CareQuality Commission

CTRC Community Interest Company

CTRC CIC

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

Summary of findings

Overall summary

We undertook an announced inspection of CRTC CIC on 23 and 24 November 2015. We told the provider two working days before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the registered manager and staff might not be available to assist with the inspection if they were out visiting people.

CRTC CIC provides a range of services for people in their own home including personal care. People using the service had a range of needs such as learning and/or physical disabilities and dementia. The service offered support to people over the age of 18 years old. At the time of our inspection 14 people were receiving personal care in their home. The care had either been funded by their local authority, direct payments or people were paying for their own care.

This was CRTC CIC's first inspection at this location since registering in 2014.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were processes in place to monitor quality and understand the experiences of people who used the service. However some of these had not been effective in identifying where improvements needed to be made to areas such as information obtained during the recruitment process and some of the details in people's care records.

There were appropriate procedures for safeguarding adults. The staff had regular training in these and knew what to do if they suspected someone was being abused.

There were systems in place to ensure risks to people's safety and wellbeing were identified and addressed. Staff received an induction and ongoing training to ensure people benefitted from receiving care from suitable staff who had the skills and knowledge to meet people's assessed needs.

Staff received training in the safe administration of medicines and medicine risk assessments were in place where staff administered medicines to people.

Assessments were carried out to identify each person's care needs before they started to receive care in their home and their care was planned to meet these needs.

Staff considered if people had the capacity to make daily decisions for themselves. The registered manager was aware they had to work with the local authority if a person needed to be formally assessed using the Mental Capacity Act 2005.

Those people we spoke with who used the service expressed satisfaction and spoke highly of the registered manager and staff. Relative's feedback on the service was positive. They said the staff were caring and respectful. Where possible, people received consistent support from staff who knew them well.

Staff supported people using the service to be involved in a range of activities.

The service was flexible and responded positively to people's requests. People and their relatives who used the service felt able to make requests and express their views. Relatives said they knew who to talk to if they had any concerns but had not needed to.

People who used the service, their relatives and the staff felt the service was well managed. They felt able to contribute their views and were listened to.

The provider worked with other agencies and the local authority to make sure the care given reflected people's needs.

We found a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to quality assurance.

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?

Good

The service was safe. There were systems in place to ensure risks to people's safety and wellbeing were identified and addressed in a proportionate way.

People were protected from the risk of abuse. People and their relatives had confidence in the service and felt safe.

Staff had the knowledge, skills and time to care for people in a safe and consistent manner.

People benefitted from receiving care from reliable staff and there were enough staff to meet people's needs.

The recruitment procedures included checks on the staff member's suitability to work with vulnerable people.

There were procedures in place to manage people's medicines safely. Staff had received training to carry out administration of medicines.

Is the service effective?

Good

The service was effective. The staff received the training, support and information they needed to care for people safely and to meet their needs.

People had consented to their care and treatment. Where people were not able to consent the provider had liaised with relevant people to make sure care was provided in the person's best interest.

People experienced positive outcomes as a result of the regular service they had and relatives gave us good feedback about the care and support people received.

The staff monitored people's health and nutritional needs and worked with other health care professionals to make sure these needs were met.

Is the service caring?

Good

The service was caring. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

People using the service and relatives spoke positively about staff and that they were aware of their care and support needs.

Staff built meaningful relationships with people who used the service and were given ample time to meet people's needs and provide companionship.

Is the service responsive?

Good

The service was responsive. People's needs had been assessed and their care was planned to meet these needs. The service had responded appropriately when people's needs had changed.

People and relatives knew how to make a complaint and felt confident complaints would be acted upon. There was evidence that complaints had been investigated and appropriate action taken.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. The provider had some systems in place to assess the quality of the service being provided. However, not all of these were effective in identifying areas for improvement.

People who used the service, their relatives and the staff felt the service was well managed. They felt able to contribute their views and were listened to.

The provider worked with other agencies and the local authority to make sure the care given reflected people's needs.

CTRC CIC

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 23 and 24 November 2015 and was announced.

The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that the provider and/or registered manager would be available.

The inspection was carried out by one inspector.

We spoke with the registered manager, two directors, the assistant manager and three care staff. We reviewed four people's care records and documents relating to the management of the service including, three staff records, audit findings and incident records. After the inspection we contacted four people who used the service but only managed to speak with three people to ask them for their views and experiences of the service. Some people who used the service had complex needs and were not able, or chose not to talk to us. We also tried to make contact with five relatives but only managed to speak with four relatives to obtain their feedback on the service. Three care staff also provided their views on the service after the inspection.

Good

Is the service safe?

Our findings

Comments from people on the staff who visited them were positive. One person said, "I feel safe in their hands." A relative confirmed their family member was safe receiving care from the service. A staff member confirmed that, "there is always someone available to talk with," from the office if they have a query or concern.

