

Care Central Ltd

Care Central (Tottenham)

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?	Good ●

Summary of findings

Overall summary

About the service

Care Central (Tottenham) is domiciliary care agency providing a service to 110 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, 101 people were receiving a personal care service.

People's experience of using this service

People using the service had risk assessments carried out to protect them from avoidable harm or abuse. Staff were knowledgeable about safeguarding and whistleblowing procedures. People's medicines were managed safely.

We have made a recommendation about personal protective equipment.

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.

Staff were supported to carry out their role. People's care needs were assessed before they began to use the service. Staff supported people with their nutritional and healthcare needs when required.

We have made a recommendation about the recording in people's care plans of specific health conditions.

People and relatives thought staff were caring. Staff described how they got to know people's care needs and developed positive relationships. The service involved people and relatives in decisions about the care. Staff promoted people's choices and knew how to provide an equitable service. People's privacy, dignity and independence were promoted.

Care plans were personalised and contained people's preferences. The provider understood how to meet people's communication needs. Where required, staff supported people to participate in activities of their choosing. The provider dealt with complaints appropriately. The service had a policy and systems in place to provide people with end of life care if needed.

The provider had systems in place to carry out regular quality checks and to capture feedback from people about the quality of the service in order to identify areas for improvement. Staff had regular meetings to be updated on service developments. The service worked in partnership with other agencies to provide good outcomes for people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 July 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 safe

Details are in our safe findings below.

Good 

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 well-led

Details are in our well-led findings below.

Good 

Care Central (Tottenham)

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience involved in this inspection had personal experience of caring for an older family member who used regulated services.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice because the manager and office staff are often out of the office supporting care staff or providing care. We needed to be sure they would be in the office to support the inspection. Inspection site visit activity started on 8 July 2019 and ended on 9 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and reviewed a range of records. This included 10 care records for people using the service, including risk assessments. We looked at eight staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including staff training and quality assurance were reviewed.

After the inspection

We sought feedback from the local authority. We spoke with five people who used the service, five relatives and six care staff. The provider sent us documentation we requested.

Is the service safe?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- People and relatives confirmed staff tidied and cleaned up before leaving the visit. One person told us, "Everything is left nice and tidy. I wouldn't have them [the care staff] otherwise."
- The service had an infection control policy which gave clear guidance to staff about how to reduce the risks associated with the spread of infection.
- Staff told us they were provided with personal protection equipment such as gloves, aprons and shoe covers to enable them to carry out their role safely.
- However, some staff reported difficulties in obtaining adequate supplies. This was due to staff having to collect supplies themselves from the recently relocated office and being limited to how much they could take each time.

We recommend the provider seeks guidance about the systems in place for staff to obtain supplies of personal protective equipment.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People confirmed risks were managed safely. One person told us, "[Staff] don't leave me on my own. They make sure I'm safely going up and down [the stairs]"
- People had risk assessments which gave guidance to staff about how to reduce the risks of harm people may face. Examples of risks covered included, moving and handling, behaviour management, financial transactions and the environment.
- One person's risk assessment noted, "Due to dementia [person] is at risk of wandering or walking away when in public. Please make sure [person] always has their [location] tracker around their neck when leaving the flat. Staff to make sure that the door sensor is on when they leave the flat." Records confirmed this was done.
- The provider had a policy about managing people's finances in order to keep people safe from the risk of financial abuse. Staff recorded details of each transaction and receipts of the expenditure were given to the person.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the staff. One person told us, "[Staff member] is careful." A relative said, "[Person] feels safe."
- People were protected from the risks of being harmed or abused.
- Staff received training in safeguarding vulnerable adults.
- Staff knew what actions to take if they suspected a person was being harmed or abused. They told us they would speak to staff in the office and if no action was taken would contact the local authority.
- The registered manager was aware of the requirement to notify the local authority and CQC about safeguarding concerns.

Staffing and recruitment

- People and relatives told us staff did not miss a visit to them. One person said, "They [staff] always turn up." Another person told us, "The [staff member] always comes. [Staff member] comes on time in the morning."
- People and relatives told us they were kept informed if staff were late. A relative said, "The regular ones [care staff] always come on time from day one, or if they're late they call me."
- Staff confirmed there were enough staff to cover all visits. One staff member told us, "They [management] do listen to us about timings. We get travel time."
- The registered manager told us there were enough staff employed at the service to cover staff absences. They told us senior staff able to drive filled in when needed to cover short notice absences.
- The provider had a safe recruitment process in place to confirm staff were suitable to work with vulnerable people. This included criminal record checks for new staff and regular updates to confirm continued suitability of staff.
- Relevant checks were carried out before someone began employment including staff providing written references, proof of identification and right to work in the UK.

Using medicines safely

- Staff received training in administering medicines before they began to administer medicines unsupervised.
- On the whole medicine records were fully and accurately completed.
- However, one person's medicine records contained gaps. We discussed this with the registered manager, who showed us evidence the person had been admitted to hospital at this time. The registered manager said they would ensure staff explained any gaps on the back of the medicine records.

