Care Quality Commission

Care Services Thirsk Limited

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Inspection report

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Date of inspection visit: 11 September 2015
Date of publication: 05/11/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 11 September 2015 and was announced. This was the first inspection of the service which was registered in April 2015.

Care Services Thirsk provides personal care and support to people who live in their own homes. The service supports people with a range of needs, including people living with dementia and people with more complex health needs. The service works in partnership with health services such as district nurse teams and the community mental health team. The service currently provides personal care to 10 people.

There was a registered manager in post at the time of our inspection. 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.

During the inspection we found a number of areas which required improvement. You can see what action we have asked the provider to take at the back of the full version of the report.

Recruitment procedures were not being followed and there was not a robust system for checking the backgrounds of staff before they started work. New staff

Summary of findings

had not provided references and decisions about their suitability for the role had been made on personal recommendation rather than written evidence. The lack of a robust process for checking that staff were 'fit and proper' placed people who used the service at risk of improper care or support.

Staff were trained by management in how support each person individually. People told us that staff were effective and provided the support they needed, often going out of their way to provide assistance However, there was a lack of formal training for staff. This meant that staff were not fully supported in their development and did not have opportunities to learn about wider areas of good practice.

There was a lack of records in relation to the care and support that people received. Most people did not have a copy of their care plan and some care plans had not been completed. Risk assessments were not always in place where risks to people had been identified. There was also an absence of records for training and supervision of staff. This presented a risk to people of receiving inappropriate care and treatment. Staff were also not fully protected should a complaint or incident arise about care practices with no records to refer back to.

The system for the administration of medicines required improvement. Although people received their medicines as required, there was a lack of information about the medicines administered, what they were for and any possible side effects. Care staff had not received formal training in medicine administration, although they told us they felt confident about what they were doing.

People told us that they felt safe and were confident that staff understood their needs and how to support them safely. We received a number of comments about how the service had helped people where there had been a problem or incident at home. There were sufficient numbers of staff to provide the care and support that had been agreed.

There was an up to date policy in place regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of the requirements of legislation related to capacity and DoLS.

People told us that they received good care which supported them in the way they wanted. The feedback we received was entirely positive. A repeated description of the service was that it "Went that extra mile". People said that they were always involved and informed about any changes or developments. We found that people were well supported to maintain good health and that the service worked closely with other professionals to make sure that support was planned effectively. The service responded promptly to any changes in people's needs and was pro-active in supporting people to access other services where needed.

The registered manager and registered provider were open and receptive throughout the inspection. They acknowledged that there had been an emphasis on making sure people received good care and support, rather than looking at the quality of recorded information, and that this was an area that required improvement. People, their relatives and other professionals all told us that they felt the service was well-led and there was good management. Staff told us that there was a supportive working atmosphere and that their main aim was to provide a personal and caring service.

Summary of findings

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.

There was not a robust system for the recruitment of new care staff. Background checks were not always carried out.

There was a lack of training for new staff in the management of medicines.

Staff were confident about identifying possible harm to people who used the service and taking appropriate action.

People told us they had confidence in the service to keep them safe.

There were sufficient numbers of staff to meet people's needs.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff did not receive formal training or supervision to support them with their roles. However, staff were provided with good support from management to work with individual people

The registered manager understood the requirements of the Mental Capacity Act 2005.and Deprivation of Liberty Safeguards, however staff had not received training in this area.

People were supported to maintain good health and were supported to access relevant services such as a GP or other professionals as needed.

Is the service caring?

Good

The service was caring.

People told us that they received very good care and support from the service.

People, and their relatives if necessary, were involved in making decisions about their care and treatment.

People were treated with dignity and respect whilst being supported with personal care.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

There was a lack of recorded information about people's needs and how these were to be met. However, people received personalised care in line with their preferences which met their needs.

People knew how to make a complaint or compliment about the service. There were opportunities to feed back their views about the service.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

Accurate and up to date records relating to people's care and support were not maintained.

