Caritas Care Solutions Ltd

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Inspection report

KC Lightstream Stadium
Preston Road
Hull
HU9 5HE
Tel: 01482379518
Website: www.caritascaresolutions.co.uk

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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

Overall summary

Caritas Care Solutions Limited is a new domiciliary care provider with the scope to provide support in people's own homes in Hull and the East Riding of Yorkshire. The main office is located on the first floor of the KC Lightstream Stadium which is just off a main road in East Hull. There is a lift which makes the office accessible to people with mobility difficulties. There is a reception which is covered by staff during usual working hours. There is a car park at the front of the building.

The service has a registered manager. 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.

We undertook this unannounced inspection on the 13 November 2015. This was the first inspection since the service registered with the Care Quality Commission on 21 May 2015. On the day of the inspection there were four people using the service.

Summary of findings

We found staff employment checks were carried out but there had been some instances when not all checks had been in place for staff prior to the start of their employment. The members of staff had not worked alone with people and they had been known by the registered manager. However, the registered manager told us this would be changed and all checks were to be in place prior to the start of the staff's employment in future.

We found there were sufficient numbers of staff to support the people currently using the service; further recruitment would take place when the service grew in size.

There were policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. Staff knew what to do to raise any concerns. There were risk assessments in place to assist staff in minimising identified risks although these could be more comprehensive. The registered manager and director told us they were to address these.

Staff told us they did not administer any medicines to people, as they completed this task themselves or they had relatives to support them. However, training for staff had been arranged in case the need for this support arose. Staff helped people to maintain their health by monitoring general health, completing skin checks and documenting any concerns. They told us they would report any concerns to relatives who provided care to people and would contact health care professionals as required.

We saw people had their needs assessed prior to the start of the service and care plans were produced. In discussions with two relatives of people who used the service, it was clear they received person-centred care. Staff were knowledgeable about people's needs, however the care plans did not always contain full information which could mean new staff may not have all the guidance they need.

People told us the staff's approach was kind and caring and in discussions, the staff demonstrated they knew how to promote values such as privacy, dignity and respect; staff sought consent prior to completing care tasks. We found people who used the service had choices about the care they received. The registered manager and director worked within mental capacity legislation and had organised staff to complete training in this area in January 2016.

We found staff had completed training in specific important areas during induction and further courses had been built into a training plan. Staff told us they felt supported by the registered manager and director although we saw formal supervision sessions and appraisal had not taken place yet.

There was a complaints policy and procedure and people felt able to raise concerns in the belief they would be addressed.

Although the registered manager and director sought people's views during spot checks and when they delivered care to them, the formal quality monitoring system had not been implemented yet. The service was new and the quality monitoring system will be assessed more fully at the next inspection.

Summary of findings

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.

We found there had been a slight gap between some staff starting work in the service and the return of their full employment checks. The registered manager knew the staff and measures were put in pace so that they did not work alone with people.

Risk assessments had been completed but some required more information to help guide staff in how to minimise risk. Staff were aware of how to recognise and report incidents of abuse or harm.

There were sufficient staff employed to support the needs of people who used the service. When two people were required for each call, this was arranged.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff told us they were supported by management but formal supervision and appraisal systems had not yet been implemented.

The registered manager and director worked within mental capacity legislation and although staff had not completed training yet, this had been organised. Staff ensured they obtained consent prior to completing care and support tasks.

Staff participated in essential training during induction, which was augmented by further training and updates when required.

Is the service caring?

Good

The service was caring.

The relatives of people who used the service told us staff respected the privacy and dignity of their family member.

In discussions, staff demonstrated a caring attitude and respect for the individual and their right to make choices.

We found people who used the service had been provided with information about their assessments, care plan and contract.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

We saw people who used the service had their needs assessed and plans of care were developed. We found the plans of care did not always include all the information staff knew about them, which may mean important care could be missed by new staff.

Summary of findings

We saw people who used the service and their relatives were involved in the planning of their care and support.

People knew how to complain and told us they felt any issues raised would be addressed.

Is the service well-led?

The service was not consistently well-led.