The staff we spoke with had been trained in safeguarding adults and training records confirmed this. We spoke with staff about their knowledge of the different forms of abuse. They had a good understanding of what safeguarding adults entailed, their safeguarding responsibilities and knew how to raise their concerns. They said they felt confident that if they did raise any issues they would be listened to and action taken. One staff member said if they had any concerns they, "would contact the office and report it." A second staff member told us, "I would report the information immediately." Staff were also aware of external agencies they could contact such as the local authority or the police if they had concerns.

Where there were risks to people's safety and wellbeing, these had been assessed. These included general risk assessments, which looked at the person's home environment to identify if there would be any problems in providing a service. There were health and safety risk assessments which looked at different areas such as, falls. The risk assessments noted what staff needed to do to minimise the risk occurring. Risks were assessed during the initial assessment and again after three months. Thereafter these were reviewed and updated where necessary. A risk had been identified for one person as high with a need to review it in one month which had not been done. The registered manager informed us that the risk to the person was not extreme and the document was amended to ensure it was a medium risk needing to be reviewed in three months' time. We saw the registered manager was in the process of completing separate moving and handling risk assessments for the people using the service as currently this information was recorded within a more general staff support risk assessment.

The registered manager informed us that there had been no incidents since the service had registered in 2014. They confirmed there were incident forms available so that if anything untoward occurred then this would be recorded. We saw that for some people, where relevant, staff completed a weekly report for the registered manager to view. This was to ensure that there was good communication between the staff and the office. It also helped staff make sure any patterns or triggers to a person's behaviour were documented and reviewed. We saw that the registered manager analysed these reports every few months to check there were no trends or issues that needed to be addressed.

There was an emergency policy and procedure in place to advise staff what to do if, for example, the weather was bad. The registered manager confirmed that people had the out of office telephone number and those relatives we asked said they had the relevant contact numbers.

The provider employed sufficient staff to meet people's needs. There were systems in place to ensure that staff absences were appropriately covered and people received their care as planned. People and their relatives confirmed that if the regular staff member was not available, such as on holiday or sick leave, then

they would usually be notified. One relative said they were not aware of a rota and so they did not always know who would be visiting their family member. We raised this with the registered manager who confirmed a rota would be sent to people and/or their relatives so they would know who to expect for each visit.

The recruitment checks included a formal interview and checks on the person's identity, right to work, references from previous employers and criminal record checks. Staff we asked confirmed they had gone through the interview and recruitment checks. A relative commented that the provider employed, "good staff." On the first day of the inspection all three staff files did not contain a second employment reference. This was rectified by the second day of the inspection and the registered manager carried out a full audit on all staff files two days subsequent to the inspection to ensure their recruitment procedures were robust.

There were systems in place to ensure people safely received their medicines. Staff had been trained to administer medicines safely and we saw a sample of records to verify this. Where required, relatives administered or helped people receive their medicines and staff were not involved in this task. If people needed staff to prompt and remind them to take their medicines this was recorded in their care records. Medicine administration records were used to record if staff administered any medicines directly to people. Medicine risk assessments were in place and noted the duties to be carried out by staff. Those staff we spoke with confirmed they were not carrying out this role with the people they supported. We were made aware of one situation from a relative we spoke with, where the medicines had been put into a pot and that staff then gave the medicines to the person using the service alongside the person's relative. This was raised with the registered manager and they confirmed that this was not the usual practice and would be looked into to ensure this did not occur without the relevant care plans and medicine administration records being in place. All other relatives we spoke with said they took care of medicines and that there were no concerns.

Good

Is the service effective?

Our findings

Feedback on the staff was complimentary. One person told us the staff member "knows my needs," they also said they "ask about my conditions" and were "professional." A relative told us the care staff "know what they are doing." Relatives said the staff generally arrived on time, stayed for the correct amount of time and carried out their assigned tasks. They told us they had the same regular staff visiting and were mostly informed when there would be any changes to who would be attending the home visit.

People received care from staff who were appropriately trained as staff received an induction, training and support. Staff confirmed that when they first started working for the service they received an induction. This included completing training in understanding the role, duty of care and equality and diversity. Staff were required to undertake written assessments as part of the training. Staff then shadowed experienced staff to learn about the practical side of their work. The Care Certificate was also being implemented (these are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support) for new staff.

Staff told us they had access to training and that they were supported to complete vocational training courses in health and social care. The registered manager and the two directors were trained to provide the majority of the training to staff. Topics included, first aid, health and safety and moving and handling. Other courses were also available to ensure staff could meet people's needs, such as dementia awareness and working with people who have a learning disability. Regular updates were provided to ensure staff continued to develop their awareness and knowledge.

