Mrs Mavis Crabtree

About Care

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 15 & 17 February 2017 was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the provider is often out during the day providing care; we needed to be sure that someone would be in.

At the last two inspections, the service was rated Requires Improvement. At this inspection we found the service remained Requires Improvement.

About Care is a domiciliary care service providing personal care to people in their own home. On the two days of our inspection there were 15 people using the service.

At our last two inspections in January 2016 and October 2016 we identified continued breaches of regulatory requirements in relation to the lack of safe and effective systems in place regarding the recruitment and selection of staff, the lack of policies and procedural guidance to guide staff in steps they should take to protect people from the risk of harm. This meant that the health, safety and welfare of people using the service was at risk and the provider was failing to provide a safe service.

We formally notified the provider of our escalating and significant concerns following our inspection in October 2016 and shared this information with our stakeholders. We placed a number of conditions on the provider's registration which required them to take action to protect people from the risk of harm. Whilst the provider has taken action to meet the majority of the conditions placed on their registration, they failed to submit monthly quality and safety audit reports as required.

At this inspection 15 and 17 February 2017 we found some improvements had been made. The provider was working with the local authority as part of the commissioner's contract management plan. An action plan was in place to address the improvements required to protect the health, welfare and safety of people who used the service. This included addressing shortfalls in areas such as care records, risk management and care worker recruitment.

Although the manager provided staff with training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 it was evident they did not fully understand their roles and responsibilities in meeting the requirements of the law.

With the support and guidance provided by the local authority, provider support team, care plans including risks assessments had been updated as required to reflect people's changing needs and now provided staff with the guidance they needed to mitigate the risks to people's safety.

The provider had updated their policies and staff had been provided with updated procedural guidance in managing risks to people's health, welfare and safety including how to manage people's medicines and financial transactions appropriately. However, further work was required to ensure planning dates for future

reviews of their policies as required. This meant that there was no system in place to ensure continuous review to make sure policies and procedural guidance for staff were fit for purpose, reflecting changes in legislation and current guidance.

Previously the manager spent 50% of their time providing care in the community. Since our last inspection a deputy manager had been appointed. This enabled the manager to have more capacity to focus on the day to day management of the service and maintain management oversight of the service.

The provider is also registered as the manager of the service but is no longer in day to day management of the service. The provider had appointed a manager who had been in post two and half years. They were currently in the process of applying to register with the Care Quality Commission (CQC) and about to attend their fit person's interview. 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.

All of the staff and people who used the service were complimentary regarding the manager and the service they received. People's views regarding the quality of the service had been surveyed and they told us they did not have any complaints. Where people had previously expressed concerns to the manager, they told us prompt action had been taken and issues resolved to their satisfaction.

During this inspection 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 this 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?

Requires Improvement

The service was not consistently safe.

We found improvement in that the risks to people's health, welfare and safety had been assessed. Staff had been provided with the guidance they needed which included steps they should take to protect people from the risk of harm.

The provider had improved their systems for the safe and effective recruitment of staff to work unsupervised in the community. However, further work was required to ensure that negative information contained within previous employer written references were followed up.

There was sufficient numbers of staff available, suitably qualified and their performance regularly assessed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Care records did not always clearly identify people's capacity for making their own decisions. There were limited assessments in place which showed how people's capacity was considered.

People told us that the care workers had the skills and knowledge to meet their needs. The training staff received included an induction before they started working in the service and mandatory training such as safe moving and handling and safeguarding.

Is the service caring?

Good

The service was caring.

Feedback from people who used the service was consistently positive about the quality of the care they received.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed prior to commencement of the service.

Care plans had been reviewed and updated to reflect people's current care and support needs.

People and their relatives had confidence in the manager to deal with any concerns they might have.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Whilst the provider had taken action to meet the majority of the conditions we placed on their registration, they failed to submit monthly quality and safety audit reports as required.

People's views regarding the quality of the service had recently been surveyed. People told us they were satisfied with the service they received and did not have any complaints.

Staff told us they found the manager supportive and approachable. They were motivated and worked well as a team.

About Care

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 comprehensive inspection took place on the 15 and 17 February 2017 and was announced.

This inspection was carried out by one inspector.

Prior to our inspection we reviewed the information we held about the service, this included the provider's action plan following our inspection carried out in January 2016 and October 2016 where they told us what they would do to ensure compliance with the law. We spoke with the local authority and reviewed all other information provided to us from stakeholders.

