Team Carita DCS Limited

Surrey

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 8 August 2018 and was unannounced. This was the first inspection of the service since their registration.

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

Not everyone using Surrey receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection there were 19 people receiving personal care, which had been in operation for a short time, with earliest delivery having commenced in March 2018. The service covered the geographical areas of Slough and Kingston.

Both the director of the service, and the care co-ordinator were operating as a 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 director told us the registration of both managers was an interim measure until the care co-ordinator was settled in post, and told us they would be applying to cancel their registration in due course.

At this inspection we found that the provider was in breach of the regulations relating to safe care, staffing, person-centred care and good governance. You can see the action we have told the provider to take about these breaches at the back of the full version of this report.

Some improvements were required to ensure that systems at the service were safe and effective. The provider needed more time to embed quality assurance systems, and enable full audit of how people's needs and care delivery were recorded. The governance framework was clear, however this was not always adhered to ensure that performance was appropriately monitored. The provider did not always ensure that regular staff competency checks were conducted and fully recorded to reflect staff compliance.

Staff recruitment checks did not include records of staff employment history, details of professional and/or character references or records of staff recruitment interview outcomes.

The service was not always able to attend all visits in a timely manner to ensure that all duties were carried out when people needed them. People's capacity and ability to understand and consent to the requirements of their care was not always clear. People are not supported to have maximum choice and control of their lives and staff do not support them in the least restrictive way possible; the policies and

systems in the service do not support this practice People's care plans did not always fully reflect what people could do for themselves, nor did they always reflect people's views on how they wished for their care to be delivered.

People's risk assessments did not cover all potential areas of risk, such as skin integrity and nutrition.

People's care plans did not include a record of people's medicines and what they were for, therefore there was not always clear guidance in place to support staff. We found gaps in people's medicines administration records (MAR), and that they did not always reflect full details of the medicines that people were prescribed.

We also made a recommendation for the provider to streamline their care plan and risk assessment paperwork to ensure that all areas of presenting need were covered.

The provider had appropriate systems in place to support staff to raise any safeguarding concerns, and the provider was open in learning lessons from incidents and improving the service. Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection.
Systems were in place to ensure that staff received appropriate supervision and appraisal to support them in their roles. People were supported to eat meals of their choosing, and were supported to access healthcare professionals.

People and their relatives felt that staff cared for them well, and that their privacy and dignity was respected. People were supported to express their views through phone questionnaires.

The provider had a complaints policy in place to manage any concerns as they presented. Records were available to reflect people's wishes in relation to end of life care.

Management had mechanisms in place to support staff and spoke of their plans to develop the service. The provider was clear in how they wished to expand their service provision, and had built positive relationships with service commissioners. Staff and people were encouraged to share their views on the service.

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 as safe as it could be.

Medicines were not always accurately recorded to show that people received them as prescribed.
People's risk assessments did not specify all potential areas of risk.
Staff recruitment procedures were not robust in ensuring full pre-employment information was checked.
People's visits were not always met in a timely manner.

Safeguarding procedures were in place to guide staff on how to raise concerns. The provider analysed incidents to help make improvements. Appropriate systems were in place to prevent the spread of infection.

Is the service effective?

Requires Improvement

The service was not as effective as it could be.

People's ability to consent to their care and treatment was not always clear in their care plans.
Staff received mandatory training and regular supervision, however time was needed to embed this practice.
People were supported to access healthcare professionals, as well as maintain a diet in line with their preferences.
People's care plans were task focused and did not always reflect that their choices had been assessed.

Is the service caring?

Good

The service was caring.
People and their relatives felt well cared for by the staff looking after them.
People's views were sought through phone questionnaires.
People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not as responsive as it could be.
Care plans did not always reflect what people could do for themselves. The provider had a complaints procedure in place to

manage any concerns raised.
Systems were in place to identify people's wishes in relation to end of life care.

Is the service well-led?

Requires Improvement

The service was not as well-led as it could be.
Quality assurance audits were not always effective in highlighting necessary improvements to the service. People's views were sought through surveys, and staff took part in regular team meetings.

Governance systems were in place, but not always followed to help improve quality.
The provider had a clear vision for developing the service, and had positive working relationships with other agencies.

Surrey

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 8 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service.

On the day of inspection, we spoke with the registered manager and the director. We looked at the care records for four people using the service, as well as looking at a range of documents relating to the service including daily records, incident records and quality assurance audits. We also looked at three staff files.