There was a quality monitoring system and tools were in place to use to record audits and checks. However, apart from the odd spot check, the quality programme had not yet been implemented.

Communication between management and staff was good but formal team meetings had not taken place yet.

Despite the lack of formal systems, the relatives of people who used the service and staff said they would be listened to.

Requires improvement

Caritas Care Solutions 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 registered 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.

This inspection took place on 13 November 2015 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

We spoke with the local safeguarding team, the local authority contracts and commissioning teams in Hull and East Riding, NHS commissioning and Continuing Health. There were no concerns expressed by these agencies.

We spoke with two relatives of people who used the service. We spoke with the registered manager, a director of the service (who is a nurse and completed support visits to people) and two care workers.

We looked at all four care files which belonged to people who used the service. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, the training record, a staff supervision plan, the employee handbook and 'service user' handbook, quality assurance audits, complaints management and maintenance of equipment records. We checked the registered provider's website for comments left by people who had used the service.

Requires improvement

Is the service safe?

Our findings

The relatives of people who used the service told us staff were always on time and if they were going to be held up they would contact them to let them know. One relative said, "They are always on time but if there was a problem they would let me know and keep me informed." A comment on the registered provider's website stated, "I am very happy with the carers. They are always prompt in timing, and very professional and dignified with the care for my husband."

We looked at five staff recruitment files and found in two of them staff had started working with people after full employment checks had been carried out. However, in two of the staff files we found they had started work before the return of the disclosure and barring (DBS) check and in one case, two weeks prior to the return of their reference. The registered manager told us they knew the people and felt confident the checks would be returned with no issues. However, they also confirmed that in future all checks would be returned prior to new employees starting work. We saw the registered manager completed checks to ensure people were legally allowed entry into the country to work.

Staff told us they had a long and in-depth interview during the recruitment stage. They said they felt proud that the registered manager would not employ staff unless they were good at their job.

There were sufficient staff employed to meet the current needs of people who used the service. Staff confirmed that when people were assessed as requiring two care staff to support them, they went together in one car. This prevented one member of staff waiting for the other to arrive. They confirmed they had travelling time arranged between calls to people who used the service. The registered manager told us the service was small at present and they were in the process of building this up and attracting new commissions. They told us they would recruit more staff as and when required. Staff confirmed there was a management on-call system for them to gain advice out of usual working hours.

The registered provider had safeguarding policies and procedures but had not accessed the risk matrix tool produced by the local authority safeguarding team. It was possible that two local authorities could commission services from the registered provider so it was important local policies and procedures were known for each one. The registered manager confirmed they would contact them to obtain the local procedures. The registered manager had liaised with social workers regarding specific issues highlighted by one person and had taken advice from them. They stated that should any safeguarding issues arise, they would contact the local teams for advice and guidance. In discussions with staff, they confirmed they had completed safeguarding training and were able to describe the different types of abuse and signs and symptoms. They were also able to describe the action to take to report any allegations of harm or abuse.

Staff confirmed they did not provide medicines administration support to people who used the service. Currently this was provided by relatives or people themselves. Staff had not completed any medicines management training although we saw on the training plan this had been arranged for 13 January 2016.

We saw there were risk assessments completed for individual issues. For example, one person had risk assessments regarding skin integrity and knocking their feet when in their wheelchair. Another person had a risk assessment for catheter management and the potential for skin deterioration. A third person had a risk assessment regarding medicines management. The director told us there had been a change in need for one person and they were aware risk assessments needed to be more comprehensive for them. Although risk assessments were in place some of these needed to be more comprehensive to ensure staff had full guidance to enable them to minimise risks.

We found the registered manager assisted people who used the service and staff who worked for them to remain safe. Staff were provided with identity badges for security and key codes to people's front doors were held securely. Environmental risk assessments were completed prior to the start of the service. This helped to identify any concerns so they could be addressed with the people who used the service and their family. The director of the service, who is also a qualified nurse and provides calls to people, gave an example of when they raised concerns about the use of a hoist with an occupational therapist. This resulted in the hoist being replaced.

Requires improvement

Is the service safe?

Staff confirmed they were provided with personal protective equipment such as gloves, aprons and hand sanitiser to help with infection prevention and control.

