Civicare East Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Civicare East Limited is a domiciliary care agency that provides care and support to people within their own homes.

At the last inspection the service was rated good. At this inspection the overall rating remains good.

People felt safe using the service although some people expressed concerns regarding not being informed of changes to staff and not being introduced to new staff who had not visited them before.

Risks were identified and information on risks to people was shared with staff. However, recording information on risks and guidance on how to manage them in people's care plans required improvement.

All staff had completed safeguarding training and there were systems and processes in place to respond to incidents or allegations of abuse.

There were sufficient staff employed who had been safely recruited. Staff had time to spend with people and were not rushed. There were no reported incidents of missed visits and care staff were generally punctual. However, when staff were going to be late this was not always well communicated to people.

Staff had received training in how to administer medicines. However, improvements were required to ensure more robust assessment and monitoring of staff competence to safely manage people's medicines.

We made a recommendation that protocols for 'as needed' medicines be introduced to ensure a more robust medicine management system.

Accidents and incidents were recorded and analysed. Lessons were learned and action taken to improve the quality and safety of the service for people.

Staff received an induction, training, regular supervisions and spot checks and appraisals. This ensured staff had the necessary knowledge and skills to be competent in their role.

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. People's consent was sought before care and support was provided.

People were supported to have enough to eat and drink and received support to access healthcare professionals when their health needs changed.

Staff were kind and caring and often went the extra mile. People's preferences were known and respected. People were treated with dignity and felt listened to. People received care and support how they liked it and

their independence was encouraged.

People received care that was tailored to meet their individual needs. People's care was regularly reviewed and any feedback from people or their relatives was acted upon. People were supported to access the community and engage in activities they enjoyed.

There were systems in place to manage complaints and people knew how to make a complaint. Feedback from staff, people and relatives was sought and acted upon to improve the service

Quality assurance systems were in place to monitor the safety and effectiveness of the service. There was robust oversight of the service and clear lines of accountability at staff, management and provider level.

Further information is in the detailed findings below

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 consistently safe.

There was a lack of guidance for staff on how to manage risks to people.

New staff were not always introduced to people which meant people did not always feel safe.

Medicines were managed safely.

There were sufficient staff employed, who had been safely recruited, to meet people's needs.

Good infection control policies and practices were in place.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Civicare East Ltd

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.

We completed a comprehensive inspection on 13 February 2018, which was announced. We gave the service 24 hours notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in.

The inspection team was made up of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed information we held about the service including statutory notifications submitted by the provider. Statutory notifications contain information about important events that happen at the service, which the provider is required to send to us by law. We also spoke with the local authority who commissions services for their feedback.

As part of the inspection, we spoke with the registered manager, the human resources manager, the in-house trainer and five care staff. We completed a home visit to observe staff practice. We interviewed seven people who used the service and four relatives.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection, the domain of safe was rated as Good. At this inspection, we have rated it as Requires Improvement. The change in rating is due to poor recording practices around risk and negative feedback from people regarding a lack of communication around carer visits and timings.

People told us they felt safe using the service. One person said, "I do feel safe yes. I have been with them 2-3 years now and safe in the knowledge that I know they are here to do the things I cannot manage on my own, it gives me assurity." Another told us, "I feel quite safe yes. I can trust them, they ensure I take my pills and always lock up for me when they leave; I have a walking stick and they make sure I am supported when they are here and I am walking about." A relative we spoke with said, "[Family member] is very safe with them [staff]. I feel I can trust them and leave them alone if I need to go out."

The service supported people to move around their homes safely and engage in everyday routines that were important to them. Comments from people included; "I feel very safe with them all [staff]. I have oxygen and nebuliser but they take me to shower in the wet room ensuring I am properly supported with everything so no chance of me having an accident." And, "I had two fractures and they [staff] came and supported me around on my crutches and to wash as I couldn't shower due to having the plaster on. By washing me they made sure the water did not go onto the plaster to loosen it. I felt very safe in their hands." And, "They support me when putting on my shoes and socks which I struggle with making sure I am seated down safely so I don't topple over."

