

Courtesy Care Limited

Courtesy Care Ltd

Inspection report

Kett House
Chard Street
Axminster
EX13 5DZ

Tel: 0129735985

Date of inspection visit:
31 March 2021

Date of publication:
16 July 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Courtesy Care Ltd is a domiciliary care agency which provides personal care and support to people living in their own homes in Axminster and Seaton and the surrounding areas. At the time of the inspection 44 people were receiving support with the regulated activity of personal care. Some people received help with tasks that were not related to personal care including, shopping, cleaning and welfare checks. The Care Quality Commission (CQC) only inspects where people receive personal care.

People's experience of using this service and what we found

People were happy with the standard of care and support provided to them. Comments included, "No concerns at all, it is a great service...a small and personal service" and "They are a great help to me".

We have made a recommendation for the provider to continue with improvements to their governance systems to assess and monitor the quality and safety of the care people received.

Improvements had been achieved since the last inspection. Environmental risk assessments had been completed and any issues of concern had been addressed. Improvements were seen in the initial assessment information obtained. It was appreciated that during the pandemic face to face assessments had been limited. However, assessments completed assured the service could meet people's needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Consent had been obtained in relation to care and support provided for individual people. If a person lacked capacity, a mental capacity assessment had been completed to ensure any decisions about care and support were made with their best interest.

People were supported by reliable, kind and caring staff who they trusted. There were sufficient staff to ensure people received visits as planned. People said the service was reliable and staff always arrived as expected.

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. Medicines were safely managed for people.

All staff had received the provider's mandatory infection control training and had access to appropriate protective equipment. People told us they felt safe when staff visited as they always wore personal protective equipment (PPE), such as masks, aprons and gloves.

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

Rating at last inspection

The last rating for this service was requires improvement (published 22 August 2019). At this inspection enough improvement had been made and the service has been rated as good.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-led findings below

Courtesy Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 March 2021 and ended on 13 April 2021. We visited the office location on 31 March 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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 seven people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, company director, supervisors and care workers. We received feedback from four health and social care professionals who worked with the service.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek evidence and clarification from the provider. We looked at training data, call logs and quality assurance records.

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection, people and staff were not always protected because environmental risk assessments were not being completed. We made a recommendation for the provider to ensure relevant risk assessments were in place and these contained information needed to reduce the possibility of harm.

- At this inspection improvements had been made. A home safety checklist had been introduced to help identify and mitigate risks in relation to the delivery of care and the various environments staff worked in. As a result of assessing risk, staff were issued with torches where pathways were poorly lit.
- Risks to people's health and safety had been assessed, although staff would benefit from more detail in some care plans to mitigate risks. For example, one person was described as being "unstable" on their feet and "needed help". However, there was no description of the help required or any equipment used. The registered manager and director confirmed that care plans were being reviewed to ensure they contained the necessary detail for staff to deliver safe care.
- Where there were changes to people's needs or health care, this was recorded. Staff completed a "client health changes sheet", which was collated weekly and the information was shared with staff to ensure individual needs were met.
- Completed risk assessments relating to COVID-19 and infection prevention and control were in place to help reduce risks for people using the service and staff.
- Accidents and incidents were recorded and reported to the registered manager.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm. People said they felt safe with staff. Comments included, "From our point of view they are excellent. We get on with all the staff. They are a lovely team"; "The staff are nice; they are respectful and do what I need" and "We have a good rapport. I have no concerns."
- Staff had completed safeguarding training and had access to policies and procedures. They understood how to raise any concerns about poor practice.
- The registered manager and senior staff were clear about when to report incidents and safeguarding concerns to other agencies.

Staffing and recruitment

- There were enough staff to ensure the care commissioned was delivered. People said they received support at the correct times by a consistent team of staff. One relative felt their loved one would benefit from a more regular team of staff.