Following the inspection we spoke with one person using the service, two relatives and two members of staff.

Requires Improvement

Is the service safe?

Our findings

People told us that they or their family members felt safe receiving care from the service. One person said, "Yes, I feel safe. They're not doing anything dangerous." A relative told us, "Yes, equipment allows them [staff] to do things safely." Although feedback was positive regarding people's safety, we found concerns regarding the management of medicines and risk.

People's medicines were not always managed safely, in that we found medicines administration records (MARs) did not always clearly reflect whether a person had received their medicines. We found gaps in the recording of dates and staff recording that medicines had been administered. Details of how and when people's medicines needed to be administered was not always clear. The provider sent us a copy of one improved MAR sheet following the inspection. People's care files did not include a list of medicines that they were prescribed, or any homely remedies or 'as required' medicines. Therefore, it was not clear what people's medicines were for, or any potential side effects.

A relative said of medicines administration, "It's good, [family member] gets them on time." One staff member that we spoke with was able to tell us of the ways in which they encouraged people to take their medicines. We asked another staff member about the medicines administration process, however they told us to call them back in 20 minutes. We attempted to call the staff member an additional two times, but received no response.

The registered manager told us that one person required use of an over the counter cream, however their care plan reflected that this was a prescribed topical cream. This cream was not written on the person's MAR, and therefore there was no record of where on the body, or when this cream had been administered.

Risks relating to people's care and support had not always been identified, and guidance for staff regarding how to reduce risks to people was lacking. People's risk assessments did not always include details on potential areas of risk such as skin integrity, and nutrition. One person's pre-admission assessment highlighted that it had been observed the person had difficulty with chewing and would therefore require supervision when they were eating. However, we could not see that appropriate referrals had been made to Speech and Language Therapy (SALT) for support and guidance. There was no specific guidance in place to advise staff on how best to support this person. We also found that the provider did not have a common risk assessment and care plan form yet in use and therefore the areas of risk assessed were not always clearly recorded.

This above issues are a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's risk assessments highlighted any potential hazards and risks around people's homes. Records also included any risks to people's mobility or risks to themselves or others.

We found that the provider had not always taken action to ensure that people were supported by staff that

had been fully vetted. Staff were subject to disclosure and barring (DBS) checks prior to commencing work with people. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff files we looked at did not include a full record of people's employment history. The provider showed us that staff were required to complete an employment enquiry form, however these were not sufficient records to reflect people's employment history and any subsequent gaps in employment. The provider had written names of staff referees provided and commented whether they had been contacted. There were no records to reflect the content of the information provided by people's referee's; neither did the provider hold records of how people's competencies had been assessed during the interview process.

This issue is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an improved staff application form that included space for the recording of full employment history and suitable references.

People and their relatives told us that staff did not always attend on time for visits, and that there were occasions where visits had been cancelled due to staffing levels. One person said, "It's not once or twice [missing visits], it's several times. There's at least three calls I can think of." A relative told us, "I would say it's [timeliness] an ongoing issue, across all care agencies. I'm not sure of their capacity."

We raised these issues with the provider who told us that where, on occasions they have not had the capacity to meet call needs they had returned packages of care. They also told us they spoke to people or their families about potential lateness of a call or rescheduling. Where a trend was identified the provider informed us that these issues were raised with staff as a supervision issue. The provider was transparent in discussing issues in staff retention, and the current use of agency staff meaning that people were not always allocated a regular carer. The provider was in the process of recruiting permanent staff following the pending commencement of a new contract, and we will check on their progress at our next inspection.

The provider had a safeguarding policy and procedure in place, and the process for raising any concerns was covered during the induction process. One of the staff members that we spoke with told us that they would call emergency services if they suspected someone was in danger, and would always call their manager with any suspected incidents of abuse. At the time of inspection the provider had one safeguarding incident on record and appropriate action had been taken to manage this incident; including the provider's internal investigation.

The provider had taken appropriate action to investigate incidents as they occurred. Records showed that other relevant agencies had been contacted where necessary, and any action taken had been fully recorded. For example, records showed that when an incident had occurred in relation to an error in medicines administration appropriate advice had been sought from the GP and pharmacy as well as addressing the incident with the staff member.

Staff we spoke with understood the importance of using personal protective equipment (PPE) when supporting people, and the provider had a suitable policy in place to support the prevention and spread of infection.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are living in their own homes, this is done via the Court of Protection.