Another staff member said the one to one and group meetings were "supportive" to them. Staff also had one to one supervision meetings and we saw evidence of these. We were told the aim was for the one to one supervision meetings to take place every three to four months. One staff member confirmed these meetings were a chance to talk about "different aspects of the job." They also said it was time to check on "my welfare and talk through any problems." Those staff who had worked for a year with the service would also receive an annual appraisal of their work.

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. The majority of staff had received training in the Mental Capacity Act 2005 and the registered manager was aware that this needed to be provided for all staff. They were able to tell us about their responsibilities in ensuring people were a part of agreeing, where possible, to their care. If the registered manager had any concerns regarding a person's ability to make a decision they would work with the local authority to ensure appropriate capacity assessments were undertaken. They gave an example where they had liaised with other professionals to review a person's needs and their abilities to make daily decisions for themselves. We saw there had been communication with the local authority and there were plans to hold a meeting to ensure the service continued to meet the person's needs.

People, where they could, had consented to the care and support they received and care records noted what people's choices and preferences were with regard to their care provision. People had signed care records where they were able to. If people did not have the capacity to consent, staff had liaised with relevant people, such as their next of kin, to make sure care was planned in the person's best interest. Relatives confirmed they had met with staff prior to the service commencing and that their family member's needs had been assessed so they would know how to effectively support them. All the staff we met described encouraging people to be as independent as they could be and to carry out some tasks themselves. Staff recognised that people's ability to make daily decisions could vary and to not make assumptions about their capacity.

The registered manager confirmed that the staff member who worked with a person who required assisted nutrition and fluids through a feeding tube into their body had received training. We saw this had been assessed by one of the directors. The person's care plan also noted that only staff who had received this specialist training, were to carry out this task. The majority of people using the service did not require assistance with meals and there was no-one who was at risk of malnutrition or dehydration. Staff received training on food hygiene practices. They were aware a record would need to be maintained if they had prepared and cooked people's food. We saw a sample of completed food records where staff had assisted and prepared meals for some people. People's dietary preferences were known and a person using the service commented that the staff member who visited them cooked fresh food that met their choices and cultural needs.

People's care records included contact details for their GP. A staff member explained that if they noted any changes in the person's health needs they would immediately contact the office and if necessary call an ambulance. Each person had a hospital passport, which was used to provide information to health staff if a person required a hospital admission, so that their needs could be met safely. Many people attended health appointments with relatives, however, staff could accompany people where necessary and this was recorded so that office staff could book further health appointments and could easily see how often people were seeing health professionals.

Good

Is the service caring?

Our findings

People who were able to told us they were happy with the care and support they received. One person said the staff member who visits them was "really nice" and that they felt "confident" with this staff member. Comments from relatives were also positive about staff. One relative said staff were "caring and polite," another relative told us the staff member who visits their family member was "chatty" and that they "engaged well." One staff member told us they supported people and ensured they felt, "worthy and important".

Staff spoke in a caring way about the person they supported. They described taking time to get to know the person, what they used to do as an occupation, if they had worked. Staff said they talked and listened to the person getting to know them and also their relatives. The care records identified how the person maintained their independence by noting when the person receiving care required support and when they were able to complete tasks on their own.

The registered manager confirmed that where possible they tried to match people with a staff member suited to their preferences. This included if a person spoke in their first language, which was not English, then staff who could communicate with them were allocated to work with them. Some people requested same gender personal care support and this was also respected, documented and arranged.

Staff received training in privacy and dignity. Staff described giving people space and privacy if they were carrying out personal care support. A staff member also confirmed that they "don't disclose any of the information to anyone else" about the people they support.

As part of the provider's work we saw that community events had also taken place to encourage people to meet with others and to hear about the work the service does. For some people using the service this enabled them to socialise with others when they might not always have this opportunity.

The registered manager was motivated about making a difference to people's lives. They were knowledgeable about people's needs and how to meet them. This enthusiasm was also shared with the staff we spoke with who said they spent time getting to know people and working with people's relatives. When the care package started, where possible, people were introduced to the staff who would be visiting them. A relative confirmed that new staff had spent time shadowing the experienced regular staff member to get to know what was expected of them and to provide consistent care. This helped people feel reassured about receiving care and support from the service.

Good

Is the service responsive?

Our findings

People's needs were assessed and care was planned in response to their needs. A relative confirmed that the service was responsive, "flexible" and would accommodate any changes made to the times of the usual visits to their family member.

Staff confirmed they regularly read the person's care records to ensure they had up to date information. The person using the service and relatives said there were care records and daily logs in people's homes and that staff referred to these when they visited.

Staff explained they gave a handover if there were staff coming to work with the person after them. They confirmed that communication was both written and verbal to make sure anything needing to be handed over was done.