- People confirmed that no visits had been missed. Comments included, "This is a reliable service. Never a missed visit and time keeping is spot on" and "We know when they are coming. They never rush us; no missed visits and we tend to see the same staff."
- Staff confirmed they had sufficient travelling time and time to deliver the expected care and support.
- Risks to people were minimised because safe recruitment processes were in place. Appropriate pre-employment checks had been completed prior to new staff commencing employment. There were gaps in one staff's employment history. The registered manager was aware of the reason for the gap and they took immediate action to address this and ensure a record was placed on file.

Using medicines safely

- People said they received their medicines as prescribed. One person told us, "They never miss my pills."
- Medicine administration records were in place but did not always provide staff with the required level of information. For example, the application instruction for topical medicines were not recorded on some MARs. These shortfalls had been identified by the registered manager and a new topical medicines administration record had been developed to address the shortfall.
- The provider was also introducing personalised medication sheet to alert staff to any potential side effects and risks of each medicines. This was intended to improve the management of medicines, and staff's knowledge.
- Staff had training to ensure they understood the safe management of medicines. Staff competency was checked by senior staff. Records showed, where there were concerns about staff's practice or poor recording, staff had a one to one meeting with their supervisor to help improve practice.

Preventing and controlling infection

- We were assured the provider was following government guidance in relation to the management of Covid-19 and staff testing.
- People using the service confirmed staff took precautions when visiting them to protect them from possible infection. They confirmed staff used Personal Protective Equipment (PPE) when visiting them. One person said, "We have no concerns about safety".
- Staff had completed IPC training and were provided with appropriate PPE.

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.

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

At the last inspection we recommended the provider develop a more robust system for assessing people's needs, so the staff team have a clear picture of individual needs and how these are to be best met. At this inspection improvements were seen. It was appreciated that during the pandemic face to face assessments had been limited. However, assessments completed assured the provider the service could meet people's needs and preferences.

- Care records included information about people's choices and preferences, which people confirmed staff respected. One person said, "They have only been coming for a short while. I can't fault them. They are quickly getting to know me and where everything is. They are very helpful and do all sorts of jobs to help". Another person told us, "Very happy overall with the service. Staff know us well".

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At the last inspection we recommended mental capacity assessments be conducted as appropriate to establish if people needed support to make decisions in their best interests. This was because a mental capacity assessment had not been conducted on behalf of one person who had been diagnosed with a mental health condition.

- We reviewed two mental capacity assessments. They contained details about each person's cognitive capacity. However, they would benefit from more specific information about each exact decision being made. For example, one person's mental capacity assessment stated the person did not have the capacity

to make "long term decisions". However, there was no additional detail about what these long-term decisions may be. The second assessment was more specific and detailed. The registered manager and director advised they would review the assessment to ensure it was detailed and accurate.

- People confirmed staff always sought their consent before providing any care and treatment. Staff involved them in their preferred daily routine. One person said, "Staff listen, they always do as I ask. They are kind and patient".
- The majority of staff had received MCA training and were aware of the process to follow if they had concerns regarding people's capacity. The registered manager was aware that some staff needed this training, which was being arranged.

Staff support: induction, training, skills and experience

- People expressed their confidence in the staff team's ability to support them with their needs and preferences. Comments included, "Staff are nice people, very respectful...they seem to be well trained. We trust them, they are like part of the family".
- New staff received induction training when they joined the service which included opportunities to work alongside experience members of staff.
- Staff received regular one to one support from management. Regular observations of staffs' practice had taken place, although this had reduced during the pandemic to reduce the risk of infection.
- An ongoing training program was also in place to ensure staff had the skills and knowledge they needed for their role. The member of staff responsible for training was aware that some refresher training was due. This had been delayed due to the pandemic but there was a planned training programme for 2021 in place to address this.
- Staff said they felt well supported to do their jobs safely and competently. Comments included, "I was paid to do my training. I had lots of shadowing until I felt confident. They were very supportive. I phoned a lot in the beginning with queries and they were always at the end of the phone" and "It feels safe working in the community with the support from (the office). (The director and manager) are always at the end of the phone. You never feel alone out there".

