number of calls a person received when their condition improved and they had expressed a preference for support to become more independent.

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.

All the people we spoke with said that staff would seek their consent to provide care. The registered manager and staff we spoke with were knowledgeable of the requirements of the MCA and we saw that staff had received training in how to support people in line with the MCA.

Most people who used the service were supported by relatives or friends to make their own meals and drinks. Those who required support from staff said they were happy with the support they received. One person told us, “My family look after my meals but the staff will help if we ask.” People said that staff would check if they wanted a drink or snack when they visited. The care co-ordinator explained the service’s process for supporting people when they were thought to be at risk of malnutrition. This ensured that people who used the service were supported to eat and drink enough to stay well.

Is the service effective?

People told us and records showed that they had access to health care professionals when necessary to maintain their health. We saw that when necessary health care professionals had trained care staff in how to deliver the specific care plans they had developed.

Is the service caring?

Our findings

All the people we spoke with said that staff were caring and were happy to be supported by the service. People told us staff were considerate and respectful of their wishes and feelings. Comments included, "The staff are lovely," and "I am very happy with the staff"

People who used the service told us they were supported by regular staff and this had enabled them to develop positive relationships with them. A person who used the service told us, "The same people come every day." A relative told us, "We look forward to them coming, they get everything perfect." Staff we spoke with could explain people's specific needs and how they liked to be supported. We saw that they were pleased when told us how people's conditions had improved. A member of staff told us, "They have really come on since I started. I am very proud."

The provider had a process to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. People who used the service told us that they regularly met with staff to ensure they were happy with their proposed care plans.

One person told us, "The manager visits and asks what I think of the service." All the people we spoke with said that staff respected their choices and delivered care in line with their wishes. When necessary the provider had taken additional action, such as involving family members and health care professionals, to speak up on people's behalf. The provider sought out and respected people's views about the care they received.

The service promoted people's privacy and dignity. Staff we spoke with told us they would knock and introduce themselves before entering a person's home and a person's relative confirmed this. We saw the provider had a dignity and respect policy and staff confirmed this was explained when they started working at the service and discussed at regular meetings.

The care co-ordinator told us how they had supported a person with their wish to be more independent. This involved reducing the number of visits to the person's home and a member of staff who supported the person also told us it was important to the person that they conducted as much of their own personal care tasks as possible. The member of staff respected and promoted the person's independence.

Is the service responsive?

Our findings

People who used the service told us that the service met their care needs and would respond appropriately if their needs and views changed. A person who used the service said, “If I want anything they will do it for me.”

People told us that the provider responded according to their care needs and we saw that the service had responded promptly when people required additional or fewer calls. On one occasion the service had arranged for a door lock to be replaced when a person who used the service lost a key.

The service had taken action when people’s conditions changed. This had included supporting people to access additional mobility aids and involving other health care professionals in people’s care. When necessary staff had been supported to learn new skills in response to people’s changing conditions.

People told us and records confirmed that they were involved in reviewing their care plans and we saw that records were updated to reflect people’s views. Although

records contained details of people’s preferences this information was not easily accessible. The registered manager told us they would develop a brief easy to read summary of people’s preferences. Staff we spoke with however were aware of people’s preferences and gave us examples of how they supported people in line with these wishes. One member of staff told us, “I do not rush [name]. They like to do things at their own pace. They do not want me to take away their independence.”

The provider had systems in place to support people to express their views about the service. People told us that staff sought their opinions of the service and the provider had conducted a survey recently of people’s views. We noted that most feedback was complimentary about the service and saw evidence that the provider was currently involved in reviewing the feedback to identify if further action was required.

People we spoke with were aware of the provider’s complaints process and felt concerns were sorted out quickly without the need to resort to the formal process. We noted that people received details of the provider’s complaints process when they joined the service.

Is the service well-led?

Our findings

All the people we spoke with were happy to be supported by the service and pleased with how it was managed. One person who used the service told us, “They are good managers.” A relative said, “The service is very good. I can speak to someone at any time.” A health care professional described the service as, “Excellent,” and advised that there were good communication processes in place. They advised that they were confident that staff kept informed them of people’s conditions and that staff would request their involvement to support people when necessary.

We looked at the care records for three people and saw that they had been regularly reviewed. Reviews of records however had failed to identify that risk assessments did not always contain detailed information about how staff were to reduce the risk of harm or clearly identify people’s lifestyles and personal preferences. Reviews of staff files had failed to identify that there were no processes in place to regularly check that staff remained suitable to work with people.

Although the provider had processes for monitoring and improving the quality of the care people received. We noted however that comments and incidents were not regularly reviewed for trends which could affect the quality of care people received.

There were systems in place to monitor that people were getting their calls in line with their care plans. The registered manager monitored these and was able to demonstrate that missed or late calls would be quickly identified by the system if they occurred. People told us they had received calls in line with their care plans.

People told us they were happy to express their views about the service to the staff who supported them. We noted that the provider had conducted a recent survey to capture people’s views about the quality of the service and regularly visited or called people in their own homes. Comments were generally positive about the service. The

registered manager had also conducted a survey to establish if staff felt they were able to provide care in line with current health and social care regulations. Comments from staff were again very positive.

People told us they were encouraged to express their views about the service and felt involved in directing how their care was developed. The relative of a person who used the service expressed their confidence in the management team and staff we spoke to said the registered manager and care co-ordinator were approachable and supportive. One member of staff told us, “They are very helpful, I can depend on them.” Another staff member said, “They are good managers. They are good people.”

There was a registered manager at the service who understood the responsibilities of their role including informing the Care Quality Commission of specific events the provider is required, by law, to notify us about. They demonstrated that they had worked with other agencies and healthcare professionals when necessary to keep people safe.

The registered manager had clear views of the actions they wanted to take improve the service and staff we spoke with were confident in their abilities to lead the service. They had a clear strategy to ensure the service was sufficiently resourced to meet people’s care needs. The registered manager gave us examples of how they had rejected opportunities to expand the service when there were risks these would have reduce the quality of care provided to people already using the service.

The service had a clear leadership structure which staff understood. Staff told us and we saw that they had regular supervisions. We saw that these had included discussions about people’s care needs and what support staff required in order to meet these needs. Staff we spoke with confirmed the registered manager would respond to concerns raised. Staff also told us they received regular calls from the care co-ordinator which ensured they were aware of any changes in people’s conditions and gave them ready access to advice and guidance when necessary.