

Charterville Care at Home Limited

Content Care Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Content Care Limited provides personal care for people living at home. At the time of our inspection there were 27 people receiving personal care. This announced inspection took place on 9 March 2017.

There was not a registered manager in post at the time of our inspection. The manager was in the process of applying to become the registered manager. 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.

The manager had identified areas that required improvement and had an action plan they were following to ensure that people's risk assessments and care plans were being updated to reflect their current needs.

People received all of their care at the times they had agreed. However, there were not enough care staff to provide their care and supervisors were providing care, which took them away from their role of updating people's care plans and managing people's medicines.

The provider had increased their advertising for new care staff but this was proving difficult due to the rural location. The provider had plans to monitor the quality of the service in the near future.

People received care staff that had an understanding of people's support needs and had the skills and knowledge to meet them. Staff received updates to their training and regular supervisions. Staff were clear about their roles and responsibilities in caring for people and received regular support from the manager.

People had positive relationships with staff. Staff understood their role in safeguarding people and they knew how to report concerns.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that if they had any concerns they would be listened to and any concerns would be addressed.

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 always safe.

People did not always receive their prescribed medicines as planned.

People's risk assessments were not always reviewed regularly or when their needs changed.

People received all of their planned care at the agreed times, but supervisors were not always available to carry out their roles to review people's care or manage medicines.

Staff understood their roles and responsibilities to safeguard people.

Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and staff.

Staff had a good understanding of people's needs and preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Is the service responsive?

Good ●

This service was responsive.

People were involved in the planning of their care which was person centred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Requires Improvement ●

This service was not always well-led.

A manager was in the process of applying to be the registered manager.

There were systems in place to monitor the quality and safety of the service but these were still in the process of being implemented.

There were not always policies in place to guide staff to carry out their roles.

Content Care 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 9 March 2017. The inspection was announced and was undertaken by one inspector. We gave 48 hours' notice of the inspection as we needed to be sure that they would be in.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the local commissioners of care for feedback about the service.

During this inspection we spoke with three people who used the service and five relatives of people who could not speak for themselves. We also looked at care records and charts relating to seven people. In total we spoke with seven members of staff, including four care staff, two office staff and the manager. We looked at four records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Is the service safe?

Our findings

People's medicines were not always safely managed. There had been four medicines errors in the month of January 2017. The manager had taken the appropriate action to seek medical advice and identify the reasons for the errors. Staff had received additional supervision to check the competencies of administering medicines and further in-depth training was planned for all staff later in March 2017. Recruitment of care staff was on-going to allow the supervisors to be available to take responsibility for the safe management of medicines. However, these planned actions had not been fully implemented and had not been embedded into practice.

People were assessed for their potential risks such as moving and handling and falls. However, people's needs were not always reviewed in a timely way so that risks could be identified and acted upon as their needs changed. For example where people had been identified as at medium risk of falls, their risk assessment had not been reviewed when they had subsequent falls. Although staff had recorded falls and had taken the appropriate actions the care plans had not always been updated to provide staff with clear instructions to mitigate the risks or reflect people's changing needs. The manager recognised that the risk assessments were not always reflective of current needs; they had an action plan to update these by May 2017.

People received all of their planned care at their agreed times. However, there were not enough care staff to provide everyone's care; supervisors were providing daily care whilst on-going recruitment of care staff continued. The supervisors were not always available to carry out their specific roles which left areas such as timely reviews of risk assessments and care plans outstanding.

People told us that they had the same staff most of the time; and when staff came to provide their care, they were mostly on time and stayed for the allotted time. People lived in rural areas which required long travel times between calls which could be affected by road and weather conditions. Relatives told us that staff would call if they were delayed and would be late for a call. One person told us "Staff come at the same times every day, when they are delayed; they call me to let me know they are running late, but that's not very often."

Staff told us they had their rotas in advance and mostly visited the same people each week. Where people required two members of staff, these staff worked in teams to ensure people received their care at a regular time. People were allocated staff who had received the appropriate training to meet their individual needs. The provider had implemented a system to electronically monitor people's calls to ensure they received their visits on time and for the whole time allocated.

