

Community Care Worker Limited

Community Care Worker Limited

Inspection report

Wood House
Etruria Road
Stoke-on-trent
ST1 5NQ

Tel: 01782817920
Website: www.communitycareworker.com

Date of inspection visit:
23 March 2023
29 March 2023

Date of publication:
24 May 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Community Care Worker is a domiciliary care agency providing the regulated activity of personal care to people living in their own home. The service provides support to older persons and people living with dementia. The service can also support people with physical disabilities, learning disabilities, autism and/or mental health needs. At the time of our inspection there were 48 people using the service.

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

The processes in place to keep people safe had improved since the last inspection. Risks to people's safety were being considered and the majority of concerns found at the last inspection had been addressed. For example, there was now a process in place to monitor people's skin integrity.

Improvements had been made to call times and we received no reports of missed calls. Some people reported call times were not always exact. However, we found the majority of the calls deemed late, were within the thresholds set by the local authority. People received more consistent staff support and staff now worked within specific geographical areas which they told us was much better. Processes were in place to ensure medicine errors were investigated and lessons were learnt when things went wrong.

People were supported by sufficient staff who had been recruited following receipt of satisfactory references and Disclosure and Barring Service (DBS) checks. We discussed the recruitment records with the provider and recommended any preliminary recruitment activities were also recorded to ensure there was a complete timeline of events. For example, telephone conversations. Staff were knowledgeable on infection control and had access to personal protective equipment (PPE).

Staff told us they received regular training, but staff were completing a lot of training in one day. Although the provider gave further assurances regarding how training was managed, we recommended the provider took steps to ensure all learning was recorded and it was clear when staff had been assessed as competent.

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.

People's care needs were assessed. People were supported with mealtimes and referred to health services, if needed.

The provider had improved the governance of the service and involved other agencies in driving improvements. The staff team engaged well with people, although a number of people told us there was an occasional language barrier, especially with new staff but all staff were polite. The provider engaged with people to gather their feedback. However not all persons felt they have been contacted. We recommended the provider engage with everyone to ensure their feedback can be gathered and acted upon as necessary.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the last inspection staff told us they had received training in learning disabilities and autism but did not feel confident. At the time of this inspection, the location did not support anyone with a learning disability or an autistic person. We will revisit this area on our next inspection to ensure the service is meeting the principles of Right Support, Right Care, Right Culture.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 20 September 2022).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 24 September 2021. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Community Care Worker on our website at www.cqc.org.uk.

Recommendations

We have recommended the provider ensures their training records and recruitment records are reviewed to ensure all relevant information is being recorded. We have also recommended all people who use the service are engaged in the quality monitoring process to ensure their feedback is gathered and actions can be taken as needed.

Follow up

We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Community Care Worker Limited

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During this inspection we spoke to 10 people who used the service and 4 relatives. We spoke with 11 staff members, including the registered manager, deputy manager, senior carers and care staff. We also spoke to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 4 care files, medicine administration records, 4 recruitment records and other records used by the service as part of the day to day management of the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection, the rating has changed to requires improvement. This meant some aspects of the service had improved but there were still areas where additional reassurances were needed to limit the risk of harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider had failed to protect people from the risk of abuse. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At the last inspection we found the provider had failed to ensure their safeguarding systems reduced the potential risks to people's safety. At this inspection we found the systems had improved and there was greater monitoring of the care people received.
- People told us they felt safe and there were no recent reports of missed calls. People told us they usually had the same staff but sometimes they were still supported by someone they had not met. One person said, "Yes I have the same carers, if possible." Another person said, "I sometimes get different ones, although it is the same ones in the morning."
- The provider told us this was an area they had been focusing on and they were able to offer consistent staffing. However, it was still an issue when they experienced an unexpected shortfall in staffing numbers and still needed to provide support.
- Staff had received training in safeguarding and were able to explain the process they would follow if they became concerned a person was at risk of harm.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety had been reviewed since the last inspection. The guidance given to staff to support them to mitigate the risk of harm was clearer and staff had a good understanding of people's needs.