We visited three of the 15 people currently using the service and spoke with one person on the telephone. We spoke with one person's relative about their observations on the care their relatives received. We spent time talking with the provider, the manager, the deputy manager and three care staff.

We looked at records in relation to four people's care. We looked at the provider's policies and procedures, care records and records relating to the management of people's finances, medicines, staff recruitment, staff training and systems for monitoring the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

At our last two inspections we found the provider's polices and procedural guidance lacked detail and contained conflicting information for staff in keeping people safe. For example, the management of people's medicines, how they should handle people's finances safely and steps they should take to safeguard people from the risk of abuse. Risks to people had not been fully assessed and staff had not been provided with the steps they should take to protect people from the risk of financial abuse. We found that several staff had access to one person's bank card and their security pin numbers. This was not part of their support plan.

At this inspection we found some improvement. Care plans including risk assessments had recently been reviewed and updated to describe what actions staff should take to meet people's needs and mitigate the risks to their health, welfare and safety .This included risks associated with moving and handling, and risks that may arise in people's own homes.

At our last inspection we found the provider had continued not to operate safe and effective recruitment and selection procedures when employing staff to work unsupervised in the community. At this inspection we found some improvement. We reviewed the recruitment records for the two most recently employed staff. Staff personnel files were more organised. Disclosure and Barring (DBS) checks had been completed, gaps in employment identified and pre-employment checks carried out prior to staff starting their employment with references obtained from the most recent employer. However, where a previous employer reference stated they would not re-employ a care worker employed, the reasons for this had not been followed up by the provider other than asking the care worker for their views. We were therefore not fully reassured that steps had been taken to ensure people received care from staff who had been verified as of good character.

At our last inspection we found there was insufficient numbers of staff available at all times to enable the manager to have enough time to monitor the quality and safety of the service and to check that people received the care and support they needed. They told us that they were required to step in and cover for staff absences and staffing vacancies and described how this had impacted on their ability to fully implement the required improvements and plan for continuous improvement of the service. Staff supervisions and spot checks on staff to assess their competency, performance and plan their training needs had not been regularly undertaken in accordance with the provider's policy. At this inspection we found some improvement. A deputy manager had been appointed as well as additional staff. This meant that the manager had more time to focus on management oversight of the service.

Steps had been taken to safeguard people from the risk of abuse. Care workers were provided with training in safeguarding people from abuse and understood their roles and responsibilities, including how to report concerns. One care worker said, "If I was concerned about the way someone had been treated I would report it to my manager. I had training on this during my induction when I first started." Another care worker told us, "I know what to do if I was worried about someone. I would call the office straight away. I know you can report to Suffolk safeguarding." Care workers demonstrated their understanding of the emergency procedures and were able to outline the action they would take if they thought that people were not safe,

for example if they could not gain access to their home for a pre-arranged visit or if they needed to support someone with emergency first aid.

All of the people we spoke with said that they felt safe with all of the care workers and confident that they took action to secure their homes when they left. One person commented, "They [care workers] lock up when they leave." Another told us, "They check doors are locked and if I need any windows closing before they finish."

The provider showed us a copy of their recently updated staff handbook which they told us had been distributed to all staff. Following a review of the handbook we found that there was improved procedural guidance provided for staff which was more relevant to staff working in a community, social care setting. Staff had been provided with improved guidance in relation to safeguarding people from the risk of abuse, whistleblowing procedures, safe administration of medicines, personal care, what to do in the event of a death and or other emergency, prevention of pressure ulcers, prevention of falls and guidance for reporting incidents and accidents. We were assured that action had been taken to provide staff with the appropriate guidance with the required steps they should take to protect the health, welfare and safety of the people they supported.

All of the people we spoke with told us there had been no instances of missed visits and that care workers were not often late. People also told us that if staff were running late the staff or manager would telephone them to alert them to this. One person said, "I think because it is a small agency they know everyone well. They tell the manager to phone me from the office. They never miss a visit." Another person said, "I have always had [care workers] turn up. I like to have the same people and they manage this quite well. You don't want strangers turning up to give you a shower do you. It took a lot of courage for me in the first place to have them help me in this way." A relative told us, "They [care workers] mostly come on time except if something crops up. They usually stay until they get things done. We have the same [care workers] unless one is new and then they show them what is needed and introduce them to you."

Care workers showed us their records of scheduled visits provided to them on a weekly basis. We noted that there was sufficient travel time allowed in between visits. This meant that staff were allocated sufficient time to support people with their assessed care needs and then allow sufficient time to travel to the next person on their list.

