

Cradley Care Services Ltd

Cradley Care Services LTD

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cradley Care Services is a domiciliary care agency. The service provides personal care to people living in their own homes. At the time of our inspection there were 50 people using the service.

People's experience of using this service and what we found

Some systems to monitor the quality of the service had not been effective. Robust auditing had not taken place and had not identified that Electronic Call Monitoring Records (ECM), were incorrect and that call times were inaccurately recorded.

People felt safe and trusted staff. Staff knew how to support people to keep them safe. Prescribed medication was given according to the prescriber's instructions. Carers had received training to recognise and report signs of abuse.

Safe recruitment processes were in place and staff received a thorough induction to familiarise themselves with the expectations of the role and the values of the service. Staff received appropriate training and supervision to help them acquire the skills and knowledge to fulfil their role and responsibilities.

People told us staff were caring and compassionate. People were treated with dignity and respect and their independence was promoted and encouraged by staff.

People's needs were assessed before the service provided them with care or support. People and their relatives, where appropriate, were involved in this process.

The registered manager was open and transparent and promoted a person-centred culture within the service according to staff. Systems and processes were in place to seek the views of the people who used it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 09 June 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as the service was unrated.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cradley Care Services LTD

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. This information helps support our

inspections.

We used all of this information to plan our inspection.

During the inspection

When we visited the office, we spoke to the registered manager, and a care co-ordinator who supports the registered manager.

We reviewed a range of records. This included 5 people's care and medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records in relation to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service after registration. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People were not supported by a regular staff team that got to know them well. One relative told us, "There are different carers that come all the time and it would be nice to get regular staff." However, they told us that the quality of the care was good, and that staff always made sure their relative received the care that was needed. The registered manager told us that they had recently recruited a large number of new staff. They said that staff moving between different people's homes was a policy they had used for new staff. This policy was so that staff had a wider knowledge of the people they would be supporting after any probation period and to allow them to gain knowledge of different needs. However, they reflected that this may not be best practice as it could increase risk to people if staff did not know them well, and that they would have named staff for people in the future. They added that this policy is only for people who had capacity and were considered to require less support in order to mitigate risk to staff and people.
- Two people and their relatives told us there had been a number of occasions when staff had been late, and that the office had not communicated late calls to them. This meant some people had to wait for care calls longer than the time they expected. The provider told us that they always prioritised people who had time sensitive medication and those who were cared for in bed to ensure safety. They told us that they have rescheduled calls and staff allocations which has minimised late calls.
- Staff were recruited safely and had appropriate pre-employment checks in place.
- The provider used a system to support safe recruitment practice which was in the form of a recruitment policy. This prevented staff from being approved to start work until all checks had been completed with an acceptable outcome. Checks included taking up references, completion of a disclosure and barring check and proof of identity and right to work in the UK.

Using medicines safely

- People were having medication administered as and when prescribed. People and their relatives told us the medication was administered as they had been advised by medical professionals. There was evidence that staff were recording medicines in a proper manner that utilised the daily notes logs and Medication Administration Charts (MARS) used by the care agency. Appropriate body-maps were used when required for topical creams to help staff ensure creams were applied according to the prescribers instructions.
- Staff were trained on how to administer medicines before carrying out this duty. They were able to demonstrate an understanding of people's medication and when, 'as required' prescribed medication should be administered.
- The provider checked staff competency following their training at regular intervals. This helped to ensure staff had retained their skills and understood safe practice in medication.

Assessing risk, safety monitoring and management

- People and their relatives told us that carers personalised their approach to managing risks around behaviour that could be challenging by having a good understanding of the people they support. One relative said, "The carers really are brilliant. My mum has dementia and can sometimes be violent or abusive, but staff are always gentle and judge her moods to keep themselves and her safe".

- People's individual risks were assessed, and measures were put in place to keep people safe.

- Risk assessments provided details to guide staff in how to support people safely. These were updated by the provider every 12 months or when there were changes and updated information such as up to date family, medical and other agencies details.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "The staff go out of their way to make sure I am well. One saw money on my table and asked me to count it before she put it in a drawer to make sure it doesn't go missing".

- Staff received training and were able to demonstrate they knew the process for reporting concerns. They knew about Safeguarding and Whistleblowing protocols. One staff member said, "Our job is about keeping people safe, sometimes even from themselves. We had a person who sometimes hits themselves, so I try to distract (name of person) by talking about olden days".

- The provider had systems in place to regularly check staff competence in this aspect of their work. This included regular 'spot checks' where managers would assess work in a person's home environment. These checks included medication and safeguarding risks.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was using PPE effectively and safely. All people told us that staff wore PPE at all times.