The registered manager had a clear vision of how they wanted to provide a tailored service to meet people's individual needs.

People, staff and professionals told us that there was good management of the service and that it was well-led.

Requires improvement

Care Services Thirsk Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 11 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included any notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We were unable to review a Provider Information Record (PIR) as one had not been requested for this service. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we visited the office and spent time with one person and their relative at their home whilst care was being provided. We looked at records which related to people's individual care. We looked at five people's care planning documentation and other records associated with running a community care service. This included three recruitment records, the staff rota, training records and records of meetings.

We met with the registered manager and registered provider. After the inspection we spoke over the phone with three people who received a service, three relatives, two health professionals and two members of staff.

Requires improvement

Is the service safe?

Our findings

There was evidence to show that recruitment of new staff was not robust. Although the service currently employed only two care staff, neither of their records held any references or proof of identification. There were no copies of application forms or interview notes to show how it had been decided they were suitable for the position. There was evidence of a criminal background check through the Disclosure and Barring Service (DBS), however one of these had been carried out by a previous employer. We also found that where concerns were found in recruitment checks there was no evidence that these had been considered.

The registered manager accepted that recruitment checks were not sufficient but stressed that they knew the care staff personally prior to them being employed and was confident that they were suitable to work in a care service. They added that new staff were given opportunities to meet people who used the service before deciding if the role was suitable for them. We also noted that the comments people made about staff competence were entirely positive. However, the lack of a robust process for checking that staff were 'fit and proper' placed people who used the service at risk of improper care or support. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient numbers of staff to provide people with the support that had been agreed. The manager explained that a schedule was drawn up each week for staff so that they knew who they would be visiting. They added that because it was a small service they could be flexible in accommodating people's needs. People told us that there were no problems with missed calls and that where two care staff were needed, this was always provided. People also said that if for any reason there was a delay they were always contacted beforehand.

People told us they felt safe using the service. One person said "I have no concerns about safety" and another person commented "They know me. They know when something is not right".

We received a number of examples where staff supported people to stay safe, One person told us "I had an emergency once and they stayed with me until someone came to help". A Community Psychiatric Nurse commented that the service was "Very good at involving a GP or dialling 999 appropriately and when needed". The service had an out of hours contact number in case of emergencies. People confirmed that they knew this number and one person told us "They answer whenever I ring".

Staff were aware of potential risks to people's well-being whilst carrying out care and support, such as with moving and handling. The people we spoke with said they had confidence in the care staff to provide them with safe care. There were written risk assessments for some people which included risks associated with health, mobility and the environment. However, these were not in place for all the people who used the service. The registered manager explained that these were currently being written and showed us the progress made so far on a computer. However, there was a lack of written risk assessments available to staff. Although we did not find that this had directly impacted on people's support, there was a potential risk to the well-being of staff and the people they looked after.

The registered manager told us that care staff had not received safeguarding training yet but that if there were any concerns about people's safety, staff would raise this with them immediately. This was confirmed by care staff and the people we spoke with.

The registered manager told us that there had been no safeguarding alerts raised with the local authority since the service opened. They were aware of who to contact in the local authority if they needed to discuss or raise a safeguarding concern. An up to date safeguarding policy was in place. There was an accident book kept in the office which showed that accidents and incidents were clearly recorded and appropriate action taken to keep people safe or prevent a similar accident in the future.

Some people required assistance to take their medicines or to apply skin creams. The service made use of Medication Administration Records (MAR) to record when medicine or cream had been administered. We found no unexplained gaps on MAR charts although there were inconsistencies in the way they were used. For example, one MAR had six different creams in one section and these were recorded as one administration rather than individual items. There was also a lack of information about what each medicine was used for and any possible side effects. This meant that staff may not be aware of how a medicine could affect people's

Requires improvement

Is the service safe?

health or behaviour, and it would be difficult to assess if a medicine was effective or no longer needed. We found no evidence of any errors in administration which could have affected a person's well-being.

