

Community Care Worker Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We completed an unannounced inspection at Community Care Worker Limited on 25 July 2016. At the last inspection on the 19 January and 20 January 2016 we identified multiple breaches in regulations. We found that the service was not safe, effective, caring, responsive or well-led. As a result of our last inspection, this provider was placed into special measures by CQC. The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Community Care Worker Limited are registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported five people in their own homes.

There was a registered manager at the service who was also the provider. 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's risks had not always been planned or managed to keep people safe. Records gave inconsistent accounts of people's risks and how staff needed to support people to reduce their risks.

Effective systems were not in place to ensure that medicines were administered and managed safely.

Improvements had been made to the systems in place to assess and monitor the quality of the service. However, these were not effective and the concerns we raised at the inspection had not been identified by the registered manager. Risks had not always been mitigated to ensure people were receiving safe care.

People and their relatives were involved in the planning of their care and some improvements had been made to show people's preferences in how they received their care.

Reviews of people's care needs had been carried out. However, further improvements were needed to ensure that people's changing needs were updated.

People were protected from the risk of abuse because staff understood their responsibilities and actions required to safeguard people from the risk of harm.

There were enough suitably trained staff available to meet people's assessed needs. Staff had received training to help them carry out their role effectively.

The provider had safe recruitment procedures in place and we found that required checks had been carried out on all staff to ensure that staff were suitable and of good character to provide care to people who used the service.

We found that people had consented to their care and where they were unable to consent there had been mental capacity assessments carried out to ensure that decisions were made in their best interests. Staff and the provider understood their responsibilities under the Mental Capacity Act 2005.

People were supported to access other health professionals to maintain their health and wellbeing.

People told us that staff treated them in a caring way and showed dignity and respect when they provided support. Choices were promoted and people were able to choose how they received their care in a way that met their preferences.

Improvements had been made to the way the provider handled and responded to complaints that had been made by people who used the service and their relatives.

People had been asked to provide feedback about the quality of service they received. Where people had given feedback this had been recorded and acted upon by the registered manager.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe.

People's risks had not always been planned or managed to keep people safe. Records gave inconsistent accounts of people's risks and how staff needed to support people to reduce their risks.

Effective systems were not in place to ensure that medicines were administered and managed safely.

Staff and the registered manager understood their responsibilities to protect people from the risk of abuse.

There were enough staff available to provide support to people when they needed it. The provider had safe recruitment practices in place.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Improvements were needed to ensure that feedback from staff in supervisions was acted on.

We found that people had consented to their care. Staff and the provider understood their responsibilities under the Mental Capacity Act 2005.

Staff had received training to help them carry out their role effectively.

People were supported to access other health agencies and staff ensured people had sufficient amounts to eat and drink.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff treated people in a caring way and showed dignity and respect when they provided support. Choices were promoted and people were able to choose how they received their care. People's privacy was maintained.

Good ●

Is the service responsive?

The service was not consistently responsive.

Further improvements were needed to ensure that reviews identified changes in people's needs and records were updated to reflect these.

Staff knew people well and how they preferred their care, however the care records did not always reflect people's preferences in care.

The provider had an effective complaints system in place and complaints received had been acted on.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Systems that had been implemented to assess, monitor and manage the quality of the service were not always effective and further improvements were required.

People and staff told us improvements had been made to the organisation of the service and the way that care was provided.

People were asked to feedback their experiences of the service and actions had been taken where issues had been raised to make improvements to people's care.

Inadequate ●

Community Care Worker 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 was 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 25 July 2016 and was unannounced. The inspection team consisted of two inspectors.

We reviewed other information that we held about the service. This included notifications we received about incidents and events such as; safeguarding and deaths that had occurred at the service, which the provider is required to send to us by law. We contacted local authority commissioners to obtain a view of their experiences with the service and provider.

We spoke with four people who used the service, one relative, six staff and the provider. We viewed five records about people's care, which included medicine administration records. We also viewed records that showed how the service was managed, which included 12 staff recruitment records.

Is the service safe?

Our findings

At our last inspection, we found that risks to people's safety and welfare were not consistently planned, monitored and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had not been made.