The building where the main office was situated was owned and maintained by the local authority. They completed cleaning, maintenance checks and fire alarm tests. There was a reception which was staffed during usual working hours. There was a lift to the first floor and a key coded door to enter into the corridor where the main office was located. The office door was locked when not in use. The registered provider was responsible for the maintenance of equipment within the office.

Requires improvement

Is the service effective?

Our findings

The relatives of people who received a service told us staff provided effective care and they gained consent prior to care being delivered. They told us staff were knowledgeable and knew people's needs. Comments included, "The staff are all very good; they do what they are supposed to do", "They check out if it's alright to go into the bathroom", and "Sometimes he can be down when they go. He's been looked after and they have lifted his spirits; they leave him clean and comfy."

We found the staff helped to maintain people's health care needs. People's assessments and care plans identified health care issues staff needed to be aware of. For example, skin integrity and catheter management. The staff were knowledgeable about people's needs and what changes to look out for that may need raising with relatives or reporting to health care professionals. Staff said, "If we went in and they were poorly, we would ring the GP and let the manager know; we're expected to use our initiative."

We found staff helped to maintain people's nutritional needs when required. Currently, there was only one person who used the service where staff supported them to prepare meals. Staff told us the person had declined a menu plan and preferred to choose meals each day.

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. The people who used the service were all able to make day to day decisions about their care and only one person had been assessed by social care professionals as lacking capacity for making major decisions. The registered manager was aware of the extent of this person's capacity. Staff had not completed MCA training although we saw this had been included in the plan for January 2016.

Staff described how they ensured people provided consent prior to completing care tasks. Comments included, "There is a choice for male or female carers", "We ask people" and "It's up to the clients what they want us to do; we respect it if they don't want anything doing."

We saw there was no formal staff supervision or appraisal system in place, although there were forms to use when this was set up. Staff confirmed they had not received any supervision in the form of meetings to discuss issues of concern but they told us the registered manager and director was always available to listen to them and provide advice. They said they often rang up or visited the office to talk to them when required. Comments from staff included, "Management support is good; you can ring them at any time. They are always on the end of the phone even out of working hours, there's no time limit" and "You can have a one to one if necessary." The registered manager told us they would arrange a supervision plan to enable each member of staff to have formal supervision meetings.

Staff confirmed their induction had consisted of shadowing the registered manager and the director, who was a qualified nurse. They said, "[Director's name] does calls with us and teaches us how to do things and why we are doing them; we have learned a lot from him" and "Some of us needed more shadowing experience than others." We saw the staff completed a range of awareness training sessions prior to the start of employment. These topics included training considered as essential by the registered provider, such as health and safety, infection control, food hygiene, basic life support, moving and handling, safeguarding and fire safety. There were other training awareness sessions on information governance, equality and diversity, complaints handling and lone worker. The registered manager told us these were to provide staff with basic information and refresher training was to be arranged to enhance the training programme. Staff confirmed they had completed practical hoist training in one person's home with an occupational therapist to ensure they had the correct skills for the specific hoist.

We saw the training plan up to March 2016 had courses arranged for infection control for carers and managers, safeguarding at levels 1, 2 and 3, end of life care, medicines management, diabetes awareness, catheter care, dementia care, person-centred care and the Mental Capacity Act 2005. Most of the training courses had been arranged with the local authority although some were organised internally. The director had completed training in mentoring and also was a National Vocational Qualification assessor. They had also completed a critical care degree course which covered learning styles and teaching in the workplace as part of the syllabus. Staff told us they felt confident in supporting people and they had received the

Requires improvement

Is the service effective?

right amount of training. Staff were provided with handbooks which gave them information about their probationary period, important policies and procedures and codes of conduct.

Good

Is the service caring?

Our findings

Relatives of people who used the service told us staff had a good approach and treated people with respect. They said staff maintained their privacy and dignity. Comments included, “The staff are marvellous”, “They always ask if there is anything particular we want them to do”, “They will do anything to put a smile on his face”, “The carers are very pleasant”, “Oh yes, they wash him nicely and do what I ask” and “Privacy and dignity – definitely.”

