

Contract Care Agency Limited

Contract Care Agency Ltd

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

About the service

Contract Care Limited is a domiciliary care agency providing personal care to people in their homes. At the time of our inspection there were 18 people receiving personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received safe care. People and their relatives told us they thought the care was safe and staff were aware of their responsibility to keep people safe.

There were risk assessments in place to assess people's needs and environmental safety checks were in place to ensure staff and people were safe from harm.

Staffing levels were suffice for the number of people using the service. Safe recruitment was followed to ensure suitable staff were employed. People felt staff were well trained.

People were supported to take their medicines in a timely and safe way. People's nutritional needs were supported. People's healthcare needs were monitored to ensure their requirements were met.

The service was well led. People and their relatives had the opportunity to give regular feedback how the service was run. Staff felt well supported by the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 Good (published 06 July 2017)

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Contract Care Agency 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.

Inspection team

Inspection team comprised of one inspector

Service and service type

Contract Care Limited 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 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.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We reviewed information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law. 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 this information to plan our inspection.

We spoke with one person and one relative about their experience of the care provided. We spoke with two care staff, the care co-ordinator and the registered manager who is also the provider's representative, the nominated individual. (The nominated individual is responsible for supervising the management of the service on behalf of the provider). We looked at the relevant parts of the care records of four people who used the service. We also looked at three staff recruitment files and other records relating to the management of the service. This included audits, policies and incident records.

After the inspection.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at training data 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 Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were happy with care they received and felt very safe with the staff who cared for them. Staff had received safeguarding training and told us they would always report any concerns to the registered manager.
- The management team understood their responsibilities and reported concerns to the local safeguarding team to protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- People had risk assessments in place and they covered all aspects of a person's care. Where people were required to use equipment to support them, individual risk assessments were completed with guidance for staff on how to support the person safely.
- Each care plan contained a detailed environmental risk plan to ensure people and staff were safe in people's homes. However, people had no personal evacuation plans in place, so staff could assist them in an emergency. The registered manager told us they would update people's records, in order to ensure the person's safety in case an emergency occurred.

Staffing and recruitment

- The service had sufficient staff for the number of people they supported. Staff told us there were always adequate numbers for them to deliver safe care. If there were any shortfalls, then the registered manager and office staff would provide support.
- Management team confirmed they always had staff on standby to cover sickness or covered it themselves. One person said, "Weekends they get another care staff because their regular member was on leave or not working." This meant there was sufficient staff to cover care calls.
- Appropriate pre-employment checks had been carried out on new members of staff to ensure they were suitable to work at the service.

Using medicines safely

- People were supported to take their medicines in a safe way. One person told us they were responsible for their own medicines, but staff checked to make sure they had taken them.
- There were policies and procedures in place and medicines were managed safely. Staff told us they received medicine training and had their competency to administer medicines assessed yearly.
- There had been no recorded medicine audits to identify any errors since our last inspection. The registered manager told us that due to mitigated circumstances regular medicine audits had not taken place. However, they had visually monitored for errors and missed medicines.

- We requested the provider to complete a medicine audit, which they did. After the inspection the registered manager told us they had also reviewed the medicine audit process and updated it. Issues identified were minimal and action had been taken to ensure they didn't happen again.

Preventing and controlling infection

- Staff had training in preventing and controlling the spread of infection and understood their role in how to protect people.
- Staff told us they had received training in food hygiene, to ensure food was prepared for people safely.
- Personal Protective Equipment (PPE) such as aprons and gloves were in good supply in people's homes. Staff confirmed they had access to PPE when they wanted to replenish supplies.

Learning lessons when things go wrong

- Staff were confident how to report incidents and accidents and knew the registered manager would investigate these.
- The registered manager gave us examples of lessons learnt from complaints, incidents and accidents and changes that had been implemented. They had provided a grab sheet with relevant information on in people's homes for staff to care for people. This was due to a confidentiality issue and the provider put a process in place to mitigate the risk for people.

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 Good. At this inspection this key question has now remained the same. 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

- People received an assessment of their care before they started using the service. People's care was delivered as reflected in their care plan. The assessment considered people's diverse needs to ensure they did not experience any discrimination in relation to their protected characteristics under the Equality Act, such as their age, disability, gender, race, religion or belief.
- People told us, and staff confirmed, choice of care was discussed with them regularly and there was flexibility to change the support as they requested.

Staff support: induction, training, skills and experience

- People felt staff were well trained, experienced and knew what they were doing. One relative said, "The training is excellent and they know what they are doing. They do an amazing job."
- Staff received an induction period and training before they started to work with people. Staff told us they thought the training was very good and had spent time with the registered manager and other senior staff shadowing them. One member of staff said the manager is hands on and always available to have discussions about training.
- Staff were supported by the registered manager and had discussed their training and development on a regular basis.

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

- People received support with meals and staff confirmed people were offered choices of what to eat and drink to maintain a balanced diet.
- Staff could identify people who had specific nutritional needs and tell us how they supported people.
- We saw people were supported by other professionals if needed. One person had been referred for speech and language therapy as staff had identified them to have difficulty swallowing.

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

- People were positive about the care provided by staff. One relative said, "Any issues the registered manager contacts me or the GP as soon as the concern is found." They also told us their family member had no sores and their skin was fully intact as the staff check the skin integrity regular every day and provided cream where required. This meant staff monitored people skin effectively.
- The service worked with families to ensure people attended appointments and information was recorded in care plans. If changes were made to people's care, staff were notified immediately by phone or office

meetings.

