

Castle Care Teesdale Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 3 and 4 July 2018 and was announced. We gave the provider 48 hours notice of the inspection to ensure we could meet with staff and people using the service in their own homes.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults. On the day of our inspection there were 47 people receiving the regulated activity of personal care.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection in June 2017 we rated the service as 'Requires Improvement' as we wanted to see sustained evidence of improvement following an inspection in February 2017 where we found the service in multiple breach of regulations and rated it as 'Inadequate'. We saw at this inspection considerable improvements had been sustained and we now rated the service as 'Good'.

People told us they felt safe with the staff from Castle Care Teesdale Limited. The registered manager and team leaders understood their responsibilities with regard to safeguarding and staff and managers had received updated training in the protection of vulnerable adults.

The provider had an effective recruitment and selection procedure in place. People who used the service and their family members said staff usually arrived on time and stayed for the agreed length of time.

Accidents and incidents had been appropriately recorded and risk assessments were in place for people who used the service and staff. The service demonstrated it learnt from accidents, incidents and safeguarding issues and shared this learning with the staff team to drive improvements.

There was a safe system in place for the management of medicines and medicines administration records were completed accurately.

Staff were suitably trained and training was arranged for any due refresher training. Staff received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. We saw that the management team and staff were committed to supporting people to remain in their own homes with support and worked with district nurses, G.P's, occupational therapy, physiotherapists and

other specialist services as and when needed.

People who used the service and family members we spoke with were complimentary about the standard of care provided by the staff at Castle Care Teesdale Limited. People said their privacy and dignity were respected and they enjoyed positive relationships with the care staff.

Care records showed that people's needs had been assessed before they started using the service and care plans were written in a person centred way. This meant that their preferences and wishes were respected.

People who used the service and family members were aware of how to make a complaint and people told us issues raised had been addressed by the management team.

Staff told us they were supported by the registered manager, assistant manager and care co-ordinator and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service. People and family members told us the management and office staff were approachable. We saw some recent concerns from people and relatives regarding communication with the office had been addressed by the management team.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated, risk assessments were in place and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they began using the service and were supported with their dietary needs.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and independence was promoted where possible.

People were well presented and staff talked with people in a polite and respectful manner.

People and family members were involved in care planning and their wishes were taken into consideration.

Is the service responsive?

Good ●

The service was responsive.

Care records were up to date, regularly reviewed and person-centred.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The service had sustained substantial improvements since our last two visits. The management team had reviewed its provision and made changes to its management structure which had improved all areas of the service.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Castle Care Teesdale 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.

Inspection site visit activity took place on 3 July 2018. It included a visit to the location to speak with the registered manager and to review care records and policies and procedures. The inspection was announced. One adult social care inspector and an assistant inspector carried out the inspection. On 4 July 2018, we visited six people and met three family members in their own home, observed staff practice and carried out face to face interviews with five staff members.

In addition to the registered manager, we also spoke with the assistant manager and care co-ordinator and spoke with five members of staff. We looked at the care records of six people who used the service and the personnel files for six members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

The service had submitted a pre inspection information return to us in January 2017 which we used to inform our inspection. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed action plans the service had submitted to the Commission following our visit in February 2017. This set out how the service intended to make improvements and ensure it met all required

regulations.

Is the service safe?

Our findings

We asked people if they felt safe using the service. Everyone we spoke with replied they felt safe with the care staff from Castle Care Teesdale Limited. One person we spoke with said, "They all know what they are doing and I have never had anyone visit that I don't know and they are meticulous with my key safe." A relative we spoke with said, "We have a system for money and shopping and all the staff record everything really well."

A safeguarding policy was available to all staff in the office location and every staff member signed to receive a staff handbook that detailed procedures for them to follow and contact details for safeguarding authorities. Safeguarding training had been delivered to all staff and the management team had completed training to manage concerns via the local authority's safeguarding team. When we spoke with a range of staff they were clear about their safeguarding responsibilities and how they could raise concerns.

There was a safe system in place for the management of medicines and medicines administration records (MAR) were completed accurately. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. Medication risk assessments were in place and described the risks associated with people administering their own medicines. One person told us, "They know my medicines better than me and regularly pick up my prescriptions without asking, it's a godsend."

People who used the service and their relatives told us they felt safe in the presence of staff, and that they were trustworthy and sufficiently skilled to keep them safe. People cited staff followed good infection control practices and staff were aware of the importance of infection control. We saw the provider had ample personal protective equipment (PPE) available in the office for staff to collect and we witnessed on all visits we attended that staff used PPE equipment appropriately.

We found staffing levels to be sufficient to keep people who used the service safe and no-one we spoke with had reported any missed calls. Some people and relatives told us they felt staff may be rushed in between calls but staff we spoke with stated they weren't overly rushed between calls. The assistant manager told us the service was actively recruiting for additional staff which would help ensure the service was fully staffed.

