

Courtesy Care Limited

Courtesy Care Ltd

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

About the service: Courtesy Care Ltd is a domiciliary care agency which provides personal care and support to people living in their own homes in Axminster and Seaton and the surrounding areas. Although the agency provides support to a number of people, at the time of the inspection 42 were receiving support with the regulated activity of personal care.

People's experience of using this service:

People on the whole were happy with the service they received. People told us staff were kind and caring. People received their care from a small team of staff who they had been able to build trusting relationships with. Most people told us they always saw the same staff, and this enabled them to feel comfortable and relaxed.

People and staff were not always protected because environmental risk assessments were not being completed. We have made a recommendation that all care files are reviewed, and environmental risk assessments completed where necessary.

People and relatives were involved in planning their care when they started to use the service. People's needs, choices and preferences had been assessed before a package of care was arranged. However, these assessments were very brief and would benefit from more detailed information being obtained. We made a recommendation that a more robust system was needed for assessing people's needs, so the staff team had a clear picture of individual needs and how these are to be best met.

Improvements were needed in some people's care plans to ensure they had the information needed to guide staff consistently. Action was started during the inspection to address this with further planned reviews to be undertaken.

Medicines were safely managed for people. All staff had received the provider's mandatory infection control training and had access to appropriate protective equipment.

People 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. Although consent had been obtained in relation to some areas of care and support provided for individual people, a mental capacity assessment had not been conducted on behalf of one person who had been diagnosed with a mental health condition. We have made a recommendation that mental capacity assessments always be conducted as appropriate to establish if people need support to make decisions in their best interests.

The registered manager did not have a formal system to monitor the quality of the service. They said they were in control of the day to day running of the service and were aware where there were issues. Monitoring visits were undertaken to assess quality and individual staff practice. Staff received regular supervisions and

said they felt supported. We discussed the importance of formally monitoring accidents and incidents and missed visits and having a more robust system in place to identify if a visit was missed potentially placing a person at harm.

Rating at last inspection: The last rating for this service was good (published 25 October 2016). At this inspection the ratings for the service have changed to requires improvement.

Why we inspected: This was a scheduled/planned inspection based on date of registration

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service dropped to requires improvement.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service dropped to requires improvement.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service dropped to requires improvement.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service dropped to requires improvement.

Details are in our well-led findings below.

Requires Improvement ●

Courtesy Care Ltd

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The agency provides care to adults, including older people, people living with dementia and mental health issues.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager is also the director of the service.

Notice of inspection:

We gave the service five days' notice of the inspection visit because it is a small service and we needed to be sure someone would be available to provide the information we required.

Inspection activity started on 16 July and ended on 29 July 2019. On the 16 and 23 July 2019 we visited the office location to see the registered manager and manager; and to review care records and policies and procedures.

What we did:

We did not ask the provider to complete a Provider Information Return (PIR.) This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

During the inspection we spoke with four people who used the service and four relatives. We also spoke with nine members of staff. These included the registered manager (who is also a director), the day to day manager (who will be referred in the report as manager), a supervisor and six care staff.

We looked at a selection of records which included;

Two care and support plans

Two staff files

Policies and procedures

The provider's computerised system to allocate staff.

Training 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 deteriorated to requires improvement

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- People and staff were not always protected because environmental risk assessments were not being completed. The service had environmental risk assessments, which contained good detail. However, these had not always been completed for all people.

We recommend the provider checks all care files to ensure relevant risk assessments are in place and these contain information needed to reduce the possibility of harm.

- The recording of accidents and incidents was satisfactory. Staff completed accident and incident forms and the actions taken. These were reviewed, and the documents were held in people's individual care files. We discussed with the registered manager that there was no system to log the accidents and incidents that had occurred and to look at patterns and trends. The registered manager put an accident and incident log into place during the inspection.
- Staff completed safety checks to ensure that people were safe and secure at night. This involved checking that windows were closed, and locked, key safes locked and not left open.
- In order to support staff, they had ID badges with the company telephone number and out of hours emergency contact details. Staff said they felt safe and they could contact the office and out of hours at any time and were confident advice and/or action would be taken.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies which provided the staff team with directions around safeguarding people. Where concerns were identified the provider informed the local safeguarding authority. For example, a person eating uncooked meat.
- People told us they felt safe using the service and were happy with their staff. Comments included, "Absolutely, no concerns what so ever" and "Second to none...excellent, very good."
- Staff spoken with were aware of what they needed to do should they be concerned about the safety of someone who used the service.
- Records showed staff were provided with training in relation to safeguarding people when they started working at the service within the care certificate. We discussed with the registered manager that not all staff had received the provider's full safeguarding training due to a technical issue. They took action and resolved the problem and said they would ensure all staff had received the full mandatory safeguarding training.