We found that people's risks were not always planned and managed to keep people safe. For example; one person displayed anxieties and behaviours when staff provided support. Staff who visited this person regularly told us about this person and how they needed to support them to alleviate their anxieties. However, some staff were unaware of this person's behaviour that may challenge because they did not support them regularly. One staff member said, "I didn't know they had behaviour that challenges. There is nothing written in the care plan about behaviours". We saw that staff had raised concerns about this person's behaviour but a risk assessment had not been put in place to give staff guidance on how to support this person safely. We asked the registered manager and co-ordinator why this person's plan had not been updated to reflect the concerns raised by the member of staff. We were told; "I don't know why this hasn't been picked up. I agree it should have been". Another person's risk assessment showed that staff needed to use a stand aid to support them to move. Staff we spoke with told us that this person no longer used this equipment as they are unable to stand safely and they had been assessed by a health professional to use alternative equipment. The daily records confirmed that staff were using different equipment, but this person's records had not been updated to show the change in support required. This meant that this people were at risk of unsafe care because staff did not have up to date guidance to follow to protect people from the risk of harm.

We found that risks to people's skin was not monitored or managed safely. For example; we saw that two people's care plans stated that they were at risk of skin breakdown and they required a skin integrity chart to be completed by staff. We viewed the skin integrity charts and found that both these records had not been completed as planned for and there were gaps in the records. Where staff had recorded some information about people's skin we found this was not consistent and there were not sufficient details to ensure that their skin was being monitored effectively. For example; records for one person stated skin was red and sore on one day and then 'not applicable' was recorded for days afterwards. We could not be assured that this person's skin was maintained to maintain and prevent any harm to their skin. We spoke with the registered manager and a care coordinator who were unaware of the issues we raised and they were unable to explain whether this person had been supported to lower their risk of skin damage. This meant that we could not be assured that people's risks had been monitored and mitigated safely to protect them from harm.

We found that people's topical creams were not always recorded within the records and there was no guidance for staff to follow. For example; two people's skin records we viewed stated that staff were applying cream but this was not detailed on the Medicine Administration Records (MARs). We found the MAR sheets for three people did not contain sufficient information to give guidance for staff to ensure that medicines and creams were administered as required. People were at risk of skin breakdown because staff did not have sufficient information to maintain people's skin integrity. This meant that people's medicines

were not administered and managed in a way that promoted safe and consistent support.

The above evidence demonstrates that effective systems were not in place to ensure risks to people's safety and welfare were consistently planned, monitored and managed. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, we found there were not enough staff available to support people safely. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

People and their relatives told us that there were enough staff available to provide care when they needed it. People told us that staff arrived at a time when they needed and where staff were delayed people were kept informed. One person said, "It is a lot better now. The staff come when I have asked, which is important for me as I need to be supported at a certain time". A relative said, "Staff are mostly on time and they have a system where they have to log in and out when they visit. We are always kept informed if they are running a bit late". Staff told us they felt there were enough staff available and they had more time to provide support for people. One staff member said, "Staffing is a lot better now. We have enough time to help people and I give people time so they are not rushed. Sometimes I stay longer if people need me to". We viewed people's daily records that showed they received their care for the amount of time they required to meet their needs.

At our last inspection, we found there were no systems in place to ensure that staff were of good character and suitable to provide care to people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

We found the provider had a safe recruitment procedure in place. Staff told us they had undergone checks to ensure they were suitable to provide care to people. We viewed 12 staff files which showed that the registered manager had obtained references and staff had undergone criminal checks with the Disclosure and Barring Service (DBS). We also saw that there were details of staff's approval to work in the UK, which had been approved by the immigration service. This meant people were supported by staff that were suitable to provide care.

People told us that they felt safe when staff provided care. One person said, "The staff are very good and look after me safely". A relative said, "The staff know how to transfer my relative safely. They always treat them well too and I have no concerns about their safety". Staff told us how they supported people to remain safe and were able to explain the action they would take if they felt a person was at risk of abuse. One staff member said, "I know different signs to look out for such as; changes in people's mood and physical signs. I would report this to the office immediately and I know I can report to other people too; such as; the local authority and CQC". We spoke with the registered manager who understood their responsibilities to report abuse to the local authority where concerns were raised.