The registered manager told us they had received training in medicines in their role as a paramedic and that they observed new staff during medicine administration to make sure they were competent. They told us that staff had not received formal training. Staff confirmed that they had been provided with support to administer medicines and that they felt competent. However, the lack of formal training meant that care staff may not have a full understanding of good practice and the risks involved in medicine management.

Requires improvement

Is the service effective?

Our findings

The registered manager and registered provider were both experienced and had received training in previous roles as health professionals. The manager was also currently undertaking a Diploma in care. However, there was a lack of formal training for other staff. There were no training records which showed the training care staff had received or which identified individual training needs. The registered manager told us that because it was a small service they trained staff according to the individual needs of people who used the service. They explained that new staff would 'double up' with a manager when supporting people so that they could be trained 'on the job'. One person we spoke with confirmed this saying "New staff always have an experienced person with them". This meant that staff were trained to provide personalised care and support. However the lack of formal training placed people at risk and meant that staff were not fully supported in their development and did not have opportunities to learn about wider areas of good practice. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care staff we spoke with said that they felt supported. One staff member said "I find it brilliant. At the moment I am still doing double up calls until I am confident. They (the managers) have guided me through everything. They talk me through what I am doing". Another staff member commented "I absolutely love my job. I shadowed managers at the beginning. I know exactly what I am doing. I can't think of any areas where I need specific training".

The managers had received moving and handling training in previous roles. The registered manager explained that they did not support anyone currently who used a hoist but one person used a bed slide sheet to assist with moving. Staff had not received formal training in moving and handling although the registered manager told us that this had been sourced and would be arranged in the near future. They added that new care staff were trained in how to move people according to individual needs and preferences. People we spoke with told us that staff were competent and understood their needs. One person commented "I feel confident that staff know what they are doing". All the people we spoke with felt that care staff had the skills needed to provide effective care.

Although staff felt supported, they had not received a formal supervision with a manager to discuss their development and support needs. It was clear from feedback that there was regular contact between management and care staff and that informal discussions took place frequently. However, the lack of recorded meetings meant that it was difficult to review staff progress and agreed actions. **It is recommended that the provider consider formal, recorded supervision meetings with staff to make sure that developmental needs could be discussed and reviewed.**

The registered manager explained that all people who used the service who were able to consent to the care and support provided. We noted that records contained contracts for the service provided, however none of these had been signed by the person receiving support. All the people we spoke with told us they had agreed to their support package and that they were receiving the support they expected. However, the lack of a formal agreement did not protect people's rights. This issue has been reported on further under the Well-Led section of this report.

There was an up to date policy in place regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of the requirements of legislation related to capacity and DoLS. They explained that people were supported to live independently in their own homes and there were no current issues around depriving people of their liberty. They told us that other staff had not received training in this area as yet but that this would be arranged. They added that they were in close contact with all the people who used the service and that if there were any concerns about people's capacity to consent to, and make, decisions they would contact relevant professionals such as a social worker or GP.

The service had formed good links with other professionals to make sure that people were supported to maintain good health. The registered manager explained that they worked closely with district nurses, GP's and other professionals to make sure that the support they provided was in line with their advice and direction. A district nurse told us "I find them really good. Very attentive. They always call if there is a problem and follow through on any directions". Another professional commented "The team has been particularly good at supporting people with complex health issues".

Requires improvement

Is the service effective?

They added "I feel confident that I can allow them (staff) to visit and I don't have to visit so often. I know that if they are seeing people regularly I can leave them to it and they will call me if there is a genuine concern. We plan together".

People were able to provide us with examples of good practice in relation to their health needs. One person described how a skin condition had cleared up rapidly with the treatment provided by the service. We also heard of how care staff had come out to sit with a relative when they had been very ill during a weekend to offer reassurance and support.