Staffing and recruitment

- We did not identify any concerns in relation to staffing levels and people told us that their staff attended as expected although not always at the times stated on their schedule. The scheduling of staff rotas was completed electronically by the manager and people's contracted requirements had been allocated.
- A schedule was produced each week to give people information about the staff member that would be visiting and the time. One person raised that they did not always receive their copy, two other's said staff did not always arrive at the times stated sometimes 45 minutes late. We raised these concerns with the registered manager, they said they would add a reminder in the staff newsletter about ringing the office or the person if they were going to be late and ensuring they passed schedules to people.
- The registered manager had ensured the safe recruitment of staff although there was no formal system to record interviews or whether employment gaps were explored. During the inspection the registered manager implemented an employment checklist.

Using medicines safely

- The provider had medicine policies and procedures in place and staff completed medicines administration records.
- Supervisors carried out spot checks where they observed staff competence.
- There were no formal medicine audits undertaken although medicine record sheets were reviewed when returned to the office to ensure medicines had been administered safely.
- New cream administration charts were being implemented which included a body map to give staff clear guidance about how to administer creams appropriately.
- Staff only administered medicines that were in a blister pack or short-term medicines like antibiotics, which were recorded on a separate medicine administration form. During the inspection improvements were made to the medicine record sheet for antibiotics to ensure staff had clear guidance.

Preventing and controlling infection

- The provider had detailed policies which provided the staff team with clear guidance around good infection control practices.
- All staff had received the provider's mandatory infection control training
- Staff had the required protective equipment (PPE's) available to collect from the provider's office, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections.

Learning lessons when things go wrong

- As a result of a complaint the registered manager had implemented a new policy to guide staff about the process to undertake if they were unable to access a person's home. Staff were being requested to sign to demonstrate they had read and understood the policy.

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 deteriorated to requires improvement

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager had systems to ensure people's needs, choices and preferences had been assessed before a package of care was arranged. However, these assessments were very brief and would benefit from more detailed information being obtained. This would help to make sure the staff team could always provide the support people needed.

We recommend the provider develops a more robust system for assessing people's needs, so the staff team have a clear picture of individual needs and how these are to be best met.

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.

We checked whether the service was working within the principles of the MCA,

- Although consent had been obtained in relation to some areas of care and support provided for individual people, a mental capacity assessment had not been conducted on behalf of one person who had been diagnosed with a mental health condition. This had not had a significant impact on the person as they were supported by a spouse.
- Staff had received MCA training as part of their care certificate and during the inspection the registered manager implemented a more robust training DVD for staff to use.

We recommend mental capacity assessments be conducted as appropriate to establish if people need support to make decisions in their best interests.

Staff support; induction, training, skills and experience

- Records and staff showed new staff were provided with an induction programme on the commencement of employment and staff told us they were satisfied with their induction period.

- Supervision records and spot checks were retained on staff personnel files and staff confirmed they were supervised regularly by their line managers. This gave them the opportunity to discuss any concerns or specific training needs they may have had.
- All staff undertook the care certificate when they started working at the service to ensure they had the skills and knowledge they needed to support people.
- Staff also completed the provider's mandatory training which included safe administration of medicines, moving and handling, infection control, Health and Safety and safeguarding of adults. There were a few gaps in the training matrix due to a technical issue which were being addressed. This helped to make sure people received their care from competent staff.
- Staff said they felt there was sufficient training provided. They also said they were happy with the support they received from the management team.
- Staff had received regular supervisions and appraisals were scheduled.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff assisted people with meals, if this was needed. Staff recorded in people's care records the food they had prepared. The registered manager said staff would only prepare food which was microwavable.

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

- Staff monitored people's well-being and supported them to attend appointments when necessary.
- Staff worked with other healthcare professionals to make sure people had the support and equipment they required to meet their needs. This included an occupational therapist in relation to supporting a person's moving and handling needs.
- The registered manager had been working with the local GP surgery to put in place a system to ensure staff were informed of changes after a GP visit. This included a new form which the GP completed to inform staff and left in people's care folders.

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 remained good

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were treated well, and staff were kind and caring. People said, "I have a good relationship with the carers", "The staff we have are kind, warm and interesting conversations with them...I hear laughter" and "All very friendly."
- Most people said they saw the same staff, and this enabled them to feel comfortable and relaxed. However, some said they did not always have the same staff, although there was a small team of 16 staff. The registered manager said they had been recruiting new staff which had meant they had needed to make some changes.
- The provider had a policy in relation to equality and diversity. This was easily accessible by staff members and therefore guidance was provided for staff around this important aspect of care and support.

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

- The service took people's choices and preferences into consideration when planning care and support.
- Staff knew people they supported well and were able to tell us about their likes and dislikes.
- The supervisors undertook monitoring visits and met with people to seek their views and ensure they remained happy with the service provided to them although this was not formally recorded.