In discussions, staff described how they promoted people’s privacy, dignity and independence. They said, “We would always keep people covered up; privacy and dignity is respected”, “Good communication is important, you know telling people what you are going to do and explaining things”, “Try and ensure people do what they can for themselves” and “We keep things private and confidential and only discuss things when necessary and with the right people.”

We saw staff involved people in the planning of their care when possible. Assessments indicated people had been consulted about care arrangements, times of calls and what tasks staff were to complete. The care plans were signed by the person when they were able to sign them. This ensured they had been informed about the contents and agreed to them. Care plans described some preferences for care so staff had guidance about how to care for people. There was also a document which detailed the person’s own view of their support needs. People confirmed staff consulted them when delivering care and support. Records indicated that ‘matching’ took place between the people who used the service and staff. This helped to ensure if people who used the service specified a particular gender of carer, this was respected.

We saw daily records were written in a way that respected people’s privacy and dignity. They referred to the care provided, for example, the condition of people’s skin and what creams had been applied.

Reviews of care were held which included people who used the service and their relatives. People were consulted at the reviews as to how the care support package was meeting their needs.

We saw people who used the service were provided with information about the care support package. The registered manager told us each person was provided with an information pack. This included an agreement about the times and length of calls and the main tasks staff were to complete and a contract. The pack contained assessments of people’s needs, including what they were able to do for themselves, and the care support plan. Included in the pack was a handbook. This provided information about the registered provider’s statement of purpose, their aims, objectives and values, how staff should respect privacy and dignity, what standards to expect and key policies such as confidentiality. Also included were telephone numbers and addresses of advocacy services and other agencies such as social services, the Care Quality Commission and the local government ombudsman.

The registered manager was aware of the need for confidentiality with regards to people’s records and daily conversations about personal issues. People’s care files were held securely in the main office and a copy was held in each person’s home. The registered manager confirmed the computers were password protected to aid security. Staff records were held securely in lockable cupboards in the main office. Staff had received training in the importance of maintaining confidentiality and this was also mentioned in the staff handbook.

Requires improvement

Is the service responsive?

Our findings

Relatives of people who used the service told us staff were responsive to their family member's needs. They said staff knew how to look after their family member. People told us they felt able to raise concerns when required. Comments included, "They definitely know what they are doing; they know how to look after his skin which is very important. They check it four times a day", "They [two staff were named] know him really well; they do a good job", "They look after him well", "They have listened to me and changed things when I asked", "I tell [registered manager's name] what I don't like" and "We have information about making a complaint; I would feel able to ring them."

We saw people had assessments of their needs completed prior to the start of the service. These had been completed with the person and their representative. The assessments included a 'service commencement assessment' which covered areas such as health needs, skin condition, mobility and any equipment required, and the environment. There was also a tick box assessment which covered the person's abilities with regards to activities of daily living. There was some description in this assessment in the comments section of what the person was able to do for themselves. The assessment information was summarised onto one sheet of paper with the main points for staff as a quick reference guide. We saw there were assessments completed by the local authority included in the care files. This enabled the registered manager and director to use them for additional information for people's care support plans.

We saw risk assessments were completed for some areas of people's needs, for example the risk of moisture lesions, pressure ulcers, medicines management and potential mobility issues. The director who is also a qualified nurse highlighted the need for more risk assessments for specific people. They told us they were in the process of assessing some people again in regards to specific areas such as nutrition, diabetes and skin integrity and had obtained other risk management tools for this purpose. We saw that although risk assessments were completed there could be clearer guidance recorded as to the steps used to minimise risk. In discussions with care support staff, the registered manager and the director, it was clear they had the skills to intervene and minimise risk and they passed information on to each other verbally. However, this information needs to be documented to avoid confusion and assist potential new staff.

We saw care plans were produced that described the support staff were to provide to people. The care plans described the tasks staff were to carry out and the days and times these were completed. Although there was information in care plans, this did not always include all the information required to give a full picture of people's needs and how they were to be supported. In discussions with care support staff, the registered manager and the director, it was clear they were very knowledgeable about people's needs and the actions to be taken to meet them. For example, staff told us how they would support a person to manage their catheter, what personal hygiene they carried out, how they ensured the tubing was correctly placed and the bag emptied but this information was not included in the care plan. Another person's care plan reminded staff about repositioning them at each call and staff were able to tell us how they completed this but not all the information was included in the care plan.