The manager told us and care workers confirmed that there was an on call out of hours duty system which enabled staff to access senior staff advice and support during the evenings and weekends. Care plan documents contained up to date emergency contact information, including contact details for relatives and doctors.

People told us they received their medicines on time and as prescribed. We reviewed care plans and medicines administration records and noted that each person had a medication administration record (MAR) in place which recorded each item of medicine to be administered. Staff had signed the MAR to say when they had administered medicines with no gaps identified. Our audit of stock found that these tallied with the MAR records.

The manager had recently implemented monthly medicines audits. Audits had identified shortfalls, such as when staff had failed to sign MAR records following administration of medicines. This was followed up with individual staff in their supervision. The manager told us that all staff had received recent updated training in the safe handling of people's medicines and their competency had been assessed.

Requires Improvement

Is the service effective?

Our findings

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 are supported to make their own decisions in how they live their daily lives and are supported to do so when required. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible when there is a need to protect people from the risk of harm.

Care records did not clearly identify people's capacity for making their own decisions. There were limited assessments in place which showed how people's capacity was considered. Where we had been told by staff that people may have limited capacity there was no guidance in place for how they were supported to make decisions. There was a lack of information of how decisions had been made in people's best interests and the MCA complied with. Records had been updated to include information about who made decisions on behalf of a person, for example with their finances, but there was no information to demonstrate if they had authority to do so. For example, if applications had been made and granted by the Court of Protection and whether other professionals had been involved. Where they were able, some people had signed their care records to show that they had consented to their planned care and terms and conditions of using the service.

One person told us, "They do ask, what do you want us to do for you? I don't remember being asked to consent to a care plan." A relative said, "I can see they ask for consent before they do anything."

Care workers were provided with training in understanding their roles and responsibilities with regards to the MCA. This was provided via the manager and e-learning. One care worker said, "It's about giving people choice. I always ask people what they want. You don't want to do anything what they don't want." However, we found from discussions with the manager they had limited understanding as to their roles and responsibilities with regards to action they should take where there was a need to refer to other professionals and to ensure applications were made and granted by the Court of Protection. Both the provider and manager demonstrated a caring approach to the people they provided a service to. However, there was evident a lack of clear definition between personal and professional boundaries which meant the roles and responsibilities of those with authority to make decisions on behalf of those who lacked or with limited capacity were not always clear. For example, this was evident in the planning for the care and support of one person with limited capacity to make decisions about their life. The manager told us they personally had appointed an acquaintance of this person as their designated next of kin without any legal power of attorney as they deemed this their responsibility to do so and without any referral to the commissioners of this person's care.

This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found training for staff included the provision of safe moving and handling training

which would include a demonstration of safe techniques and the use of lifting equipment. However, we noted that there was a lack of equipment such as a bed to enable staff to practice safe manoeuvres as required and competency assessments carried out to ensure that staff were safe to practice. We were not assured that consideration had been given by the provider as to the appropriateness of using the home of a person who purchased care from the agency and had although with their consent, allowed staff to practice using the lifting hoist on this person for training of staff. We considered this action did not safeguard this person's privacy or consider appropriateness of personal and professional boundaries. We found at this inspection the provider had arranged for additional office space to be rented to provide a training room to enable staff to be trained in safe moving and handling procedures with appropriate equipment now in place.

Since our last inspection the manager had implemented a supervision planner which showed planning in place for staff to receive regular one to one supervision meetings including spot checks of their performance. One care worker said, "We have observations that happen a couple of times a year where the manager turns up to watch what you do." All staff we spoke with told us supervisions were now provided more regularly. This gave staff opportunities to identify any training needs and discuss the way that they were working and receive feedback on their work performance. However, we noted from a review of spot check records that the information recorded related in the main to an assessment of how staff left the environment safe and clean and did not include evidence of any assessment of care practice or medicines management. We discussed this with the manager who told us they would take action to update their spot check forms to include evidence of these checks.

People told us that the care workers had the skills and knowledge to meet their needs. One person's relative told us that they felt that the care workers worked well together as a team and knew how to care for their relative well. One person commented, "They all seem to be well trained and know just what to do." Another said, "I have no complaints about how they conduct themselves."

The training staff received included an induction before they started working in the service and mandatory training such as moving and handling and safeguarding. One care worker recently employed told us they were provided with the opportunity to undertake the care certificate (a recognised induction qualification) during their induction, this included a competency test which was signed off by the manager and the staff member they shadowed. They also told us about how training had been identified and provided to ensure that care workers received training on the specific needs of the people they cared for, such as mental health and dementia.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. People told us they were satisfied with the support they received from staff and were provided with appropriate support to eat and drink according to their wishes and choices.