Learning lessons when things go wrong

- The provider had a system to record and learn lessons from accidents and incidents. We reviewed the records of these over the last year.
- One example was a concern that a person was being neglected. The lesson learnt was although care staff documented the person consistently refused personal care they were not alerting staff in the office. This was communicated to all staff and was now happening.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff supported people to maintain their health as required. One staff member told us they had supported people to GP appointments.
- Care records showed referrals to healthcare services were made as required such as to the occupational therapist for suitable equipment. The registered manager told us they contacted the local authority if district nurses were needed and liaised with family members if an appointment at the GP was required.
- Care plans had details about specific health conditions. However, we noted one person had information on their care file about diabetes, but more detail was needed. For example, there was no information about the signs of low and high blood sugar that staff should be aware of.
- We discussed this with the registered manager who told us the district nurses took care of the person's diabetes and checked their blood sugars on each visit. They told us they would update this care file accordingly.
- Staff demonstrated they knew about diabetes and what action to take if someone was showing the symptoms of high or low blood sugar.

We recommend the provider seek advice and guidance about supporting people with specific health conditions.

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

At our last inspection, we made a recommendation about following the principles of the Mental Capacity Act 2005. The provider had made improvements.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who

can authorise deprivations of liberty.

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

- People had signed consent forms to agree to confidential information being shared with other involved professionals, to accessing the key safe at their property and to staff administering their medicines.
- Records showed when a relative signed the consent forms there was evidence they had lasting power of attorney for care and welfare.
- However, where records indicated the person could not physically sign, details about the reason why were not documented on the consent forms. The registered manager assured us this information would be added.
- Staff had received training and understood the concept of MCA.
- At the time of this inspection, the service was not working with anybody who needed their liberty restricted.
- Staff understood the need to obtain consent before delivering care.

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

At our last inspection, we made a recommendation about recording people's dietary needs. The provider had made improvements .

- Staff were knowledgeable about people's dietary requirements and who was at risk of choking so needed their food cut up or mashed.
- Care records contained details about people's dietary requirements. One care record stated, "[Person] prefers to eat porridge, cereal, coffee in the morning. Pot noodles, vegetables, fruits and mashed potatoes in the afternoon. Ready meals and fruits in the evening. Likes hot drinks with no sugar as has diabetes."
- Care records gave guidance to staff regarding the support needed with feeding. One care record stated, "[Person] has mashed foods, food cut up into small pieces and thin fluids to assist swallowing. [Person] drinks from a spouted cup."

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

- People and relatives told us they were satisfied with the service provided. Comments included, "I'm very happy with [staff member]" and "We are really pleased and so happy with the care my relative is receiving."
- People's needs were assessed before they began to use the service to ensure the provider could meet their support needs.
- Information gathered at the assessment included the person's history, health conditions and detailed the support needed at each visit.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills needed to provide them with care. Comments included, "[Staff member] has the right skills" and "They are very skilful. Every new [staff member] I comment on how good they are."
- The registered manager told us induction training was aligned to the Care Certificate and records confirmed this. The Care Certificate is training in an identified set of standards of care which care staff are recommended to receive.
- Staff confirmed they received regular training opportunities, Comments included, "We get refresher training", "[Training] is absolutely brilliant" and "We do get enough training, we have it each year."
- Records showed staff were up to date in their training in key care topics such as moving and handling, health and safety, dementia and food hygiene.
- Staff were supported with regular supervisions and an annual appraisal. Topics discussed in supervision

included attendance, workload, concerns regarding people using the service and communication. The appraisal was used to review performance and plan goals for the forthcoming year.

- Staff told us they found supervisions useful. One staff member said, "We talk about any issues we have. We tell them if something is wrong, we get feedback and talk about the [people using the service] and training."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives told us staff were caring. Comments included, "They are kind", "[Staff member] is very compassionate" and "I find [staff] caring."
- Staff described how they got to know people and their care needs. Responses included, "You have to sit down with [the person] first. You can't go straight into the work" and "I check and read the care plan."
- Staff were knowledgeable about equality and diversity. One staff member told us how they had previously worked with a person who identified as lesbian, gay, bisexual or transgender. They said "[Person] spoke about their story to me. That's their life. I'm respectful. I would never judge people."
- The registered manager told us, "We have a non-discriminatory policy that we follow. Right through from training when we train our staff they encourage [people using the service] to live and get the service in the way they prefer and choose."

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

- People and relatives confirmed their preferences and choices were respected. One relative said preferences were respected, "In terms of choices of clothing, breakfast, drinks."
- Staff told us how they promoted people's choices. One staff member told us, "You offer choices and look at their body language."
- The registered manager told us, "On the onset of the service we do an assessment and support planning session which involves the [person], next of kin and wider networks."
- Staff described how people and relatives were involved in their care. One staff member told us, "I check what [person] needs. I let the families know what [person] needs."