People we spoke with following the inspection said that the staff turned up on time and stayed for as long as they were expecting them to. Where staff had been delayed on a previous call people said they were usually contacted to let them know that staff would be delayed.

The staff we spoke with told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff we spoke with told us they had undertaken training in first aid. We saw records to confirm this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

We looked at the arrangements that were in place for recording and monitoring accidents and incidents and preventing the risk of re-occurrence. We saw the service had learnt from previous CQC visits in relation to

improving medicines management. The registered manager had introduced memos for all staff to read and sign that included completed medicine administration records with clear explanations as well as detailed body maps. The service also carried out spot checks, record audits and supervisions to ensure staff were completing medicine records appropriately.

We were shown records which informed that prior to the commencement of the service environmental risk assessments were undertaken of the person's home. We saw information to show individual safety checks had been carried out in each home setting for staff to be able to work safely. Staff we spoke with told us they felt safe and competent to support people at home and in the community. Safety checks looked at medicine storage, electricity points, equipment to be used, fire risk and slip/trip hazards. The care co-ordinator explained the process they went through to record any risks for staff saying, "I am ensuring we have as much recorded as possible from day one so staff know exactly what they are walking into."

We saw a range of pre-employment checks were in place, such as Disclosure and Barring Service (DBS) checks. The DBS restrict people from working with vulnerable groups where they may present a risk and also provide employers with criminal history information. It also stores and shares criminal history information for when relevant employers request this. Other pre-employment checks included gathering references from previous employers and exploring any gaps in employment. This meant staff were subject to suitability checks prior to working with potentially vulnerable individuals.

The office location was well maintained and there were appropriate checks on fire equipment and electrical appliances.

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People and family members told us, "They are trained to do this well," and "They all know what they are doing."

People's needs were assessed before they started using the service. This ensured staff knew about people's needs before they began using Castle Care Teesdale Limited. Care records included a summary of the person's background, medical history and care needs. Records described in detail what was required from staff at each visit and specific requirements with regard to mobility, personal care, medication, meal provision, domestic tasks, shopping and any other additional information.

Staff training needs were monitored by the registered manager meaning people received care and support from staff who benefitted from well-planned training provision. We saw completed induction checklists, staff training files and a matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included; fire safety, infection control, medicines and first aid. We also saw specific training had been delivered to meet the needs of people using the service such as oral health and stoma care (a stoma is an opening on the abdomen which allows waste to pass through it usually into a pouch or bag.) When we spoke with staff they were able to describe the training they had received and how it was relevant to their care roles. One staff member told us, "The stoma training I had last week was really good." Another staff member told us, "The oral health training was really good, I learnt about oral healthcare for people with dentures and how to ensure someone's mouth is clean."

The assistant manager told us, "Our biggest success has been training. That's gone really well and staff are now well on with NVQ's. Staff are enrolled on NVQ training as soon as they start."

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Appraisals were also held annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues. One staff member told us, "I had a supervision in March, it was fine, I had no concerns and it was good to run through the people I support."

We saw the induction for new staff included shadowing more experienced members of staff. People we spoke with told us new staff were usually introduced to them by experienced staff members who knew them well. New employees also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

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.

We checked whether the service was working within the principles of the MCA. The registered manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. People they supported had varying capacity to make decisions and where they did not; action had been taken by the service to ensure relevant parties were involved in making best interest decisions. There were currently no applications to the Court of Protection. We did discuss with the registered manager to ensure that where a person had Power of Attorney regarding a person's finances or care and welfare that evidence of this was seen and recorded which they confirmed it had been.

In the care files we reviewed we saw people had consented to the care planned. When we spoke with people they confirmed this to be the case. Others confirmed that staff asked for their consent when performing individual aspects of care, such as administering medicines or helping someone with aspects of personal care.

Staff supported people to have meals. With regard to nutrition, we saw each care file had a specific nutrition section and, when we asked people about this aspect of care, they provided positive feedback about staff. One person said, "They are very helpful and know exactly how I like things, they do always ask beforehand to check I am happy with what they are preparing."

We saw from the care plans that people were supported to access care from other healthcare professionals and staff had good working relationships with these professionals. The registered manager told us the service worked closely with the district nursing team locally and were regularly asked to provide care for people with complex healthcare needs and end of life care, as the community team were confident in the caring approach of the staff.

Is the service caring?

Our findings

People who used the service and their relatives gave positive feedback about the caring attitudes of staff. Comments included, "These lasses are like angels," and "It means a lot what [Name] staff does without having to be asked."

We asked people about whether they felt care staff were able to achieve a balance between completing the tasks they needed to and still treating them with patience. Whilst a small number of people felt staff were sometimes rushed and were overly focussed on tasks rather than them, a significant majority of people provided positive feedback, for example one person said, "I am very happy with the care I get, nothing is too much trouble."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. Everyone we spoke with had information about the service included in their care file, so that they could access it at any time and people were aware of how to contact the office if needed. One person told us, "I think the care file is a true reflection of my care needs, we do talk about it regularly with [Name] the care co-ordinator."