- People's care plans and moving and handling assessments were detailed, as were any plans to support anyone with distressed behaviour.
- Areas we had previously highlighted to be of significant concern had been allocated to senior carers to monitor and ensure action was taken at the earliest point. For example, one staff member handled the monitoring of people's skin integrity. They told us they monitored people's daily records to ensure any reports of redness of skin were flagged and followed up if needed. Training resources on skin integrity had also been shared with the team to ensure they were fully aware of how initial concerns may present themselves.

Staffing and recruitment

At our last inspection, the provider had failed to ensure staff provided care calls as expected. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection, the number of people the provider supported had significantly reduced. This allowed them to deploy existing staff more effectively and provide people with more consistent support. We found no incidents where people had not received their care and incidents of late calls had reduced and were usually within the threshold set by the local authority.
- We questioned the speed in which some staff were recruited as one staff member appeared to have submitted their application form, been interviewed and started their induction on the same day. The provider assured us the correct process had been followed but told us there had been preliminary discussions held with candidates' which were not always recorded. This included early telephone interviews.

We recommend the provider ensures all recruitment activities are fully recorded, as part of their recruitment process.

- People told us there had been considerable improvement in the past 6 months. One person said, "Compared to last year things are much, much better."
- Staff told us there had been improvements to their schedule of care calls. One staff member told us, "We used to be all over the place but now we work set areas with the same people, unless there is an emergency. It is much better for us and the people we visit. It is a lot less stressful for everyone."
- We reviewed recruitment records and found the proper checks were carried out. These included Disclosure and Barring Service (DBS) checks. The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

At our last inspection, the provider had failed to ensure people's medicine was managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection, the provider had engaged with the local NHS medicines optimisation team and had taken action in response to their audit.
- We discussed 2 outstanding actions from the medicine optimisation action plan which were the uploading of body maps to the electronic care planning system and ensuring all staff had read the correct policy. During the inspection the provider found a way to ensure body maps could be uploaded and discussed as a team how they would ensure staff signed when they read policies.
- People reported they were getting their medicine on time and creams were applied as required. One person said, "I get my medicines on time, they come in blister packs from the chemists and yes, they apply the creams correctly."
- The process for the management of medicine errors had improved and clearer guidance was now in place to support staff. We found people's care plans and medicine administration guidance had been recently updated and there was increased monitoring in place.

Preventing and controlling infection

At our last inspection, the provider had failed to fully implement government guidance in relation to the COVID -19 pandemic. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, the provider was not meeting the government guidance regarding COVID-19 testing. At this inspection, the guidance had changed and there was no longer a need for routine testing. We found the provider's practice was meeting the current guidance and they had made the decision to extend the use of face masks in people's homes while the virus was still prevalent in the area.
- The provider had sufficient stock of PPE which staff could access when needed. People confirmed staff had access to PPE. One person said, "Yes, of course they wear everything including all the paraphernalia." Another person's relative told us, "They do wear masks and try to keep them on, but some pull them down to talk to me so that I don't feel bad. They always wear gloves, when needed."
- The provider had an up-to-date infection control policy in place and staff received training on the subject.

Learning lessons when things go wrong

- The provider was able to evidence lessons were being learnt when things went wrong. At the previous inspection we were concerned the learning processes used when something went wrong were not robust and themes and trends were not being identified.
- Since that inspection the staff told us this had improved considerably. One staff member told us, "Before we were so busy but now things have calmed down it is so much better. As a team we have our set areas and have the time to study incidents and concerns in more detail. We can now address issues before they escalate and update the staff."

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 our last inspection we rated this key question inadequate. At this inspection, the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills, and experience

At our last inspection, the provider had failed to ensure staff were suitably trained and competent to provide care. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by staff who had received training relevant to their role. One person told us, "Some of the staff do seem young but they have been trained." Another person said, "There can be a language barrier which can be an issue when explaining things, but they are all polite and I believe staff have been trained."
- All the staff we spoke with were complimentary of the training received. One staff member said, "We receive lots of training, we do sometimes do a lot in one day, but it is manageable. I can't think of any training I have not had, that I need."
- We discussed the training records with the provider, as we were still concerned that staff members were completing excessive courses in 1 day and the records did not make it clear when competency assessments had been completed. The provider spent time showing us how they managed training and the various activities they get staff to undertake to demonstrate competency. However, the provider acknowledged the records did not fully reflect the actions they are taking.

We recommend the provider reviews how they record staff training and competency assessments. This is to ensure the records accurately reflect all learning activities undertaken by staff and when their competency was agreed.