Is the service effective?

Our findings

At our last inspection, we found staff were not suitably qualified to provide care to people effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

People told us they felt that staff knew how to support them effectively. Staff told us there had been improvements in the training they received and they understood how to care for people effectively because of the training they had received. One staff member said, "There has been a big improvement to the training, we have had a lot of training in the last 5 months. I have found this really useful because I was unsure of how to use some of the equipment safely but I am confident now I have received training". Another member of staff said, "The training is a lot better and some of the training is practical which is good. I know what I'm doing now". The training records we viewed showed that staff had received updates in training such as; safeguarding vulnerable adults, mental capacity act and behaviour that challenges. This meant people were supported by staff who had the skills and knowledge to support them effectively.

Staff told us they had received supervision on a regular basis. One member of staff said, "I have received supervision which has been useful. It gives me an opportunity to discuss any concerns I have". Another staff member said, "I receive positive comments in supervision but I am also made aware of areas that need improvement". We saw records that senior members of staff had raised issues with regards to improving record keeping. However, we found this had not been effective as we found that record keeping had not improved. For example; we found that records had not been completed for two people's skin care and it was unclear whether people had been supported effectively to ensure their skin was healthy. A member of staff had also raised concerns about a person's behaviour in supervision and we found that there had been no changes made to this person's care plan from the information received. We asked the registered manager why these issues had not been acted on and they were unable to explain, they said, "I must of missed this, we will make sure we do it now though". This meant staff supervision was not always effective because improvements or changes had not been made where concerns had been identified.

At our last inspection, we found the provider was not acting in accordance with the Mental Capacity Act (MCA) 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

The 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 and their relatives told us they had consented to their care and staff asked if they were happy with the support they were going to provide. One person said, "I have been fully involved and have been asked to agree to the support I receive". A relative said, "We have been asked to consent to the support provided and we are fully involved with any decisions that need to be made". Staff had a good understanding of their responsibilities under the MCA 2005 and what it meant for people. Staff told us the actions they needed to

take when a person lacked capacity to make decisions. Staff knew which people had the capacity to make decisions about their care and treatment and how to support people if they were unable to make certain decisions for themselves. One staff member said, "I have a better knowledge of MCA since the training we have received. It makes sure that people who have been assessed as not having capacity have decisions made in their best interests". Another member of staff said, "I know who is able to make decisions now as we have records that shows us and I've undertaken training too".

We saw that mental capacity assessments had been completed. For example; we saw there were mental capacity assessments in place to give staff guidance on which people were able to make informed decisions and who was the most appropriate person to make decisions in their best interests if they lacked capacity to do so for themselves. This meant that the provider was aware of their responsibilities to ensure people received care that was in their best interests.

People told us that staff supported them with their food and drink in a way that met their preferences. One person told us that staff offered them choices and knew what they liked to eat and drink. Staff told us how they supported people to have access to sufficient amounts to eat and drink. One staff member said, "I ensure people get the food and drink they need and what they like. If people are unsure I will go to the fridge and show people what they have available". We saw that people's care records contained details of any nutritional risks and how staff needed to support people to maintain their diet. For example; we saw that one person often refused food and the records stated that staff needed to ensure the person had their meal left next to them so they could access this. Staff told us how they supported this person with their food and drinks and the daily records matched the support required.

People told us that they were supported to access health professionals when they needed to. One person said, "Staff are very good. They have contacted the doctor for me if I have felt unwell". Staff explained the actions they would take if they identified there was deterioration in people's health and wellbeing. The records we viewed showed that staff had reported concerns to the office and action had been taken by the office staff to ensure people were supported to maintain their health and wellbeing.

Is the service caring?