People were supported to maintain good health and have access to healthcare services. Care workers understood what actions they were required to take when they were concerned about people's wellbeing.

Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner. Records showed where people required support with ongoing care and treatment from health professionals. For example, appointments with mental health professionals and the support they required with this.

Good

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. People told us that they received a caring service at all times, this included making sure that all care visits were completed and in a timely manner and that people were provided with consistent care workers.

One person said, "Staff are all very nice." Another said, "They [care workers] are all kind I have no worry with any of them." Another commented, "The care is very good. I could not wish for better. They know what to do and treat you well. When I have help with a shower they put a towel across my body to protect my dignity. "

People told us care workers were polite and caring in their interactions. They said that they felt comfortable with all staff and that spoke with people in a respectful manner.

People's independence was promoted and respected. One person told us that staff supported them in a manner which respected and encouraged their independence and that the care workers did not take over tasks that they could do themselves.

Care workers understood why it was important to respect people's privacy, dignity and independence, one said, "It's treating people how you would want to be treated, with respect and providing care with dignity."

Since our last inspection care plans had been reviewed, updated and had improved significantly. Care plans were more personalised and contained information for staff about people's, likes and dislikes including their future decisions and preferred plans of care. We saw that care plans also contained information which outlined how people liked to spend their day. People were supported and encouraged to maintain links with their family, friends and the local community activities such as day services where people could socialise with others and learn new skills.

People told us that their views and comments were listened to and acted on. People's care records identified their preferences, including what was important to them, how they wanted to be addressed and cared for. People told us that their choices regarding the gender of care workers visiting them was always respected and provided.

Good

Is the service responsive?

Our findings

Since our last inspection we found care plans had been reviewed and updated to reflect people's current care needs. Care plans were personalised and reflected people's preferences, wishes and aspirations with detailed information as to the care and support required and when this was needed.

All of the people we visited in their homes had a personal copy of their care plan. The daily records for people were informative containing a record of what care had been provided and in some records also information about the person's wellbeing.

We asked people if the support they received met their needs and whether any changes to their care arrangements were required. The manager told us that everyone who received a service had been invited to and involved in a recent review of their care and care plans had been updated to reflect changes. People told us they were involved in the initial planning of their care and confirmed they had recently been involved in a review of their care. People gave us examples of when adjustments had been made to the timing of their support visits in response to hospital appointments and when they were unwell.

People told us they received their support from regular care workers. Everyone we spoke with was satisfied with the service they received. They told us that when new staff had been employed to work in the service they had been introduced to them before they provided their care. They also told us that staff responded to their changing needs and responded supportively and appropriately if they needed support in an emergency. One relative told us, "When we have needed staff to stay longer or be here earlier or later they do all they can to meet your request."

Staff were knowledgeable of people's needs and demonstrated a clear understanding regarding the needs of each person. They described how they would support people to maintain their independence, enable people to remain in control of their lives as far as possible and described situations where they supported people to express their choice.

The service provided a 24 hour sit in care service. The provider and staff told us there was an on call out of hours duty system which enabled staff to access senior staff advice and support at evenings and weekends when the office was closed. Care plan documents contained up to date emergency contact information, including contact details for relatives and doctors.

Information was provided to guide staff in supporting people and to maintain their independence by encouraging them to do as much as they could for themselves with staff support. For example, one staff member told us, "It is important to listen to people. You have to assume that people can make their own decisions and always give people choice." Another told us, "You get to know what people are capable of. We work well as a team and help people to keep their independence as much as possible." People told us they were happy with the timing of their care visits and that if staff were running late or if there was a need to change the care worker they were kept informed by office staff. This demonstrated that people were receiving care and support when they needed it and kept informed as to any changes.

Staff told us that prior to any commencement of the service to individuals there was good communication from the manager where they were provided with the information they needed to support people appropriately. They told us care plans were in place prior to the start of the service and where safety equipment was required, such as lifting hoists these were requested and provided promptly. They also told us that if a person's needs had changed whilst in hospital a reassessment of their needs took place to ensure that the support provided from the service was appropriate and reflected the current care needs of the individual. This meant that people received effective and coordinated care when they returned home from hospital.