People could be assured that prior to commencing employment with the agency, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references.

People were supported by staff that knew how to recognise when people were at risk of harm and knew

what action they should take to keep people safe. People and their relatives told us they were treated well by staff and felt safe when they were around. Staff demonstrated how they could identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff told us, "I always log anything that concerns me and report it to the manager." We saw that the manager had taken timely action to report and investigate any allegations of abuse or issues of concern.

Is the service effective?

Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

New staff underwent an induction which included classroom training for eight days and spending time with other experienced staff; shadowing them to enable them to get to know the people they were to support. One member of staff told us "The training was really good; I shadowed every call so I could get to know all the people I would be looking after." New staff completed the Care Certificate which included topics such as safeguarding, manual handling and food hygiene. The Care Certificate is based on 15 standards that aims to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People's needs were met by staff who had received training to meet their specific needs, for example where staff used a hoist to move people safely staff had received training in how to use this equipment. One member of staff told us "I have been providing care for many years, but it's good to have everything updated."

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. Staff told us they received regular supervision and they felt supported. One member of staff told us "The manager is really hot on supervision, we have supervision regularly, we can also contact the office and speak with someone if we need to discuss anything." We saw evidence that there was a clear plan to undertake regular supervision, where training, staffing levels and people's support were discussed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The manager and staff were aware of their responsibilities under the MCA code of practice. People's lasting power of attorney were consulted where people were unable to make decisions about their care. Staff gained people's consent before they entered their homes and before providing any care. One relative told us "They [staff] always encourage [name] to have a shower, but sometimes [name] doesn't want to, there is no fixed shower day as you never know how [name] is going to be; the staff try every day, they are ready to help with showering when [name] is ready."

People were supported to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff demonstrated they were aware of people's nutritional needs, for example one person required a sugar free diet and staff were aware of people's food allergies. Staff received training in food hygiene and prepared food to people's preferences. Staff ensured that people were encouraged to eat and drink regularly.

Staff had information about who to contact in an emergency. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell. We saw that staff followed the specific instructions from healthcare professionals to help people recover following time in hospital.

Is the service caring?

Our findings

People received care from staff that were kind. People spoke positively about the quality of the staff that supported them. One person told "The people they [the company] employ are all so good, I can't praise them enough." One relative told us "We have a good working relationship with all of the staff, they understand what we need."

People received care from a regular group of staff, which helped form positive relationships. One person told us that the staff were "Absolutely brilliant." One relative told us "They are so nice to [name], we are very pleased with them, they're a nice team." Staff were knowledgeable about the people they cared for; they were able to tell us about people's interests; their previous life history and family dynamics. One member of staff told us "I've got to know people really well; we've built up a good rapport. We have a lovely bunch of customers."

People's care was person centred. People described how the care they received met their individual needs. For example one person required staff to use a soap substitute. Staff were knowledgeable about how to communicate with people effectively, for example, staff told us that one person needed time to process what was being said to them, so they made sure they made eye contact and spoke slowly to engage them. We saw that their care plans also provided details of how to effectively communicate with this person.

People had their individual routines and preferences recorded and carried out by staff. Some people were living with dementia; staff understood the importance of receiving care from people they knew. One person only responded to staff they knew well; the manager told us how this had helped to them to recover in hospital, where staff went in to help encourage them to get out of bed, where the hospital staff had been unable to. One member of staff told us "Most people I care for have dementia, they need to have continuous care from people they know and trust as it helps them to feel comfortable and be responsive to care. It really helps."

People received help from staff to provide care for their pets. One member of staff told us "People's pets are important to their well-being." Staff told us about how they cared for people's pets as people became more dependent on care. Records showed that staff went out of their way to ensure that people's pets were also fed and kept clean; and sought the vet's care where required.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. One person told us "I am fiercely independent, I am not the best at letting people do things for me, the staff are so good with me we have an arrangement and they get things done, I am extremely grateful to them."

There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. People had provided positive feedback about the kindness of staff and the care they had provided. One person had written "I am very satisfied with my care." Another person wrote

"she [care staff] is lovely, how do you find such super people?"