Our findings

People told us they were happy with the way the staff supported them and staff were kind and caring. One person said, "The staff are really kind and they do everything I need". Another person said, "The staff are good people and they look after me well". Relatives told us that the staff always treated people in a kind way and they were happy with the way staff cared for their relative. One relative said, "The staff are all very nice and they have always acted in a caring and kind way with my relative". Staff told us they treated people in an unrushed way, which made people feel cared for and comfortable with the support provided. One staff member said, "I never rush people, we have enough time to make sure people are ready for the support to be provided. One person I support can get anxious and I talk to them and give reassurance until they are ready for me to help them".

People were given choices in the support they received and they told us staff always asked them what they needed. One person said, "Staff always ask me what I want and they are very good as they listen to what I want". Another person said, "I never feel like I can't say how I want things doing because I have a good bond with my regular member of staff". Staff told us that they asked people before they provided support and took account of their wishes. One staff member said, "I make sure I ask people what they want doing and listen to their choices and promote people's independence".

People and their relatives told us that they were treated with dignity and respect when staff were supporting them. One person said, "Staff help me to shower and they make me feel comfortable. I was embarrassed at first but feel a lot better now because I trust the staff member who looks after me". Another person said, "Staff are sensitive and make me feel comfortable". Staff told us that they always made sure that people's dignity and privacy was protected when they were providing care and support. One staff member said, "I make sure people are comfortable with me and speak with people in a way that makes them feel reassured". Another member of staff said, "It is important that people are given privacy and I treat people sensitively when I am providing personal care. I speak with people in a way I would want to be spoken to".

Is the service responsive?

Our findings

At our last inspection, we found people were not involved in the assessment and review of their care, and people did not receive care that met their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

People told us that they received their care in a way they preferred. One person said, "My carers know me well and look after me just how I like them to". Another person said, "I have the same carer who comes out and they know me well. They do things for me how I like them done". Staff we spoke with knew people's preferences and were able to describe how people liked to be supported to maintain their independence. However, we found that records did not consistently contain people's preferences of how they wanted their care to be carried out. For example; people's preferences had not been recorded on their care plans and did not always reflect what staff knew about people. This meant there was a risk that new or unfamiliar staff would not understand people's preferences in care.

We found that people's care needs had been reviewed and people told us that they were asked for feedback about their care and if they needed any changes made to support them better. However, we saw that some people's changes in behaviour had not been updated although there had been a review of their care and staff had informed the registered manager that they had concerns. For example; one person's behaviour had changed and staff had informed the registered manager of their concerns. We saw that there had not been an update in this person's care records to give staff guidance on how to manage this person's behaviour that may challenge. Staff were aware of the changes in people's needs and how these needed to be managed, but newly employed or unfamiliar staff would not have this information available to them. This meant further improvements were needed because there was a risk of people receiving inconsistent care as the records did not always contain up to date guidance for staff to follow.

People we spoke with told us they received consistent staff at a time that they needed it. One person said, "There has been a lot of improvements and I get regular staff now. I only like female staff to support me and they have taken this into account now, which makes me feel more comfortable". People told us staff usually arrived at their preferred time and they were contacted by the office if the staff were going to be late. One person said, "The staff arrive at the time I have asked. They are very rarely late, but if they are running late they let me know". Staff told us that they had a regular rota and provided care to the same people each week unless there were holidays and sickness. This meant that improvements had been made to ensure people received responsive care.

At our last inspection, we found there were not effective systems in place to manage and act on complaints received about the service. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

People told us that they were aware of how to complain and knew who they needed to contact if they had

concerns. One person said, "I have no complaints but I would speak to the office if there was something wrong". Another person said, "I have had a couple of little concerns, but these have been acted on and improvements made. I'm happy with things now". We saw the provider had a complaints system in place and complaints received had been logged. The complaints we viewed contained the actions taken by the registered manager. For example; we saw that issues raised had been discussed with staff and spot checks had been carried out to ensure staff were carrying out the support as required. This meant that the provider had a system in place to manage and act on complaints received.

Is the service well-led?

Our findings

At our last inspection, we found that there were not effective systems in place to assess, monitor and mitigate risks to people's safety. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found further improvements were needed to meet the regulations.