Respecting and promoting people's privacy, dignity and independence

- People said their privacy and dignity was consistently respected and everyone said the staff were very respectful and patient. People told us, "They are very good, I have no problem's whatsoever" and "Very happy I have regular carers which makes a big difference."
- People were helped to develop and maintain their independence. A member of staff spoke affectionately about a person they were supporting to take out for walks and be in the community. They explained how important it was that the person was able to be independent when having a shower and how they supported this.

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 deteriorated to requires improvement

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans for people who were privately commissioning the service contained very little detail to guide staff. For example, where staff supported a person with a shower the only guidance they received was 'needs assistance'. This meant staff were not consistently supporting the person. We discussed this with the registered manager because a staff member confirmed consistent care was not being delivered. On the second day of the inspection one person's care plan had been reviewed and more detail added. The registered manager said they would be reviewing everybody's care plans to ensure they contained enough detail to guide staff.
- People and relatives were involved in planning their care when they started to use the service. However, they had not signed their care plans to demonstrate they had consented to them.
- People had access to their personal care records in their homes. Staff recorded in the care records support they had given at each visit and recorded any concerns.
- The Service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded in people's care plans. These needs were shared appropriately with others

Improving care quality in response to complaints or concerns

- Everyone told us they would know how to make a complaint,
- The provider had a clear policy, which informed people of the procedure to follow should they wish to make a complaint. This was included within the information provided to people when they began to use the service and was held in people's personal care records.
- Where the registered manager had received a concern, they had met with the person and formally responded to them.
- The provider did not have a system for recording complaints although this was put into place during the inspection.

End of life care and support

- Staff had received training to care for people at the end of their lives. The provider had a policy for end of life care and support to guide staff.
- No-one who used the service was currently receiving an end of life care package.

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 deteriorated to requires improvement

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager was one of the directors of the provider company and was supported by a manager, another director and two supervisors.
- The registered manager did not have a formal system to monitor the quality of the service. They said they were in day to day running of the service and were aware where there were issues. They spoke with staff regularly and received feedback from supervisors who undertook monitoring visits.
- There was not a formal system to record if people did not receive their visits. The manager said they would be informed by people ringing in if staff did not turn up or the next staff member going in would inform them and log it on a communication sheet. They went on to say the computerised system would alert if a staff member had not been allocated and they were not aware of any missed visits. We discussed the importance of having a robust system in place to identify if a visit was missed potentially placing a person at risk of harm.
- We were told care records and medicine records were reviewed when they were brought back to the office to identify concerns and action taken to address issues. For example, where staff had not signed or made an entry a meeting was held with the staff member. Where concerns were identified these were added to the staff weekly newsletter to advise staff. These checks were not formally recorded and once records had been reviewed they were placed in people's archived folders.
- The supervisors met with people during monitoring visits and delivering care, so they continually sought feedback. This enabled them to address any issues with staff in a timely way.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had needed to take a period of absence prior to our inspection but was at the inspection to assist. They had delegated day to day responsibilities to the manager in their absence but had been available during their absence for support and guidance.
- Both the registered manager and manger were helpful and transparent throughout the inspection process. The registered manager said they had been developing the manager who had a level five qualification in health and social care to apply to become the registered manager.
- People on the whole spoke highly of the service in particular the staff. People and staff told us the management of the service were approachable and they could talk to them if they had a concern. Some felt

the communication between the management could be improved. One person told us, "I have seen someone from the office but not for some time." Another said they were not informed if a visit was running late. We discussed this with the registered manager who said they would remind staff about the process they should use.

- The registered manager and manager knew all the small staff team and people who used the service well. When staff spoke to us about the people they supported they did so in a way that gave evidence that they treated each person as an individual with their own needs and aspirations.
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They had put in place a duty of candour policy setting out their practice.
- The provider had updated policies and procedures which provided the staff team with clear information about current legislation and good practice guidelines.

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

- A weekly letter was given to all staff to inform them of any changes. This helped to ensure any important information was passed on to the staff team.
- We saw surveys had been completed by people and relatives in 2017. The results of these were produced on pie graphs and displayed on the manager's wall. The manager said they planned to undertake another survey. We discussed with the manager making the information available for people who use the service to keep them informed.
- The registered manager had received thank you notes and compliment messages. One recorded, "We appreciated all the help and care that our mum was given, we know she enjoyed the girls company." Another said, "...so much appreciated all you have done for her...the really genuine care, kindness, humour and fellowship..."
- Staff had opportunities to share their views and make suggestions at one to one supervision meetings. Staff visited the office each week to collect their schedule and spoke with the manager. Staff said they felt well supported and informed.
- People were supported to access local facilities and remain part of their local community.
- Staff worked with other professionals to make sure people's care was monitored and they received the care and support they required.

Continuous learning and improving care; Working in partnership with others

- The registered manager and manager were continuously learning, and lessons had been learned and improvements made when things went wrong. The registered manager was working with another provider regarding improving quality monitoring, implementing systems and documentation.
- We saw evidence of the service working in partnership with relevant community professionals in both the health and social care sector. This helped to ensure people's assessed needs were being appropriately met.