Whilst the majority of feedback from people about the safety of the service was extremely positive, one area requiring improvement was identified. People told us that when new staff visited their homes they were not always kept informed of the changes or introduced to new staff. One person told us, "I would like to say about safety and security that they send different carers who come in via the key safe but I don't know who they are until they are in my house and that is unnerving for me even though they call me when entering." Another said, "I mostly have regular carers but they do change occasionally but any new ones are never introduced, they just turn up." Relatives we spoke with confirmed this was an area of concern. One relative told us, "New staff are not introduced, I have to tell them what to do. Only once has one come with a regular carer before they came again. If my regular one is off I never know who is coming. They send a rota as I asked for one but it only has times on it and not names so what good is that." People also said that they were not informed if staff were going to be late. One person said, "The regular carer is always on time but not always the ones that cover; they don't call me to say if going to be late." Another person told us, "They are not too bad on time but can be late and I am never informed. Would be nice to get a call to tell me if going to be late." However, one person told us, "They are usually on time and only been late once when their car broke down. The office did call to tell me."

We shared these concerns with the registered manager who told us that they provided people with a copy of the weekly rotas in advance, which set out the times of visits but did include the names of staff as in the past staff names had been supplied and this had caused problems when last minute changes were made. In response to the feedback we provided the registered manager gave us assurances that they would

reintroduce including the names of staff on the rota and would also ensure that people were kept up to date if staff were running late or if any last minute changes were made to the staff rota.

We found that whilst risks to people had been identified there was a lack of written guidance for staff to follow in people's care plans. The manager told us that when new people joined the service a member of the management team assessed them and identified any risks including risks within the home environment. Management then went out on the first visit and worked alongside the staff who had been allocated to that person, providing practical support and guidance to staff on how to safely meet the person's needs including managing any risks. Staff we spoke with confirmed this. A member of staff told us, "[named manager] came out with me to introduce me to [named person] and explain what was needed and how to do it."

Whilst the current method of sharing information about risks to people and how to manage them was effective when people were supported by their regular staff. There was the potential for risk when new or unfamiliar staff provided cover, as they did not have the same depth of knowledge about people. Staff told us that if they were going to a person's home for the first time they were never sent there without first going to the office for a verbal hand-over at which time they were given an up to date copy of the person's care plan which set out their care needs. However, whilst risks to people had been identified in the care plan there was insufficient written guidance for staff on how to manage those risks.

We discussed our concerns with the registered manager regarding poor recording practices around risk management. They told us that they used various methods to communicate information about risk to staff such as highlighting risks to individuals on the staff rotas. Information on how to manage common risks such as those related to manual handling and catheter care was also included in the staff handbook. There was also information about risks held in people's initial assessment. This meant that information on risk was stored in several places. The registered manager agreed that improvements could be made to people's care plans so that staff had access to information and guidance on managing individual risks to people in one central location. After our inspection they provided us with an example of an improved care plan they had developed which provided more detailed and accessible information for staff on how to safely meet people's needs and manage any risks.

Staff had received training in how to safeguard people from abuse. They knew the signs to look for and how to report concerns to keep people safe. The registered manager had dealt with safeguarding concerns appropriately, for example, by completing investigations, taking statements from staff and working in co-operation with the local authority.

Safe recruitment processes were in place. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. These checks included taking up references, obtaining a full employment history and checking that the member of staff was not prohibited from working with people who required care and support. There were sufficient numbers of staff employed to support people safely and at their agreed times. One member of staff said, "We have enough staff and it's nice that we get enough time to spend with people and are not rushed." All of the people we spoke with said they had never experienced a missed visit and that staff stayed the full length of the allocated time.

People were supported to take their medicines by staff who had received training in how to administer medicines. For people who were on regular prescribed medicines, medicine administration records (MAR) sheets were kept in their care folders and completed by staff at each visit. We saw people's MAR sheets had been completed with no gaps or missing signatures indicating that people had received their medicines as prescribed. Lessons had been learned by the management team who had made improvements to their

systems and processes to improve safety. For example, a new MAR sheet had been developed for use when people were prescribed temporary medicines such as antibiotics with start and end dates recorded. This meant that staff were clear on when and for how long to support people with their course of medicines.