We found the registered manager had introduced systems to monitor and assess the quality of care. However, the systems in place were not effective. For example; one person's risk assessment for their mobility did not contain up to date information and did not match the support that the person and staff told us was being provided. This meant there was a risk of the person receiving unsafe care. Another person's skin records were not being completed by staff. We could not be assured that this person's skin was maintained to maintain and prevent any harm. We spoke with the registered manager and a care coordinator who were unaware of the issues we raised and they were unable to explain whether this person had been supported to lower their risk of skin damage. The audits that had been carried out by a care coordinator and checked by the registered manager had not picked up the concerns that we identified at the inspection. Therefore, action had not been taken to ensure that people were receiving their care as required. The registered manager and care co coordinator were unable to explain why these had not been identified. This meant that the provider lacked an insight and understanding of the risks at the service and we were not assured by the provider that the systems in place would be sustained to prevent potential risks to people.

We saw the registered manager had introduced a system to monitor the length of time staff stayed at people's homes. This was an electronic system where staff were required to log in and out at people's homes. We saw that a report had been completed on a weekly basis to show the percentage of time at people's homes. The report identified that none of the staff had scored 100%, which meant that staff did not stay the assessed amount of time on numerous occasions. The report did not identify which people had not received their assessed amount of support and there had been no action taken by the registered manager to identify who had not received the length of time required. The report did not state what action had been taken where staff were not staying the correct amount of time. For example; one member of staff scored 83% of the correct length of care provided. The registered manager told us that they would call staff and tell them how important it is to give people the time they need and also to log in and out of the system, but we did not see evidence that this action had been taken. This meant the systems in place to ensure people were receiving the care they had been assessed for were not effective.

We found that some records were out of date and did not correspond with the care that was being provided. For example; people's preferences had not been recorded on their care plans and did not always reflect what staff knew about people. This meant there was a risk that new or unfamiliar staff would not understand people's preferences in care. We found that some people's changes in behaviour had not been updated although there had been a review of their care and staff had informed the registered manager that they had concerns. For example; one person's behaviour had changed and staff had informed the registered manager of their concerns. We saw that there had not been an update in this person's care records to give

staff guidance on how to manage this person's behaviour that may challenge. The concerns we raised had not been identified by the registered manager and they were unaware that people's records were not up to date. We did see that letters had been forwarded to staff and records had been discussed in supervision but this was not effective and further action had not been taken. We asked the registered manager why the concerns had not been followed up. The registered manager said, "I don't know why. I must have missed this". The registered manager told us that they were still imbedding some of the systems and they recognised that the checks had not been effective. This meant that people were at risk of unsafe and inconsistent care and improvements were required to ensure that the provider mitigated risks to people to keep them safe from harm.

The above evidence shows that there were not effective systems in place to assess and monitor the quality of the service provided. The provider did not have a clear overview of the service and had not sustained improvements to keep people safe. This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that there had been improvements in the service they received. One person said, "It is a lot better now, I get what I want and I feel listened to". Another person said, "I think things are improving all the time and I'm a lot happier with the service now". Staff told us that they had seen improvements since the last inspection and they felt the service was more organised. One member of staff said, "There have been improvements to the way we work and I can see where we have got better. People receive care less rushed and there is more structure now". The registered manager told us how they had improved the systems and organisation of the service by appointing more co-ordinators to undertake some of the office based work. The registered manager said, "We have improved a lot and taken on board what you have said. I know we still have some areas to improve on as we are still learning the new systems". This meant that the provider had made some improvements to the way they led the service, but we found that further improvements were needed to ensure that the service was well led.

People told us that they had been asked for feedback about their care. One person said, "Staff are always asking if I am happy with what they are doing and I have seen the manager too". We saw that feedback forms had been sent to people and their relatives to gain their experiences of the care provided. The registered manager had analysed these and made changes to the feedback provided. For example; we saw that a feedback form received in February 2016 showed two people were unhappy that the staff were not on time. Action had been taken by the registered manager and a feedback form received from the same two people in May 2016 showed they were happy with staff time keeping. This meant that feedback received from people had been acted on to make improvements to the service provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Effective systems were not in place to ensure risks to people's safety and welfare were consistently planned, monitored and managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess and monitor the quality of the service provided.