The registered manager told us that they were not directly responsible for making sure that people had sufficient amounts of food and drink. However they did assist some people with eating by making sure their food was cut up or pureed. They explained that they encouraged people to drink sufficient amounts and if there were any concerns they would monitor people's fluid intake in daily log books. We saw that professional advice was followed in relation to eating and drinking. One person had a review recently and a report from the Speech and Language Therapist was being used to guide care staff in the assistance they offered.

Good

Is the service caring?

Our findings

We received very positive comments about the service from all the people we spoke with during the inspection. One person said "They go the extra mile", and this was repeated by others. Other comments included "They have been the best [agency] I've had", "They put themselves out", "Amazing support" and "You couldn't wish for anything better". A health professional told us "I have worked with a lot of agencies and these are very good".

We were given numerous examples of good practice which showed how the service cared for people. One person said they "Wouldn't want to be with anyone else" and explained how, no matter what mood they were in, "Carers always cheer me up and I'm laughing by the end. They provide emotional and physical support". Another person told us about the care that a relative had received, explaining "They made a big difference. They treated him as though they were looking after one of their own. It was what we needed". One person described how care staff would provide extra support over and above the agreed care plan. "Nothing is too much trouble. Even if I need a prescription they pick it up for me and drop it off in their own time". A relative explained how staff had gone "Above and beyond the call of duty" by bringing meals round for their father who had been ill.

Care staff were described as caring and friendly. A health professional said they were "Extremely good". One person told us "They listen to me. They understand me". A relative told us "I can't believe how good they are" and one person described them as "Marvellous and friendly". Everyone we spoke with during the inspection was happy with the care and support they received.

We visited one person at home while care was being provided by the service. Although we did not observe the personal care being carried out, we saw that there was a good relationship between care staff and the family. Staff were aware of the importance of respecting the family's space. The registered manager explained "I stress to staff we are privileged to go into someone's home. We offer reassurance and tell people what we are doing while with them. We have to respect what the person wants". We saw that care staff closed the door when carrying out personal care to make sure the person's dignity and privacy was maintained. The person being supported told us "I think they are excellent…They are marvellous and friendly…They always explain what they are doing".

People told us that there was good communication with the service and that they felt involved. One person said "Each morning they call me and tell me who is coming". They added "They come when I expect them but phone me if there are going to be any delays". All the people we spoke with told us they knew their care schedule and that they were involved in any changes to the service. When asked how the service involved them in the care being provided one person said "They tell me what they have done and we discuss how it is going". Everyone we asked told us that there was regular contact with the registered manager and nothing was done without asking them first.

Overall we found that the service provided care and support which was tailored to individual needs. The registered manager and registered provider were both involved in directly providing care and support. Because of this they had regular contact with people and their relatives and were able to develop positive relationships which promoted good communication and a personalised service.

Requires improvement

Is the service responsive?

Our findings

Before the inspection we received some concerning information from a person about a lack of care plan information provided to people who used the service. At this inspection we found that the quality of written care plan information varied. One care plan was complete and included a care schedule and clear list of support tasks to be carried out. Four people did not have a full care plan although we saw that the registered manager was in the process of completing these. Most people were not provided with a copy of the care plan to keep at their home. The care plans we saw were lengthy and not always easy to understand. The registered manager agreed that care plans needed improvement but added that because the service was small they were able to offer a package of support that was tailored to individual needs. They told us that as staff were trained individually to work with each person they had a clear idea of people's needs and how they were to be met.

Despite the lack of written care plans, people told us that the care they received was in line with their preferences and responded to their changing needs. One relative said "We decided together what we wanted and as [Name's] needs have changed the service has adapted". A person who used the service told us "We had a long meeting before we started to discuss our requirements. We also had a detailed review".

We found a number of examples of where the service had responded to improve people's lives. The registered manager described how one person had recently moved home and had difficulty getting to their new bathroom. They had discussed this with the person and now offered them assistance with mobilising. They had also contacted a social worker for an assessment and as a result the person had a safer toilet/shower seat and pressure relieving cushion. One person told us how, following an incident, the registered manager had worked with a local swimming pool to improve pool evacuation procedures for people with mobility difficulties.