Everyone we spoke with told us they had confidence in the manager to deal with any concerns they might have. One person told us, "If you ring up the office they are so patient and do all they can to sort things out for you." One relative told us, "We had a problem where a staff member was smoking outside the house before they came in to provide care to my [relative]. I don't want my [relative] having to put up with staff bending over them whilst smelling of smoke. I told the manager and they sorted it out and changed the carer straight away. Nothing is too much trouble and I am more than satisfied with what they provide." This demonstrated that the service was open and responsive to people's concerns.

A recent annual satisfaction survey carried out by the provider showed us that the majority of people were satisfied with the service they received. One person however raised a concern that there was not always someone available in the office to answer the telephone when senior staff were out supporting people with their care visits. In response the provider had installed a telephone call divert system. This meant that if there was no one in the office to answer telephone calls, the call would be diverted to a mobile phone carried by the management team.

Requires Improvement

Is the service well-led?

Our findings

In response to our findings at our last inspection in October 2016 we formally notified the provider of our escalating and significant concerns and shared this information with our stakeholders. We placed a number of conditions on the provider's registration which required them to take action to protect people from the risk of harm. Whilst the provider had taken action to meet the majority of the conditions we placed on their registration, they failed to submit monthly quality and safety audit reports as required. When we discussed this with the provider they told us they had forgotten.

This demonstrated a continued breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was working with the local authority as part of the commissioner's contract management plan. An action plan was in place to address the improvements required to protect the health, welfare and safety of people who used the service. This included improvements they intended to make in areas such as care records, risk management and care worker recruitment.

The provider who is also the registered manager had not been in day to day management control of the service for the last two and half years. At our last two inspections in January and October 2016 we identified the provider's continued failure to provide a manager registered with the Care Quality Commission (CQC). There was a manager in post who had responsibility for the day to day management of the service but had continued not to register with CQC. We found at this inspection the manager had submitted their application to register with CQC and were shortly to attend their fit person's interview.

Previously the manager spent 50% of their time providing care in the community. Since our last inspection a deputy manager had been appointed. This enabled the manager to have more capacity to focus on the day to day management of the service and maintain management oversight of the service.

The provider told us they wished to grow the business but did not themselves have any formal system and processes in place for their monitoring the overall quality and safety of the service. This responsibility they had devolved to the manager. The manager had implemented some improved quality and safety audits, which included medicines audits and regular spot checks on staff performance. However, here was a need for further development to ensure that audits took place at specified regularity and in response to the changing needs of people who used the service as there was currently no clear process for when audits should take place and how often. This would ensure that the audit and governance systems remain effective. There was a need for the provider to be transparent fin relation to the manager's job description and employment contract with regards to their expectations of the manager and their devolvement of all responsibility to them for the overall quality and safety auditing of the service.

At our last inspection we found the provider's policies and procedural guidance for staff did not relate to the provision of care within a social care setting. There was a lack of appropriate policy and procedural guidance for staff with steps they should take to protect individuals when carrying out tasks such as moving

and handling, dealing with financial transactions such as shopping and banking and personal and professional boundaries within the workplace. This meant that the risks to people had not been fully assessed and staff had not been provided with the steps they should take to protect people from the risk of harm.

At this inspection we found the provider had updated their policies and staff had been provided with updated procedural guidance in managing risks to people's health, welfare and safety including how to manage financial transactions and people's belongings appropriately. However, the provider did not have a system in place with dates set for future review of their policies as required. This meant that there was no system in place to ensure planning dates for continuous review to make sure policies were fit for purpose, reflecting changes in legislation and current guidance.

All of the staff and people we spoke with who used the service were complimentary regarding the manager. People told us that they knew who the manager was and were positive about them. One person said, "I'm aware of who the manager and they come to see me. They are very nice. I haven't had any problems so they must be doing a good job." A relative told us, "[manager] is great. If I have a problem they are on it straight away. We are very pleased with the service provided."

People's views regarding the quality of the service had recently been surveyed. People told us they were satisfied with the service they received and did not have any complaints. Where people had previously expressed concerns to the manager, they told us prompt action had been taken and issues resolved to their satisfaction.

Staff told us they were motivated and worked well as a team. One care worker said, "The manager is very supportive. We have regular meetings and they are always available when you need them." Another said, "Anytime you have someone new to care for they give a good explanation of what's needed and shadow you so you know exactly what needs doing." Another said, "They are very supportive. If you have personal problems they have been great at helping you."

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 11 HSCA RA Regulations 2014 Need for consent People's capacity to consent was not assessed in their care records and there was a lack of information of how decisions had been made in people's best interests and the MCA complied with.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to submit monthly quality and safety audit reports as per the notice to vary the conditions of their registration as required.