- Care plans had 'grab sheets' in place to ensure, if people were admitted to hospital, there was up to date information to pass on, which highlighted risks such as allergies.

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.

- MCA principles were used when people who lacked capacity had been identified. Staff had training on MCA and told us how they supported people.
- Staff told us that they obtained consent before providing care to people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and helpful. One person told us they liked the service because they had continuity of care with a named member of staff.
- One relative said, "The staff are very caring. They have supported me to get my life back...[relative] in their self is very good and care staff look after them well. Care provided is amazing I cannot thank them enough."
- Staff shared an example of a person they cared for and how they had improved the persons quality of life. They told us they had sufficient information to support people in the way they wanted supporting.
- Staff were aware of how to avoid people being discriminated against and told us how they supported one person who did not speak English as a first language with their communication needs to ensure they avoided isolation.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in their care planning. Staff told us care plans had sufficient information and they were always kept up to date by text if any information had instantly changed before a new care plan was put in place.
- People were continually asked their views on the care provided. The registered manager contacted people regularly checking the quality of the service provided.
- People also completed formal six-monthly surveys. The registered manager told us she was very hands on, "I like to go out and visit people to check everything is ok and to get to know people."
- For people who could not make day to day decisions, there was information on advocacy services available. This meant that people had someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People told us they were very well treated by staff who promoted their dignity, respected and maintained their privacy at all times.
- Staff gave examples how they protected people's dignity and privacy when providing personal care. Staff told us people were their priority and that they were given time to interact and promote independence and encourage people to do things for themselves.
- People's records were stored securely to ensure their confidentiality. The registered manager had processes in place to ensure all records were managed in line with the Data Protection Act and GDPR.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had information about their likes and dislikes recorded in their care plans. Information was recorded so staff could make meaningful connections with people and understand their choices.
- People's preferences for male or female carers were recorded in the care plan. Most people preferred female care staff, but if a male was requested the registered manager told us they would accommodate this.
- Staff recorded daily tasks they completed for people's health and wellbeing. One person told us staff completed the daily notes that were stored in their home.
- Staff told us they had sufficient information and time to read people's care plans. Staff had good knowledge of people's needs and how to support them

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service used different methods to give people information in a way they understood. People's communication needs were documented in their care plans.
- Staff told us they ensured people understood when they communicated with them as they spoke clearly and checked that they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to maintain links with friends and families. One relative told us they worked together with the service and were fully involved in decisions about care, as well as maintaining a relationship with their family member. They said, "The service are very responsive to need."
- People were supported to access the community and attend places that were of interest to them.
- The registered manager told us about a person who liked to attend religious services with the support of their regular care staff, who also had the same interest.

Improving care quality in response to complaints or concerns

- There was a system in place to deal with complaints. There had been no complaints in the last 12 months. People told us they would contact the registered manager if they had a problem. One person said, "I have no problems or concerns with the care provided."
- Staff described how they would record any concerns or complaints they received and pass them on to the

registered manager, who would deal with them straight away. The registered manager told us, "Any problems I will go straight round to see the person and their family to address the problem immediately."

End of life care and support

- There was no one receiving end of life care during the inspection.
- A Family member shared an example where their relation was put on end of life care while in hospital, but due to the perseverance of staff and the family they worked together to ensure the person pulled through and now had a better quality of life.
- People's care plans included Do Not Attempt Resuscitation (DNAR) documentation when appropriate. However, there was minimal other information around end of life planning. The management team told us, they discussed end of life wishes on commencing with the service and were in the process of updating their initial assessment form to include this information if people agreed to share their wishes with them.

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 Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team was very person-centred and was committed to providing high quality care. Staff and the management team shared the same values and staff told us, "If someone is unwell and we are running late, we call the office and they will send in staff (on stand-by) to take over from us or go out themselves. We are very well supported."
- Staff also told us they thought the management team was excellent. One staff member said, "They are very supportive and look after us."
- The management team were open to change and learned lessons when things went wrong. They gave us an example, when due to mitigating circumstances, they had no access to certain records stored on a computer. This resulted in reflective learning and putting a support system in place to prevent this happening again.
- The registered manager told us they were proud of the service and its staff. Staff told us the provider was excellent and people were well cared for. One member of staff said, "They have an open and honest office culture." We observed an open-door policy where staff were welcome to come to the office at any time. Staff were also in constant contact with the registered manager and the office team by text and phone.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality audits were performed to identify issues and address these. However due to mitigated circumstances we could not fully review the audits completed since May 2019. No one we spoke with raised any concerns with the service provided. People and staff were very supportive of the management and the way the service was run.
- The management team visited people in their homes regularly to check the quality of their care and to perform spot checks on staff to monitor the care delivered. People and staff confirmed these monitoring processes took place.
- Staff were clear about their roles and the management team understood what they needed to report to us legally and submitted notifications of significant events. The provider had displayed their rating of the last report to ensure people could make informed choices about the service provided.

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

- There were staff meetings where staff could raise issues and discuss concerns.
- There was a yearly survey to gather the views of people and their family, and a staff survey which had very positive feedback. We saw comments from relatives that thanked staff for the care they provided.

Continuous learning and improving care

- Staff had regular support supervisions and regular meetings to reflect on care in order to improve and learn.
- The registered manager told us they were part of skills for care and train the trainer forums which they said was helpful to keep up to date with changes and share best practice.
- The registered manager told us they had learnt and overcome challenges in the last few months to keeping the business going due to mitigated circumstances.

Working in partnership with others

- The service worked with a number of outside agencies such as social services and healthcare professionals to support people.