The records we looked at and feedback from people and their relatives showed that people received personalised care. Each person had a log book at their home which care staff used to record details of their visit. We looked at some of the daily records which showed that care was given in line with the agreed support. Records contained good information about the support provided and the person's well-being. Information was focussed on the individual person rather than describing a list of tasks carried out.

Before the inspection we received information from a person who told us that they did not know how to make a complaint to the service. During our inspection we looked at the complaint records and saw that any complaints or compliments had been recorded and appropriate action taken. The registered manager was aware of the issue raised by the person we spoke with and was able to describe the action taken to try to resolve the problem. All the people we spoke with told us that if they had any concerns they would talk to the registered manager or registered provider. One person told us "I have some information about how to complain. I have never had reason to".

There was a detailed complaints policy in place which included details of the CQC and Local Government Ombudsman. However, the policy was lengthy and not in an easy to understand format. The policy stated that people who used the service would be provided with a complaints leaflet. The registered manager explained that the service currently didn't have a leaflet, but that they gave people contact numbers and met with people frequently during the course of their work. None of the people we spoke with during the inspection had any complaints to make about the service.

Requires improvement

Is the service well-led?

Our findings

During our inspection we found a number of areas where records were not maintained to an appropriate standard. These included records for recruitment, training, supervision, care planning and risk management. The records for consent to care and support were also incomplete and had not been signed by the relevant people. Where decisions had been made regarding changes to support there was a lack of recorded information and discussions with people who used the service were not always noted. Although we did not identify that this had impacted on people's care, the lack of records presented a risk to people of receiving inappropriate care and treatment. Staff were also not fully protected should a complaint or incident arise about care practices with no records to refer back to. The lack of complete and accurate records was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was aware of the shortfalls in record keeping and had an action plan in place to make improvements to training and supervision. However, other areas for improvement had not been identified in the plan. The registered manager and registered provider were both actively involved in directly providing care and support to people who used the service. Because of this they had regular contact with people, their relatives and staff, and had a clear oversight of the quality of the service provided. The registered manager acknowledged that there had been an emphasis on making sure people received good care and support, rather than focussing on the quality of recorded information and that this was an area that required improvement.

We looked at some of the policies and procedures used for the management of the service. The registered manager used a manual which had been provided by a company which develops policies and procedures for different types of service. Although this contained all the required information for the management of the service, polices were lengthy and generic rather than being specific to how the service operated in practice. In some instances the registered manager was not following the policies in place, such as with regard to recruitment or record keeping.

The registered manager and registered provider spoke passionately about providing a caring and personalised service. The registered manager said "We create a tailored service. We want to go the extra mile. Our speciality is making things better for people and liaising with other professionals to work in partnership". They spoke about the people they supported with familiarity, compassion and a clear desire to help people have better lives.

People who used the service, staff and other professionals all felt that the service was well-led. One person said "I couldn't name anybody more helpful" and a relative commented "They know what they are doing". The staff we spoke with were also positive about the managers, stating "I talk to a manager every day" and "I feel supported". One member of staff described how once, when their car had broken down, the manager had come out to help them. They added that there was always someone available for advice or support if needed. A health professional told us "[The manager] is particularly good. I value their input. I work with a lot of agencies and these are very good".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014: Fit and proper persons. The lack of a robust recruitment process for checking that staff were 'fit and proper' placed people who used the service at risk of improper care or support. Regulation 19(2)(3).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014: Staffing A lack of formal training placed people at risk and meant that staff were not fully supported in their development and did not have opportunities to learn about wider areas of good practice. Regulation 18(2)(a)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014: Good governance. Insufficient and incomplete records relating to the care and treatment of each person placed people who used the service and employees at risk. Regulation 17(2)(c).