We checked whether the service was working within the principles of the MCA. Each person or their relative had signed a consent form for the service. People's care plans included details on people's communication needs and highlighted any memory loss issues, however it was not clearly recorded as to whether people had the capacity to make decisions in relation to the care they received from the service. Where a relative had signed on their family member's behalf we did not find records to show that the person's capacity had been assessed, and that it had been deemed they did not have capacity. The provider told us they would ensure everyone's capacity would be clearly defined within their care plan. We will check on this at our next inspection.

Staff were required to undertake training in five mandatory areas; safeguarding, person-centred care, food hygiene, manual handling and health and safety. When staff commenced employment the provider also checked that staff had undertaken other relevant qualifications or training in line with the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The provider told us that they had e-learning in place for all topics in line with the Care Certificate should staff be required to undertake them. A relative told us, "It's a difficult one for me to answer, I'm not there a lot of the time. From reading the books [records in the home], he [staff] seems to be ok."

People's needs were assessed by the registered manager before they started to use the service, as well as copies of people's local authority assessments being kept on file. Support plans were drawn up to reflect the areas that people required support with. The information contained within the support plans were limited but highlighted the care delivery that they required.

Staff were required to undertake one to one supervision with management every four to six months, unless there were any issues arising. The registered manager told us that to date, two staff had undertaken supervision and we saw these records in the relevant staff files. Other staff were new in post and had not yet had their supervision sessions. We will check on the provider's progress with staff supervision, and annual appraisals at our next inspection.

The provider told us how they liaised with other healthcare professionals when necessary. For example, in arranging the use of suitable hoists and equipment for one person with the occupational health team. However, we did not always see records of liaisons undertaken within people's care files. Therefore, the

potential issue that required addressing and appropriate action taken was not always recorded. This person's care file did not accurately reflect their current needs. The provider told us they would implement a healthcare records form so that conversations with other healthcare professionals were clearly recorded.

People's records reflected that they were supported to maintain a balanced diet that met people's preferences. A relative said, "They're good [meals]. [Staff] will tell us what [my family member] wants, and [carer] will prepare the meals." People's care plans reflected people's likes and dislikes in relation to food, and daily records reflected the meals that had been prepared.

Good

Is the service caring?

Our findings

People and their relatives felt that they and their family members were well cared for by the staff that supported them. People felt more at ease with the regular members of staff that supported them. One relative said, "Everything is fine", and another told us "Yes, [the main carer] is caring. I watch their interaction, they'll visit where [family member] is going to be if they're not at home."
People were invited to express the views on their care through a recent quality assurance survey. The provider also planned on visiting people in their homes and obtaining people's thoughts on their care when conducting staff spot checks.

One person's care plan detailed the tone and pace at which they should be spoken to in order to support them in understanding information. A staff member told us, "I have to go with the care plan first, if I don't understand I will contact the manager." The same staff member also told us how they had developed relationships with the people they were supporting, resulting in improvements in previously, sometimes challenging encounters.

People's relatives felt that their loved ones were treated with privacy and dignity. A relative said, "Yes, I agree they treat [family member] with dignity." The care plans that we looked at did not highlight what people were able to do for themselves or guide staff on how to promote people's independence. However, staff conveyed to us the importance of supporting people to be as independent as possible. One staff member said, "It's important for me, I can't force anybody" and "I have to leave it [personal care] if they don't allow it."

Where people practised any religious or cultural beliefs, these were captured within their care plans. Staff were clear on people's preferences. Where one person preferred to speak in her language, the provider had two care staff available to engage with them in their language of choice.

Requires Improvement

Is the service responsive?

Our findings

Care plans that we looked at required some improvement to ensure that they reflected people's preferences in the ways they wanted their care to be delivered. For example, care plans did not always detail the tasks that people were able to carry out for themselves.

The daily care notes that we reviewed did not detail the interactions that staff had with people. One person's care plan detailed their social interests and hobbies they had previously enjoyed, records did not reflect that staff had responded and engaged with the person in relation to this information.

Staff that we spoke with were not always clear on the questions we asked in relation to the care they provided, and one person told us, "One carer doesn't understand English at all, it takes me 20 minutes to explain something." We were not assured that staff were fully equipped to respond to people's needs in ways that suited them.

This issue is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans included social history support plans that highlighted their social networks, hobbies and any major life events. People's care plans highlighted their communication methods, however it was not clear whether people were subject to any sensory impairments. At the time of inspection the provider did not use technology assistance to support people, for example with electronic call monitoring or care plan records. The provider told us that they anticipated that as business expanded the support of assistive technology would be considered.