People who used the service and their relatives agreed that, they could generally depend on a continuity of care from the same carers. One person said, "New staff always shadow existing staff." A staff member told us, "I always go for a meet and greet so I know a person before I go and do care with them." This meant people knew who would be supporting them."

People told us staff had helped to improve their quality of life. One person said, "I don't want to give up my independence and Castle Care enable me to do this."

Our observations in the homes of five people we visited showed that staff greeted people positively and immediately followed their preferences as set out in their care plan. There was lots of chatting, laughter and positive encouragement on every visit we attended and people appeared very comfortable in the presence of staff.

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. One person told us, "They always make me feel comfortable because it was embarrassing initially but now I am very comfortable." Relatives we spoke with confirmed the care staff always made their relative feel comfortable and not embarrassed.

The registered manager, management team and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form positive working relationships. One person told us, "[Name] the registered manager comes down sometimes and does a first class job for me."

Is the service responsive?

Our findings

Every person who used the service, whom we spoke with and their relatives felt their needs were well met and that their preferences were acted upon.

People who used the service and staff confirmed they took part in regular reviews. We saw evidence of the provider changing the support people received based on their needs, as well as liaising with external professionals to ensure people's changing needs were properly supported. We saw examples where staff had sought advice from district nurses and occupational therapists regarding medicines and the use of moving and handling equipment. The service also regularly liaised with GPs, social workers and the Speech and Language Therapy (SALT) team. We found the relevant care plans and risk assessments had been updated accordingly. During our visit we observed the registered manager speaking with the district nursing team on the phone to update them on concerns they had with a person's health. This was done proactively and professionally.

Care records we looked at were regularly reviewed and were person-centred. Person-centred means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Each person's care record included a 'personal care plan' which provided staff with information on people's daily needs and routines. This included personal information such as hobbies and interests, things that make the person happy or unhappy, details of their daily routine and any other important information.

The care plans were concise and included a summary of the person's background, medical history and care needs. Records described in detail what was required from staff at each visit and specific requirements with regard to mobility, personal care, medication, meal provision, domestic tasks, shopping and any other additional information.

The management team were responsible for reviewing and updating care plans and assessments, and there was evidence that people, their relatives and external professionals all had input into this. One staff we spoke with said, "The care plans are really useful, the first thing I do is read them."

The provider had a complaints policy in place, which was made available to people through notices, meetings and service user guides. Everyone we spoke with was aware of how to make a complaint and confident they could do so if necessary. Two people we spoke with told us they had requested a carer didn't visit them again and they told us this had been accommodated straight away by the service. There had not been any formal complaints since our last inspection visit.

The provider used questionnaires as a means of routinely gathering feedback from people who used the service and staff. People we spoke with and their relatives told us they were involved in their care. One person said, "They come and chat with me about how things are going."

The service had provided support along with district nurses and local GP's to people receiving end of life

care. We saw that people's wishes were clearly recorded in the care plan.

Is the service well-led?

Our findings

At the time of our inspection a registered manager was in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had worked at the company for many years and spoke with us about the considerable improvements the service had made in the last 12 months.

The registered manager was supported by and worked with an assistant manager and a care co-ordinator. We found the management team had implemented and sustained considerable improvements at the service since our two visits in 2017 where major concerns were found. The management team had sought external support and had worked on an action plan that had now been fully met. The assistant manager had completed their NVQ Level 5 and the care co-ordinator was working on Level 4.

People who used the service provided positive feedback about the registered manager. Comments included, "She is very good, she pops in to see me from time to time and always has time for a natter," and "Castle Care, I can't praise them enough, I am very well looked after."

We looked at the arrangements in place for quality assurance and governance. The registered manager now had a structured approach to governance and quality assurance. They maintained an electronic system that was used to ensure all the care records were kept up to date. Regular audits were carried out on care and medicine records along with observations of practice by staff. The registered manager told us, "I check and record any errors or omissions and speak with the staff concerned privately." We saw that where issues had occurred they were immediately addressed for example, a note had been made in the management diary to address with one staff to include more personal information rather than listing care tasks in the daily care records.

The service had also commissioned an external audit to review all its procedures and which also took feedback from people, staff and professionals. This was a considerable report reviewing all of the domain areas covered in a CQC inspection. We saw there was action plan in place to respond to some issues from the staff survey.

Staff members we spoke with said they were kept informed about matters that affected the service by the management team. Staff we spoke with told us the registered manager and team leaders were approachable and they felt supported in their roles. One staff member said, "I love my job," and another told us, "I take great pride in my job and am happy and confident working here."

In line with the requirements of the Care Quality Commission (Registration) Regulations 2009, we found the provider reported deaths and other incidents to the Commission appropriately. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.