Discussions with people who used the service and with staff confirmed person-centred care was delivered. Staff described how they supported people to maintain their independence and the assessments and care plans had some information about this. One section of the care file documentation was titled, "Service user view of support needs" and another, "Service user wishes regarding care." There were likes and preferences regarding the times people got up, washed and dressed, and what time they had their meals. We looked at the daily recording staff completed during their visits to people. This detailed the personal care provided, the condition of people's skin, equipment used and what products were used to prevent sore areas. Staff said, "We read the care plans and they give guidance on what to do. [Person's name] will tell us what he likes and dislikes and what to do; it's all written down."

We saw the registered provider had a complaints policy and procedure, which provided timescales for acknowledgement and investigation of any complaint. Each person who used the service was provided with a copy of the complaints procedure in a 'service user handbook'. This document detailed that the registered provider took complaints seriously and welcomed them in order to improve the quality of the service. There were

Requires improvement

Is the service responsive?

names and addresses of other agencies should people wish to escalate any concerns. We found relatives named both the registered manager and director as the people they would raise concerns with. In discussions, staff told us they would feel able to raise concerns and that these would be addressed.

Requires improvement

Is the service well-led?

Our findings

Relatives of people who used the service knew the names of the registered manager and the director. They had met them both as they had carried out assessments of their family member's needs and also completed care support tasks for them at times.

We spoke with the registered manager and director about the culture and aims of the organisation. They told us they were just starting to build up the service but hoped to expand it. They said, "We know what makes good quality care and we are looking to provide that and make a difference to people. We only want like-minded staff to work for us." Staff received an 'employee handbook' which detailed what was expected of them whilst they worked for the service and what they in turn could expect from the registered provider. The handbook described the aim of empowering people to make their own lifestyle choices and staff being a part of assisting them to do this. Discussions with staff indicated these aims were known to staff and had filtered into practice.

The registered manager and director were aware of their responsibilities to notify the Care Quality Commission (CQC) and other agencies of incidents that affected the safety and welfare of people who used the service. There had not been any accidents that had required reporting to CQC.

Staff told us the registered manager and director was open and accessible; they said they felt able to approach them about issues, were listened to, could raise concerns and could make suggestions. They said, "It's a good company; they have respect for us, and us for them" and "They are always checking to see if we have enough hours" and "There is open communication."

The registered manager told us there had been one staff meeting/discussion, which had been held following a fire training session for the whole team. We saw this had not been documented. However, staff spoken with told us they were kept informed of important issues. They received communication from the registered manager and director by face to face discussions when they came into the office and via text messages, phone calls and emails. They also received task sheets each week which provided them with information about their calls to people. Staff told us they were expected to read care plans before visiting a person for the first time and as care plans were held in folders in each person's home, they could re-read these at any time.

The registered provider had purchased a set of policies and procedures which reflected the service they provided to people. The procedures included guidance and tools to enable the registered manager to monitor the quality of the service. The documentation consisted of forms to record spot-check monitoring visits to people who used the service, courtesy calls by telephone, questionnaires and audits. These had not been implemented fully yet, as the service provided to people was in the early stages. However, the registered manager told us they had completed a courtesy call to one relative and spot checks but had not recorded them. Staff confirmed the registered manager and director had completed visits whist they were supporting people. They said, "(Registered manager's and director's names) do spot checks to make sure staff are doing what they are supposed to be doing; they talk to the service user and their relative."

The registered manager showed us a thank you card which had been received and included positive comments about the care provided to the person. As there had not been time for the service to implement a quality monitoring system yet, we will assess this more fully at the next inspection.

The registered manager told us they had made some links with other agencies involved in people's care and treatment. For example, they had contacted an occupational therapist regarding concerns about a hoist used for one person and this had been changed. They had participated in a review initiated by the local authority to discuss the care they provided to another person and how this had been managed. They had liaised with social workers and care coordinators involved in people's care and support.