Staff recognised when people were lonely and referred people to a local charity for consideration of pastoral care. The rotas showed that the charity had funded additional hours from Content Care Limited to provide social care to people from staff they knew. This had improved people's quality of life, for example, one gentleman wanted company to watch the football; staff that he knew well were allocated to spend time with him.

Is the service responsive?

Our findings

People were assessed before they received care to determine if the service could meet their needs. Initial care plans were produced before new people began to use the service. Staff informed the office staff of any changes in people's needs, such as fluctuations in mobility and people's regular staff were notified of the changes.

People were involved in planning their care; during their assessments they discussed how they wanted to receive their care, their nutritional preferences and the timings of their calls. Where possible people had signed to say they agreed to their care plans. Staff demonstrated they were aware of the content of people's care plans. Staff told us that they knew people they cared for well and were involved in people's reviews.

Care was planned and delivered in line with people's individual preferences, choices and needs. People told us the staff understood their needs. For example one person's care plan gave staff specific instructions about the positioning of their legs when they were in bed, records showed that staff adhered to the care plans, the person told us "Staff give me all my care, it is all written in my care plan, it's fine." Another person had sight problems, so staff arranged for their rotas to be provided on yellow paper so they could read it.

One relative told us "[name] gets all the care they need. We started off with a good plan, especially for the creams, the staff know how to care for [name] very well." Detailed care plans provided staff with specific instructions about people's preferences which staff followed. For example staff were aware of the names people preferred to be known by.

People said they knew how to complain and felt confident that their concerns would be listened to. One relative told us "At the beginning we complained, but they [the company] sorted out the timings of the calls and we've not had a problem since." There had not been any complaints since March 2016. There was a complaints policy and procedure in place and we saw that complaints had been dealt with in a timely way. The manager used the information from complaints to make improvements in the service, for example changing the regular timings of calls and improving communication.

Is the service well-led?

Our findings

There was not a registered manager in post at the time of our inspection; however, the manager was in the process of applying. The manager understood their responsibilities which included notifying the commission of incidents or changes to the service.

The manager had identified areas that required improvement such as the timely updates for people's risk assessments and care plans; they had an action plan which detailed how they were going to achieve the updates by May 2017.

The manager and the provider had worked together to find a comprehensive training package for all staff in the management of medicines; this was to be implemented at the end of March 2017. In the meantime, the manager had carried out additional competency checks with staff and provided additional supervision to support staff in the management of medicines. One member of staff told us "The extra supervision was really helpful; it made me more aware [of medicines management]."

The manager and provider recognised that they required more care staff to provide care to meet people's needs and free the supervisors to carry out their roles. The provider had advertised for more care staff, however, due to the rural location they were finding it difficult to recruit and had widened their advertising.

There was no policy or procedure for staff to follow when handling people's money for planned shopping. We saw that two people had money withdrawn from their accounts by staff and used for weekly shopping. Although all of the receipts were kept, there was no system of checking or auditing the transactions. We brought this to the attention of the manager who immediately implemented a system to check people's financial transactions and contacted the provider for guidance on implementing a policy for staff to follow.

Staff told us they had great respect for the manager and the provider. One member of staff told us "It's a very good company, they are professional and caring." Another member of staff told us "This is the best company I have ever worked for." Staff shared the company ethos of 'the best care for all our clients.' This was reflected in people's responses, as all the people we spoke with and their relatives were very happy with the care staff, their care and communication with the office staff.

The manager carried out quality checks on care plans, medicines charts and staff training. The manager was working closely with the provider to implement new training workbooks to increase staff knowledge and skills. The manager had identified that more staff meetings were required to share knowledge encourage their development; their action plan stated this was to be implemented by May 2017.

The provider had a quality framework which they used to audit all areas of the business, but this had not been implemented at Content Care Limited yet. The audit included contacting all service users and their relatives to get formal feedback about the service. The provider told us the audit was due to be carried out in June 2017. The provider had an action group to implement any changes required that are identified in their audit.