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

- Care plans recorded what support people required with mealtimes; people's likes and dislikes were included.
- Staff were aware of people's needs and preferences in relation to what they ate and drank. People contacted were happy with the support provided at mealtimes. One person said, "They are very accommodating and will always ask what I fancy."

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

- Staff monitored people's well-being and reported any changes so these could be addressed. People said staff were "vigilant" and "caring". One person reported that when they were ill, staff were a "great comfort" to them.
- The service worked in partnership with other professionals Feedback from other professionals was positive about working with the service. Comments included, "I've worked with Courtesy Care with a couple of service users lately and found them to be very supportive" and "Courtesy Care went above and beyond...and their carers are just lovely".

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection the provider did not have a formal system to monitor the quality of the service. Following the inspection, we made a referral to the local authority quality assurance and improvement team to assist the provider with the development of their monitoring systems. This work had stalled due to the pandemic. The registered manager explained all resources and time had been dedicated to delivering the service. As a result, little progress had been made in relation to the overall quality monitoring processes.
- At this inspection there had been improvements in relation to environmental risk assessments, mental capacity assessments and the details within individual care plans. However, there were no written audits completed to check patterns and trends across the service.
- This meant the registered manager may not be able to identify where issues may be emerging. For example, the registered manager did not have an overview of medicines management or the number of errors or issues. This information was contained in individual's care records and staff files.
- Medicine administration records were reviewed monthly for any errors. Where minor errors were found, for example gaps in signatures, senior staff met with the staff member concerned. We saw records of one to one meetings, where issues were discussed and staff were reminded of their responsibilities. However, it was difficult to assess the overall management of medicines due to the lack of audit and the registered manager was unable to confirm how many errors had occurred.
- The recording of accidents and incidents was satisfactory. The registered manager said there had been no significant accidents or incidents involving people using the service since the last inspection. However, there was no system to audit the accidents and incidents that had occurred and to look at patterns and trends.
- Similarly, there was no documented audit of care records to ensure they were up-to-date and reviewed. The lack of audits and systems to monitor the quality and safety of the service meant that robust oversight of the service could not be achieved.

We found no evidence that people had been harmed however we recommend the provider continue to develop governance systems designed to assess, monitor and improve the quality and safety of the service provided had not been fully developed.

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

- People's care was provided in a way that met their individual needs. People were happy with the care and support they received and expressed confidence in the staff team. Comments included, "No concerns at all...it is a great service...small and personal service. Couldn't manage without them"; "The service seems to be well managed. They responded to a little niggle I had. I was happy with that" and "I would recommend the service. They do a good job". Everyone we spoke with said they would recommend the service.
- Most people said any concerns or niggles were dealt with and resolved to their satisfaction. However, one person felt the office did not always get back to them when a concern was raised.
- Staff were motivated and enthusiastic about their work. They worked well together and told us how much they enjoyed their work. Comments included, "The staff here care and clients tell us that. I wouldn't stay here if it wasn't safe" and "Everything seems good here; any problems we let them know. (The managers) are very professional and approachable".

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 the duty of candour and was open and honest with us about the improvements they had made since the last inspection and the areas that required further improvement.
- The registered manager was aware of the responsibility of reporting significant events to us and other outside agencies.

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

- People's views about their care were sought during review meetings and through surveys. The latest survey results from October 2020 showed people rated the overall service as excellent or good. No-one rated the service as poor.
- Action was taken where issues were identified through the survey, for example, where a particular care need related to an equality characteristic. The survey highlighted a number of people who attended a church service on Sunday. The registered manager ensured people were assisted in good time to allow them to attend.
- Staff were encouraged to make suggestions to help improve the quality of care people received.
- People using the service, most relatives and staff said communication with the registered manager was good.

Working in partnership with others

- The service worked in partnership with other agencies and professionals. Feedback from professionals was positive. We heard how staff liaised with GP's, district nurses and social workers to make sure people received the care and treatment they required. A health and social care professional told us, "I have not had any complaints about them (Courtesy Care) from my clients. I find them (managers) easy to get hold of, they reply quickly to my e-mails. Very satisfactory".