People and relatives we spoke with were happy with how staff supported them with their medicines. One relative said, "My [family member] is very safe; they [staff] make sure that they have taken their tablets which are in a daily marked box." We saw that regular medicines audits were undertaken to ensure that people's lists of prescribed medicines was accurate and up to date and that the stock count was correct. However, we found that there were no protocols in place for 'As needed' (PRN) medicines. Protocols provide guidance to staff on the quantity, timing and reason for giving PRN.

We made a recommendation that the service review its systems and processes to include PRN protocols to ensure more robust medicine management.

Regular spot checks of staff's competency were completed by the management team which looked at many areas of staff practice including administering medicines. However, we found that the current checks did not cover all aspects of medicine management. We discussed our findings with the registered manager who agreed to review their current method of assessing staff competence to administer medicines to include a more detailed assessment of practice.

Accidents and incidents were logged and analysed and lessons were learned to improve safety. We saw that staff were updated with actions put in place to reduce the risk of them happening again. For example, where an incident report identified that a person had been harassed by a bogus caller. The service circulated a leaflet to people and staff advising them on what to do to keep people safe.

Staff had received training in infection control and understood their responsibilities to protect people from the risk of infection. The service had infection control policies in place and spot checks were completed by the management team to ensure staff compliance with safe infection control practices. Staff had also been provided with training in food hygiene to ensure the safe storage and preparation of food when supporting people with meal preparation. During our inspection visits, we observed staff wearing gloves and aprons when supporting people with personal care and meal preparation to prevent the spread of infection. Feedback from people demonstrated that staff followed good practice guidelines when providing care and support. One person told us, "Yes they are good on hygiene and always wear gloves and apron when doing other things." A relative told us, "They [staff] always wear gloves and aprons when doing [family member's] personal care."

Good

Is the service effective?

Our findings

We found the service continued to provide an effective service and the rating remains good.

When people joined the service an initial assessment was completed which recorded people's needs and choices. Consideration was given not only to people's physical needs but also their social, psychological and emotional needs.

We asked people and their relatives if they felt staff had the knowledge and skills to provide effective care. One person told us, "Being an ex-nurse their skills and knowledge are for all to see when they come. They are obviously all well trained before they are allowed to come to me." Another said, "All of them are good never had an issue over anything. Even the new ones check what to do before they commence, yes very well skilled and trained in my opinion." A relative told us, "Yes even the new ones that come appear good and well skilled in all they do; I do watch them and have seen no concerns."

When staff joined the service they received an induction which was based on the care certificate which represents best practice for inducting staff into the care sector. New staff were required to complete a training programme and shadow existing staff to learn about people and their needs before working alone. The provider demonstrated a commitment to providing high quality training to staff that met the individual needs of people who used the service. For example, staff had completed training in self-harm, diabetes awareness and specialist dementia training. All staff who joined the service were signed up to become a 'dementia friend' and 'dignity champion'. Both of these initiatives promoted staff understanding and empathy of the difficulties older adults, particularly those living with dementia can face.

Records showed that all staff training was up to date and refresher training was scheduled each month throughout the year to provide staff with regular opportunities for continuous learning and support. Training was delivered face to face, by E-learning and using paper based methods in recognition that staff learn in different ways. The service had been awarded the 'Disability Confident' award, which demonstrated their commitment to recruiting and providing support to employees with disabilities.

Staff received regular supervision and an annual appraisal of their practice. In this way staff were continuously monitored and assessed and provided with guidance and support to develop professionally. Staff told us they found supervision a positive experience. One staff member told us, "I feel really well supported, they have been brilliant."

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's ability to make their own decisions and communicate their needs was assessed and recorded

during the initial assessment. At the time of inspection, we were advised that all of the people using the service were able to make their own day to day decisions so no assessments of capacity had been completed. We looked at mental capacity assessments the registered manager had completed in the past and saw that these had been completed appropriately in consultation with relevant parties as part of the 'best interest' process.

Staff received basic training in the MCA during their induction and were provided with a pocket book of guidance on good practice principles. The in-house trainer told us that more in depth training on the MCA was scheduled for the future. Staff we spoke with understood the importance of gaining people's consent and could describe how they would help people make their own choices. One staff member said, "I will show people options and give them choices and not make decisions for them."