Learning lessons when things go wrong

- Incidents and accidents were managed effectively and used to support the service develop and improve.

- Records showed the registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence. This was done using an action plan arising from the original issue which used target dates to ensure good levels of compliance. An example is when the provider noted support plans were not robust enough as they did not contain enough information for staff to know people's needs well. They actioned an improvement plan which gave them a period of time to review all current plans and update them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service after registration This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat, drink and prepare meals where this was identified as a need in their care plan.
- Staff told us they would always offer drinks and check for that people were drinking enough fluids..

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The staff were working within the principles of the Act, mental capacity and best interests' assessments. These assessments were updated as required, and the registered manager was arranging best interests' meetings where needed.
- People told us that staff sought their consent before providing them with any care. One relative told us "They (Staff) are really good about asking permission to do anything personal like dressing or washing". People told us "The carers always ask when undressing me, and are so careful to keep my body covered during washing".
- Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to starting with the service in line with legislation and guidance. The assessments identified people's needs in relation to issues such as personal care, eating and drinking, mobility, skincare and communication. New staff usually worked with people who were assessed as requiring less support or were paired with another experienced Carer when attending people who needed 2 carers or had higher care needs. This meant that experienced staff were available to support new staff to

provide good quality care.

- Care and risk plans were reviewed and updated as people's needs changed. People, their relatives and staff told us that care plans were reviewed at least annually or more regularly where there had been changes.

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the right skills and knowledge to care for them well. One person told us, "I am well looked after as the staff are so respectful and go over and beyond".
- The provider ensured staff had support to develop their skills through a flexible and robust approach to training. Staff told us that specialist knowledge such as Hoist usage was always face to face with a manager guiding usage and assessing competency.
- Staff told us they had a comprehensive induction process which equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need this was arranged immediately. An example would be diabetes training where staff would discuss signs and symptoms in team meetings to ensure that they understood the online training.
- Staff confirmed they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew people's needs by reading care plans prior to providing care, and ensured that any changes in a person's condition was noted and discussed with the management team or their relative where appropriate. However, regular staff changes meant that staff did not know people well.
- Staff and managers worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff work cooperatively with other health and social care professionals such as GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this service after registration This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and treated them well. One relative told us, "It's not just a job to them [the staff]. It makes all the difference in the world when they actually care what they're doing". However, 1 person told us that they had difficulty in communicating with some staff as they found it difficult to understand their accent. They told us that the care was of a good quality, but that staff sometimes misunderstood what they had said. The registered manager assured us that they would ask staff to speak slowly and repeat things as necessary to ensure that people were not put at risk through miscommunication.
- People said they appreciated having caring care staff and this increased their confidence that staff were trustworthy, provided dignified care and treated them with respect. One relative told us, "They're (the staff) so respectful asking my mum what she would like them to call her like Mrs, or aunty or by name".
- Staff, relatives and people told us that the provider made efforts to visit them to see carers at work.. This enabled the provider to be reassured that staff were meeting people's needs.
- One person receiving care told us, "English is not my first language, but the registered manager made sure I was usually given staff who spoke my language to make sure I understood what was happening".

Supporting people to express their views and be involved in making decisions about their care

- People and relatives confirmed they had been involved in decisions about their care. This included what they needed help with and how they liked care to be carried out.
- As well as satisfaction surveys and regular reviews of care, the registered manager was calling and visiting people regularly to gain feedback and discuss any concerns people had.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that privacy and dignity was promoted. One relative told us that carers always ensured doors and curtains were shut when supporting their family member with personal care.
- Staff told us how they supported people to do as much for themselves as they were able to. They told us about ways they protected people's dignity during care tasks for example by using towels and sheets to cover private areas.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service after registration. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. One relative told us, "All I have to do is ring the office and straight away they will change things or explain why they can't".
- People were supported to achieve the goals that were important to them. For example, one person was supported to obtain religiously significant food.
- Care plans were person-centred and considered people's preferences, likes and dislikes. Risk management and mitigation formed a part of care planning to support independence and personalised support.
- People and their relatives were involved in the development and ongoing review of their care. Care plans were reviewed regularly or as and when their needs changed.
- Staff were kept informed about changes in people's care and support needs by office staff. The provider told us, and records confirmed, that they were transitioning to an electronic case record management system in the near future. This would help to make changes clearer to staff without reading paper records which was time consuming. This would help staff to stay up to date with information about people's needs better, as well as ensuring that important information was not missed by using system prompts. They were currently maintaining paper records currently to ensure information was not lost and that staff had adequate training and support prior to full transition to electronic systems.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people using the service were able to communicate verbally with staff. They could also read and understand information given to them by the service.
- Where people's communication abilities were limited, they had communication care plans in place to support staff to know how best to interact with them. This included recruiting staff who had the skills to communicate in different languages. The registered manager told us that they actively recruited staff to serve the diverse population they served. However, 1 of the communication plans we reviewed did not give staff enough information. It stated that '(name of person) to be supported with communicating'.
- The provider told us they would provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or using translation services to communicate with people who did not speak or understand English. We saw no examples of this during the inspection. The person who spoke a different language was offered documents in their preferred language,