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed their privacy and dignity was promoted. One person said, "Yes my privacy and dignity [are] respected when I have a shower." Two relatives told us staff covered their family up to protect their dignity.
- Staff understood how to promote people's privacy and dignity. One staff member told us, "I would ask them how they would like me to address them because I want to respect them."
- Staff described how they promoted people's independence. One staff member told us, "If [person] is able to do something, by allowing them to do it and support when needed."
- Care records gave information to staff about what tasks the person could complete independently and what tasks they needed support with.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection we made a recommendation about recording support that is person-centred, detailed and reflects people's preferences. The provider had made improvements.

- Care records were personalised and contained people's likes and dislikes including staff gender preferences. For example, one care record stated, "Care package includes one grocery trip a week and one trip in the community a week. Female only support required."
- Care plans detailed the time and what tasks needed to be completed at each visit. They included detailed guidance for staff about how to support the person.
- Staff understood a personalised care service was to treat people as individuals with different needs and preferences.
- Records showed care plans were reviewed on a regular basis and when a person's needs changed.

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.

- The provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- The registered manager demonstrated they knew how to meet people's communication needs. They told us, "We would have information translated into braille [for people with a sight impairment]. There are websites that allow us to do that."
- The registered manager explained for people with a hearing impairment they would speak louder or write things down. They said, "We would make a referral through the local authority for speech therapists if we need pictorial aids or specialist equipment."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives confirmed their social and cultural needs were met. A relative said, "They changed the [staff member's] schedule so my relative can go to activities."

- Care plans showed people were supported to access activities to maintain their social and cultural identity.
- One person was supported to go to church every Sunday with a member of staff and was regularly supported to go out to participate in activities of their choice.

Improving care quality in response to complaints or concerns

- At our last inspection the provider was not recording complaints that were made.
- We found at this inspection the provider was now keeping a record of complaints. We reviewed the records and saw that complaints were dealt with appropriately.
- The service had an improvement plan which included improving awareness of how to make a complaint. The action was the field officers ensured they explained the process at all assessments and reviews.
- People and their relatives told us they knew who to speak to if they were not happy with the service. Where they had made a complaint, this had been dealt with to their satisfaction.
- Information about how to make a complaint was included in the 'service user guide' which people using the service received when they began to use the service.
- Staff knew what actions to take if somebody wished to make a complaint. One staff member told us, "I'd help them to make a complaint, to get through to the office."

End of life care and support

- At the time of this inspection nobody was receiving end of life care or diagnosed with a terminal illness.
- The provider had an end of life care policy which gave clear guidance to staff about how to deliver this type of care sensitively. The policy also detailed that when a person was nearing the end of their life, an advanced care plan would be written to take into account the person's wishes.

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. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider did not have effective processes to assess, monitor and improve the quality and safety of the services provided and contemporaneous records were not always maintained. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had various quality assurance systems in place to identify areas for improvement.
- The management team carried out regular unannounced spot checks on staff to ensure they performed to a high standard. When issues were identified these were addressed with the staff member.
- Records around care, medicines and finances were returned to the office each month where the management team carried out a quality check. Any issues identified were addressed with the staff member concerned.
- The provider carried out an annual survey. We reviewed the analysis and action plan written in March 2019 for the most recent annual survey and noted 97% of respondents were satisfied with the service.
- The action plan focussed on the lowest scoring questions. One person had rated this question on ease of contacting the service as poor, so the provider had taken action to ensure everybody was aware of how to make contact.

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

- People told us the registered manager was accessible. Responses included, "I always talk to the manager straight away" and "I can talk to the manager. [They're] very helpful."
- Relatives gave positive feedback about the leadership in the service. One relative said, "The manager is in touch. There's always communication."
- Staff told us they were supported in their role by the leadership in the service. One staff member said, "[Registered manager] is accessible and always on the end of the phone. The co-ordinators are amazing."
- The provider had a 'carer of the month' system where staff were nominated each month for good performance. The winning staff member received a financial reward and a certificate.

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 registered manager understood their legal responsibility under duty of candour and the need to apologise to people concerned. Their response included, "We must disclose anything to CQC that may have an impact on the service. It is being transparent and being held to account."
- The provider notified CQC and the local authority about incidents and safeguarding concerns as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager described how they ensured staff had their voice heard. They told us, "We meet with staff regularly through supervisions where we allow them an opportunity to have their say. We have a whistleblowing policy. We have staff meetings once every three months."
- Staff confirmed there were systems in place which they used to communicate a person's change in needs. One staff member told us, "If people's needs change, I'd ring up the office and write it down [in the care records]."

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

- The service kept a record of compliments. A representative from a local authority had written, "We would like to commend Care Central for the outstanding and efficient service provided to [person]."
- The provider checked how satisfied people and relatives were with the service by telephone calls. One telephone call record noted the relative had asked for two specific staff members because they worked well together and this was put into effect the following day.
- Staff confirmed there was equal treatment of employees.
- The provider held regular staff meetings. Staff told us they found these meetings useful. Topics discussed included medicines, record keeping, rota and training.

Working in partnership with others

- The registered manager told us they worked in partnership with other agencies to improve outcomes for people. This included attending the local authority providers forums. The registered manager said, "We recently worked with [local authority] occupational therapist to try to reduce double packages. We constantly work with doctors and pharmacists."