People told us that staff did not do anything without first asking their permission. Comments from people included; "They always ask me if I am ok and what I would like to have done first, they always also ask if there is anything more they can do before they leave" And, "Yes they always ask how I am and don't start anything without asking me if it is ok first." And, "They never do anything at all without asking me first"

Where it was part of an assessed need, staff supported people to have enough to eat and drink that met their health needs and preferences. A relative told us, "They [staff] do [family member's] food so well they are putting weight on." People's likes and dislikes were recorded in their care plans and staff were very familiar with people's needs. For example, staff were able to tell us that one person liked their toast cut into triangles not squares whilst another person liked their tea bag stirred and not squeezed. Staff went the extra mile to support people to enjoy their food and drink. We saw that where a person was not able to drink coffee on medical advice, staff had thoughtfully warmed up their prescribed nutritional drink to resemble a 'latte', which the person enjoyed.

If people had specific health needs, these were recorded in their care plans and staff received specialist training to help them support people to manage their health. Feedback from people and relatives on staff knowledge of their health needs was positive. A person told us, "Staff are all good and well trained to deal with my ailments in my opinion." A relative said, "They [staff] display knowledge of symptoms and awareness of any ailments."

When people required support to access healthcare treatment, this was provided by staff. One person told us, "They [staff] will drop me off at my appointments after I have made the appointment and in fact took me to the doctor last week as my arm was paining." Another said, "Yes on a few occasions they [staff] have kindly taken me to the clinic and waited and bought me back."

Good

Is the service caring?

Our findings

We found the service continued to provide a caring service and the rating remains good.

People told us the staff were kind and caring. Comments from people included, "All are kind and caring with what they do for me and always ask if they can do more". And, "Lovely girls all of them; they all have a pleasant and helpful attitude; they can't do enough for me." And, "All good girls, all amenable and caring toward me; an example is folding the towel to dry in between my toes for me; very good."

We observed care staff interacting with people and saw that staff were warm and friendly and people seemed relaxed in their company. One person told us, "They always listen to my wishes, they are cheerful and chatty and caring."

Feedback from people demonstrated that staff knew them well, particularly when people were supported by their regular staff member. One person told us, "They [staff] always make sure my push walker is by my chair so I can get up and about and my regular one makes sure I have what I want like the TV on right channel and papers and books by me to read." Other comments included; "Staff are so friendly and nice and know my favourite things and nothing is too much trouble for them." And, "They [staff] know what I like and what to do in which order, yes all very good."

Staff understood how to protect people's dignity and privacy by ensuring they knocked on doors before entering, kept doors and curtains closed and kept people covered. People we spoke with confirmed this happened in practice. One person said, "Washing my feet they [staff] always make sure the rest of me is covered up and are most careful and talk to me when drying me." Another person said, "The privacy is very good; I have either a strip wash or shower and they keep me covered up with the curtains and door closed and dry me with a warm towel; I am never left fully uncovered."

The service supported people to maintain their independence. The registered manager was certified as a 'Telecare advocate'. This meant they were able to prescribe technology that could support people to stay at home and be more independent. The service assessed people's strengths and abilities and guidance was included in people's care plans describing what they could do for themselves. Feedback from people and relatives confirmed that staff promoted independence. One person told us, "I try to do things myself but they take me out when required and do encourage me to try to do what I can for myself." Another said, "They [staff] make sure I have all my aids close by, help me get my food and coax me to do what I can so I don't become fully reliant."

We looked at how the service recognised equality and diversity and protected people's human rights. Care records captured key information about people including any personal and religious beliefs. We saw that people who used the service could request a preference of gender of care worker and this was respected to help people feel comfortable and at ease with receiving care and support. Feedback from people evidenced that people did not feel discriminated against. One person told us, "I think they [staff] are all excellent and I have never encountered any discrimination at all." And, "I'm treated very well indeed; never had any

discrimination for anything at all."

To strengthen its approach to equality, diversity and human rights, we recommend the provider consults the CQC's public website for further guidance entitled 'Equally outstanding: Equality and human rights - good practice resource.'

The service understood its responsibilities under the new data protection legislation, the General Data Protection Regulation (GDPR) to ensure their data protection systems were robust. Staff understood the need to keep people's information confidential. We saw that personal information held about people was kept secure which meant that confidentiality was respected and maintained.