however they had declined. This was because their family member was supporting them at home and wanted documents in English.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns or complaints with the provider.
- Complaints were recorded in an action plan which enabled the provider to review and analyse themes and patterns of concerns raised and use this information to make improvements to the service.
- The provider investigated and responded to complaints appropriately and in line with their policy.

End of life care and support

- When the inspection was carried out the service was not supporting people at the end of their lives. However, the registered manager was completing some end of life planning with people who wanted to plan for the future. The care plans were not robust however, and the registered manager told us that they would include more details during reviews as some people were reluctant to discuss end of life. One such example is a plan not providing instructions to staff with regards to family contacts or what to do in case of death of a person receiving support.
- Where people had a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT form) these were held in their files.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Requires Improvement.

This is the first inspection for this service after registration. This key question has been rated requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had an extensive system of auditing service quality, however call monitoring audits undertaken had not identified that the electronic call monitoring records were incorrect with some calls showing at 0045am, 0300am and not in line with the required call times. Staff told us that they had not always been able to use the system effectively and had continued to use the paper records in people's homes. Records confirmed this. The registered manager told us that they verified call times when they reviewed paper records in people's homes but agreed that a more robust system was not in place that would enable them to monitor call times more effectively. During the inspection, the provider initiated a new system for call times and stated that staff would be re-trained to use the electronic system better.
- We saw an example of where a care plan audit on 09 October 2022, had identified that the quality of information within care plans was not detailed enough for new staff to understand people's needs and risks. The provider made updates and reviewed information to better represent people's needs and risks as part of an improvement plan. This meant that staff had more detailed information about people and could provide more person-centred care. People told us that the registered manager would often ask how the service could be improved when they visited people as part of quality reviews.
- One person told us that some calls had been short previously, however the registered manager had listened to their complaint and remedied matters. The registered manager explained that this was due to carers not having enough time to travel, and that they had changed staff schedules after listening to the person's complaint.
- Systems had not identified that did not fully understand the 'Homeley Remedies' policy, which meant that staff did not know how to deal with requests for un-prescribed medication. One person told us that they required additional pain relief for a headache. However, staff could not provide the medicine which was available in the person's home. They had explained the need to follow protocols to the person and had called their family member to provide them with the requested medicine so that the person was not left in pain. The provider has stated that this is an oversight and that they would implement medication safety sheets with common Homley remedy/additional medicines people may wish to use such as Paracetamol and Ibuprofen. This would provide people and staff with risk mitigation and advice on actions to take in similar circumstances.
- The provider understood their responsibilities to notify us of certain events such as abuse, and serious incidents and we found that these notifications had been received.

- The management team and staff had good understanding of their roles and worked well together as a team to provide high quality care.
- Staff confirmed they received supervision and annual appraisals regarding their performance and to support professional development.
- The registered manager demonstrated awareness and understanding of the Duty of Candour and could demonstrate how they would meet this requirement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider promoted a person-centred service. They recognised the links between well trained and supported staff and the provision of truly person-centred care with good outcomes for people.
- Staff were positive about their roles and the support they received from the management of the service. Staff told us that they valued the "family values" of the service. They told us that they were always supported when they had problems or family issues and registered manager never made them feel like they needed to "get back to work quickly". One staff member told us, "I feel the company I'm working for make me feel really valued. They make me feel that I'm a part of their family."
- The registered manager encouraged an open and honest approach within the service and was continuously looking for ways to improve. They took responsibility if anything went wrong and took action to put things right.
- During the inspection process the provider was responsive to feedback around homley remedies and electronic call monitoring audits and immediately made changes based on this. They showed a commitment to continuous improvement in the service to meet people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were several ways for people and their relatives to make their views known, including regular telephone quality checks, spot checks and surveys.
- Staff told us they felt well supported by the provider and said the registered manager and office staff were approachable and responsive if they raised any issues with them. A member of staff said, "There's usually always someone to help me if I have a problem with a very early or late call, the managers here always work with us to make things smooth".
- The registered manager ensured that, where required, staff had reasonable adjustments to support them in their roles.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.