If a person had no verbal speech then staff described how they used pictures or symbols to try to support clear communication between the person and staff member. They also looked at body language and any sounds or gestures the person made. Over a period of time regular staff would get to know what the person liked and disliked to meet their individual needs.

The care plans we viewed included information about the person, their next of kin and the funding authorities who had requested the care package. On the first day of the inspection it was not clear how often people were being visited or the length of each visit. This was addressed during the inspection so that it was obvious from looking at people's files what visits each person received. On two people's files their care record audit was not on file, these were printed off during the inspection to evidence the records had been checked.

Care plans included people's preferences and any information relating to the person's emotional wellbeing as well as their physical needs. During the inspection we noted some of the information in people's care plans was not clear. Recent changes to the number of staff needing to visit the person had not been updated; this was addressed during the inspection. In addition, we saw there were no clear guidelines for staff if a person made allegations, such as against staff, which they were sometimes known to do. The registered manager updated the information to provide staff with details of action to take if any concerns were raised by the person using the service.

We saw that some people's care records were reviewed after three months others after six depending on people's individual needs. The computer systems informed staff when reviews on people's needs were due. Staff completed daily logs to record the care they had given. The registered manager told us they checked to ensure these records was legible and informative.

The registered manager told us that they had sent satisfaction questionnaires to people and their relatives in 2014 but had received only one back. They said they would be sending these out again early 2016 to obtain feedback on the service. There were other ways people and their relatives gave feedback to the

service. This was through the telephone calls to people and the home visits carried out by the registered manager or directors. One person told us that the staff at the office, "check on how I am doing." A relative confirmed that one of the directors had visited them a few times in the short time the service had been offered and they were able to give their opinions on the care and support being provided.

Relatives confirmed that where possible people were supported to engage in activities in their home or out in the community as part of the care being provided. The registered manager explained that some of the people using the service had an activity programme to ensure they had structure to their day.

People and their relatives were given a copy of the complaints policy and procedure. One person told us, "if I have a complaint I would call the office." Relatives confirmed any minor issues they raised were addressed. They all said they had not made any formal complaints but would be confident to contact the office and that they would be listened to.

We looked at the provider's records of complaints. We saw there had been two recorded from the local authority. There was an audit trail of what the complaints were along with how the registered manager had addressed the concerns and responded to the local authority.

Requires Improvement

Is the service well-led?

Our findings

There were a number of systems for monitoring the quality of the service. These included reviews for each person, staff supervisions, spot checks on the staff and telephone calls to people using the service, or their relatives, asking for their feedback. Following a review of a person's needs the registered manager had also introduced an action points document so that anything needing to be addressed was noted along with timescales and rectified as soon as possible.

However, the inspection found that some of these checks had not always been fully effective. For example, there were audits carried out on staff employment files and people's care records but these records did not always contain all the necessary and accurate information required to ensure the service operated in people's best interests. Some records had not been dated, other details were not clear such as in one person's file it stated staff to call the ambulance if the person had a "bad fall". This did not give staff any further details of what a bad fall meant. Although the shortfalls found were addressed during the inspection and the registered manager, following the inspection, carried out an audit on all staff recruitment records and on people's care records, the quality monitoring checks had not always identified that there were any problems with records and therefore any missing or out of date information had not been immediately addressed.

The above demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback on the service and how it was run was positive. One person told us the registered manager was "nice" and they "understand me." A relative confirmed they have regular contact with the office and communication was "good". A relative said the service "did their best".

A staff member commented favourably regarding how well led the service was, they told us, "When I report issues they (registered manager) deal with them as soon as possible and I can contact them any time to report issues." Staff confirmed that the culture at the service was open and fair. Other comments from staff included, that there was "effective communication" between the office, the care staff and the person using the service. The registered manager was "very kind", "proactive" and "caring," and "I think the service is very well led because they always inform us about our rota at the beginning of week."

Staff had the opportunity to meet as a group. Staff meetings took place and sometimes these were called group supervision sessions. We saw one of these meetings from July 2015. These included discussions on reminding staff of the training they were required to attend and to check their emails for updates and rotas. Overall the feedback from staff was that they felt they were supported by the registered manager and staff based in the office.

The registered manager had been in their post since 2014. They had a qualification in health and social care and management. They had trained to offer training to staff and they kept their knowledge of current working practices and new guidance updated by attending relevant events and receiving updates and

information from resources such the United Kingdom Homecare Association (UKHCA). There was a clear management structure in place, with the registered manager and directors actively involved in the service and working directly with staff and people using the service.

People were the main focus and central to the processes of care planning, assessment and delivery of care. The service aimed to offer a range of services for people not just in their own home but also staff supported some people to access the local and wider community.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes in place were not effective as they had not enabled the registered person to assess, monitor and improve the quality of the services provided. Regulation 17 (2) (a)