Good

Is the service responsive?

Our findings

At this inspection we found the service continued to be responsive to people's needs and the rating remains good.

The service involved people in planning their care and support. When new people joined the service they met with the management team for an initial assessment where their strengths and abilities were recorded and a care plan, which the service called a 'pen portrait', was designed to reflect the person's needs and wishes. The pen portrait included information about the person's likes, dislikes and preferred routines which supported staff to provide person-centred care. Person-centred care means care tailored to meet each individuals needs in a personalised way.

People's pen portraits were routinely reviewed every three months during spot checks completed by one of the management team. This provided people with an opportunity to give feedback on the service. People's relatives and records confirmed that reviews had taken place and that people and relatives, if appropriate, had been included. One relative told us, "I do the review for [family member] and it is kept up to date and I have a copy as well." Another said, "We had full input into the review for [family member] and in fact we have a full copy here." We saw that if people's needs or preferences changed at any time their pen portrait was updated and any new information was shared with staff via a secure company email system.

Where people had requested support to access the community staff assisted them to engage in activities that were meaningful to them. A person told us, "They take me to the hairdresser and have my nails done, always ask what I need doing." A relative told us how the service went the extra mile to support their family to access work. They told us, "It's the way in which they take [family member] to London for their job on the train and by taxi."

There were systems and processes in place to manage complaints. People were provided with information on how to make a complaint and all of the people and relatives we spoke with told us they knew how to make a complaint if necessary. People told us the registered manager listened to and dealt with complaints appropriately. For example, one person told us, "I complained once about a carer who smoked as I could smell it on their uniform. I don't smoke and didn't like that so my son phoned them about it and they didn't send them again."

The service supported people to have their wishes met at the end of their life. The registered manager told us how they had worked with a person's solicitor to ensure the person had the funeral they wanted as specified in their Will. The service had links with the local hospice and worked with the hospice nurse to support a person in their care whose health had deteriorated. We saw that the person's pen portrait had been updated to reflect their increased needs including greater support with skin care. The in-house trainer told us that they had forged links with the hospice and other organisations to sources specialist training for staff and access bereavement counselling for family and staff.

Good

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. The service continues to be well-led and the rating remains Good.

There was a registered manager in post who was also the registered provider. 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 registered manager was supported by the human resources manager, training manager and two part time Co-ordinators.Together they made up the management team and were responsible for the day to day running of the service. There was a strong focus on continuous learning and development within the management team. Three members of the team had completed advanced leadership and management qualifications in health and social care.

The management team demonstrated good leadership, providing constructive feedback to staff regarding their performance through spot checks, supervision and appraisals. This meant that all staff were clear about their roles and responsibilities.

People spoke positively about the registered manager and the way the service was run. Comments from people and relatives included; "I have been with them a few years and had a good service." And, "I am well satisfied, I knew my [family member] would be safe with them as they run a good ship." And, "I am very happy with all aspects of the service."

The registered manager was visible and accessible within the service. Consequently, people knew who the manager was. One person told us, "The manager is very nice and approachable when I have spoken to them." And, "The manager is called [name] and like the service and staff is very approachable and supportive." And, "I know [named registered manager], they occasionally call in to see if everything is ok, they are nice and pleasant."

During our inspection, staff came into the office throughout the day as the service operated an 'open door' policy. Staff provided positive feedback about working at the service. Comments included; "We have a good manager here, very approachable." And, "It's always easy to get hold of someone at the office, I feel really well supported." Staff told us the culture within the service encouraged openness and transparency. One member of staff told us, "They [registered manager] always says to us don't hide anything as I am always here to talk."

Quality assurance systems were in place to monitor the safety and effectiveness of the service. We saw the management team completed a range of checks including care plans, medicines and staff performance. A business plan for 2018 was in place, which was a 'live' document displayed on a white board that the

management team added to when they identified areas for improvement. Regular management meetings were held where all aspects of the service were discussed and actions were agreed.

People, relatives and staff were all involved in developing the service. The service sent out annual surveys requesting feedback on the service. We saw the management used the information gathered constructively to drive improvements.