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 MCA 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.

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. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, the provider had failed to ensure the principles of the MCA were followed. This was a breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At this inspection we found the principles of the MCA were being upheld.
- Care plans contained decision specific assessments and it was clear decisions were being made in people's best interests.
- Staff had completed MCA training and the provider was aware when a family member had lasting power of attorney in place.
- We found no one was subject to a deprivation of liberty at the time of our inspection.

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

- People's care needs were assessed and since the last inspection, everyone's care plan had been updated.
- People told us the staff met their care plan and usually completed all the tasks required. One person told us, "They wash me and give me drinks so yes they do what is in the care plan."
- Staff could access people's care plans via a secure application on their phone. Staff told us they had access to enough information to meet people's needs and were given time to read people's plans. People and their families were aware they could also access care records electronically and read what staff were recording.

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

- People were supported to access food and drink as part of the care provision.
- Staff completed training in nutrition but did not routinely complete food hygiene training. We explored this further and found staff were only supporting people with light meals. The provider told us they would review the training needs of staff in this area.

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

- People's health needs were monitored, and people were referred to other professionals when necessary. We found evidence of the provider working alongside the district nurses to support people who required additional dressings.
- The majority of people told us they would ring the GP themselves if needed but felt the staff would do this if necessary.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Requires Improvement

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 our last inspection we rated this key question inadequate. At this inspection, the rating has changed to requires improvement. This meant the service management and leadership had shown improvement but was still inconsistent and a greater emphasis on person-centred care needed.

At our last inspection, the provider had failed to show any sustained improvement since they were registered. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At the last inspection, the provider was also found to be in breach of Regulation 18 (notification of other incidents) of the Care Quality Commission (Registration) provider. At this inspection we found the provider was submitting notifications and therefore no longer in breach of regulation 18.

Continuous learning and improving care; Working in partnership with others

- People told us improvements had been made and the quality of support they received was much better. However, some people felt there was still room for improvement. One person said, "Things were terrible and I was going to move but they have improved greatly lately."
- Since the last inspection the provider had engaged the support of other agencies and organisations to help them drive improvements. This included an external auditor, medicines optimisation team and the local authority.
- The provider advised us that a number of care packages went back to the local authority after the last inspection which allowed them time to focus on making the necessary improvements. Several staff told us this had been really beneficial as previously the service was too busy, and they were struggling to make all the necessary changes.

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

- People told us they engaged with the staff team. However, some people found there was a language barrier which sometimes made communication difficult, at least until they got to know each other. We spoke to staff about this who told us they did not think it is intentional but explained inexperienced staff often asked a question in their own language when unsure. The more experienced staff confirmed they were encouraged to speak English wherever possible.
- Staff confirmed the level of supervision and engagement they had with the provider had increased. One

staff member told us, "Things have got loads better. The managers have more time to listen to us now so we can sit down more and share our thoughts and ideas."

- The provider had begun to send out surveys to people to assist with monitoring the quality of the service. Not all people had received them yet but of those which had been completed, the feedback did reflect the positive changes over the past 6 months.

We recommend the provider engages with all persons who use their service, as part of their quality monitoring checks. This is to ensure they gain everyone's feedback on the service being provided and can act accordingly.

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

- Throughout this inspection we found numerous improvements had been made and there was increased oversight of staff practice and documentation. However, there were still areas where systems and processes used did not evidence all the work undertaken. For example, the training records and recruitment records.
- We spoke with several staff who were assigned specific areas to monitor which included medicine administration and skin integrity. All reported since the roles were introduced, the incidents of concerns had reduced.
- The provider had increased their spot checks of staff working but received mixed reviews on the level of spot checks being carried out. Some people told us staff practice was being monitored but others stated they had not been visited. We discussed this with the management team who advised a lot of the spot checks were carried out in houses where medicine was administered. We discussed the need to ensure all care provision is considered.

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

- People's feedback on the provider had improved since the last inspection. We found most people were complimentary of their support and would recommend the service to others. However, others still felt there was room for improvement.
- Staff all reported management were approachable and they felt supported in their role. One staff member said, "The (registered) manager is great, they always listen to us and act on our concerns."
- The provider was aware of their responsibility under the duty of candour.