A relative told us that they had been involved in the planning of their family member's care, "I've planned the organisation of [staff] calls, and what's required, from that point of view, yes I've been involved." All the people using the service had only done so for a short period of time, therefore we were unable to check that the provider was following their care plan review procedures. We will check on their progress with this at our next inspection.

Care plans did clearly reflect the care duties that staff were required to undertake at each visit to ensure that people's personal care needs were met. Where one person's needs were sometimes met at another location it was clear what support the person required. We saw that daily records were kept up to date by staff to reflect the interactions they had with people at each visit. A relative told us they were satisfied in the ways in which staff responded to their family member's needs.

To date the provider had not received any complaints, records showed that there was an appropriate complaints form and procedure in place to support people to raise any concerns they had. We received mixed views on the provider's complaints process, with one person telling us, "There's no point complaining, I know things won't change [lateness of staff attendance at visits]. Another said, "I understand if I have concerns I can raise them with the agency." We will check the provider's response to complaints at

our next inspection.

Care plans included a section to identify people's wishes for the future, should they be in a position where they required end of life care. At the time of our inspection there was no one using the service that required this support, however there were mechanisms in place to obtain this information should it be needed.

Requires Improvement

Is the service well-led?

Our findings

During our inspection we found issues in respect of staffing levels and poor time keeping, poor staff recruitment checks and training records, poor care planning and risk assessing, people's mental capacity not being recorded and that improvements were required to record keeping.

The provider had quality assurance systems in place, however these had not yet been fully utilised to identify and drive areas of improvement across the service. The provider had not identified the issues we raised at inspection in relation to medicines records and staff files. The provider was unable to show us audits of people's records once they were obtained from the home.

Copies of staff training certificates were in staff files, however the provider did not have a central record to alert them as to when staff required refresher training. Most staff had only been providing care under this service for a few months, the provider told us they would implement a central record to ensure that refresher training could be scheduled in a timely manner.

The provider had clear governance systems in place to support with oversight of compliance in areas such as administration and had conducted a generic personnel audit. These systems required some improvement to ensure that it was clear which records had been checked as part of this process and that identifiable actions were followed through. Although the ways in which quality performance should be monitored were clear, the provider had not always ensured these governance systems were adhered to and had not identified the issues we raised above.

Records were not kept to reflect that staff ability to administer medicines competently had been assessed. The registered manager told us that they checked staff on their visits, unannounced. We were sent copies of a spot check audit after the inspection however, these records were not detailed in reflecting the specific staff competency that had been assessed. The provider did send us a new format that intended to implement covering staff punctuality, documentation, engagement and observation of staff practice.

Record keeping and provider compliance audits required streamlining to ensure that people's needs were fully reflected, and that where improvements were required to records that actions were clear. Due to the service being in operation a short time, the provider needed more time to ensure that these quality checks were embedded. We will check on the provider's progress with this at our next inspection.

These above issues are a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend that the provider streamline their care plan and risk assessment paperwork to ensure that all areas of presenting need are covered.

Staff spoke positively of the support they received from management, telling us, "Yes, their [management] always there if I need information or support."

A recent independent telephone quality assurance audit had been conducted with people or their relatives. Most of the comments received had been primarily positive citing the service as either 'Excellent' or 'Good' in a range of areas. The provider also prided themselves on the number of people referred to the service by those already satisfied with its care provision. At the time of inspection we were not shown records of how views had been sought from other stakeholders, although we did observe one person calling about the service upon the recommendation of another person using the service.

The provider had a clear vision on how they wished for the service to develop, and were able to show us actions plans and records of discussions with the local authority in ensuring that placements with the service were suitable. Records showed that the provider had a positive working relationship with the local authority commissioners.

Staff were invited to attend regular team meetings, these were often held as a teleconference to enable as many staff to attend as possible. We looked at the minutes from the most recent meeting and saw that person-centred care and the promotion of the service had been discussed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care plans did not reflect people's preferences in how they wished for their care needs to be met.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's risk assessments did not cover all potential areas of risk to people. People's medicines administration records (MAR) and care records were not always fully completed to reflect all the medicines people required. Regulation 12(2)(a)(b) and (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not always effective in identifying areas for improvement. Accurate and contemporaneous records were not always kept. Regulation 17(2)(b)(c)(d).

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not carry out suitable checks to assess staff suitability to work with people. Records did not include staff employment

history or details of references obtained.