

Care Never Sleeps Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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

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.'

People received safe care and were supported by staff who knew how to protect them from harm. Staff understood who to report concerns to and the registered manager understood how to share concerns with relevant stakeholders. Learning from incidents and accidents was shared with staff to ensure people were always safe. Although people received support with their medicines, the competency of staff supporting people's medicines was not robustly checked. Some people had on occasion received a missed call and the registered manager had introduced a call monitoring system although this was not yet across the whole service.

The service was managed by the registered manager who also owned the service. Systems to monitor the quality of care people received were inconsistent and some people experienced late calls. The registered manager's system for checking people's care did not identify anomalies in how people's care was being recorded. People's views on the service provided were sought and changes made. Some although not all staff enjoyed their work and felt supported.

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?

The service was not always safe.

Some people experienced late or missed calls. Staff competency to support people with their medicines was not always checked. People were supported by staff who understood how to protect people from the risk of harm. Learning from incidents and accidents was shared with staff to ensure people were always safe. Staffing levels reflected the care and support needs of the people being cared for.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Systems to monitor call times were inconsistent. People's views on the service provided were sought and people believed improvements had been made. People had confidence in the registered person. Some although not all staff enjoyed their work and felt supported.

Requires Improvement ●

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Detailed findings

Background to this inspection

We gave the registered manager notice of the inspection visit because we needed to be sure that they would be in.

When we last inspected the service on 09 June 2017, we rated the service as Good. This inspection was prompted by a complaint we received from a family member of a person using the service about their family member's care. We decided to carry out a focussed inspection in order to understand whether people using the service were Safe and that the service was Well led.

Inspection site visit activity took place on 28 February 2018. The visit to the office was to speak with the registered manager and other office based staff as well as to review care records and other documents. We made telephone calls up until and including 09 May 2018. The inspection team consisted of one inspector.

As part of the inspection, we reviewed information we held about the service including statutory notifications, which had been submitted. Statutory notifications include information about important events, which the provider is required to send us by law. We contacted the local authority to understand if they had any relevant information to share with us.

We used information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five relatives who supported their family member with the management of their care. We spoke with four members of staff as well as the registered manager. We looked at aspects of four people's care records and medicines records. We looked at staff rotas, compliments and quality checks completed on behalf of the registered provider.

Is the service safe?

Our findings

We last inspected the service in 09 June 2017 and rated this section as Good. At this we found there were inconsistencies in how the registered manager ensured practices were Safe at the service.

Relatives told us their family members received support with their medicines. We reviewed Medicine Administration Record [MAR] charts for people. Medical Administration Record Charts detail the medicines people need and how often they are required. We saw staff had completed these and had been checked the registered manager. However, when we reviewed how often staff competency to support people with their medicines was checked by the registered manager so that people were supported safely, the registered manager told us they had not undertaken this. The registered manager told us they supported staff with regular medication training but did not always review staff competency with medicines. The registered manager agreed to include this as part of future reviews.

Some relatives we spoke with told us there were on occasion's late or missed calls. When we raised this with the registered manager, they told us regular calls were completed but that when staff covered annual leave or sickness there were sometimes issues but they could not yet explain why because they didn't know. We explored whether there were enough staff and found the registered manager had enough staff to meet calls. Relatives told us the number of staff they expected to attend calls arrived. Staff we spoke with told us there were enough staff to support people safely. The registered manager told they only took on additional packages of care if it fitted into staff rotas.

The registered manager explained they had introduced a call monitoring system to monitor the situation. They explained this was not fully operational yet, but hoped to have the system working more fully. We asked how in the interim they were monitoring calls times and they advised they relied on people or staff to call them. The registered manager told us, they were working on having the call monitoring system working robustly soon, as the local authority required this.

Relatives we spoke with told us they felt safe with staff in their family's member's home and that staff understood how to keep people safe. Staff we spoke understood how to keep people safe and told us they understood they could report concerns about a person's safety to the registered manager as well as other organisations such as the local authority and CQC. The registered manager explained to us that they understood their obligations and shared how they had spoken to the local authority if they were concerned.

People's risks to their health were known to staff supporting them so that they could support people safely. We reviewed four people's care plans and saw risks to people's health were listed for staff to refer to. Staff we spoke with understood people's care and how they ought to be supported. Staff we spoke with told us, they had regular people that they supported and this helped them to understand people's care. We saw in care plans that staff referred to information was listed that included any potential environmental risks such as poor lighting, staff needed to as well as any health conditions the person lived with.

We saw the registered manager had a system in place for recruiting staff that included a Disclosure and

Barring Service check (this check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups). We reviewed three staff files and saw references had background checks had been completed. Two staff confirmed these were in place before they commenced work.

The registered manager shared learning from people's care when things went wrong with staff through text messages and from speaking with staff. They shared this information so people's care could be improved and people received care that was appropriate to them. They told us because it was a small service they could speak with staff directly if needed to. We reviewed minutes of staff meetings and saw guidance was shared with staff about the use of protective clothing to reduce the spread of infection as well as completing documentation. We also saw during the inspection, the registered manager speak with a member of staff and update them about a person's care.

Is the service well-led?

Our findings

We last inspected the service in 09 June 2017 and rated this section as Good. At this inspection we found there were inconsistencies in how the registered manager ensured people received high quality care.

The registered manager had managed the service for a number of years. Relatives we spoke with told us they knew the registered manager well and could approach them and discuss any issues they need to.

People's experience of care however, had not always been positive because the registered manager's systems for ensuring people's care was reviewed and risks identified was not always applied. The registered manager explained they had introduced a call monitoring system in order to better understand if staff had arrived on time and had stayed the duration of the call. When we asked to see an analysis of the calls time and duration of calls, they advised us these were not available. They advised us they were still piloting the system. We asked about how plans were being developed in order to extend the call monitoring to other people using the service and they were unclear. We also drew the registered manager's attention to their quality assurance processes and saw not all their checks were robust because we saw there was missing care documentation. We reviewed daily call logs for four people and saw that although the registered manager had signed to say they had checked the logs, some records were missing. There was a risk that the registered manager may miss key information about people's care. When we showed the registered manager the records they accepted they had not reviewed the information as thoroughly as needed.

People told us their experience of care was not always positive. People told us that whilst the registered manager was willing to engage with them and hear their suggestions, they did not feel improvements were being sustained. One relative we spoke with told us they had initially had some difficulties but the registered manager had worked with them and acted upon their concerns and for them the care had improved. Two relatives also shared with us that that they regularly approached the registered manager and discussed their family member's care. They told us they had had ongoing issues with their family member's care and that when regular staff attended calls, the care was good. They told us when cover was arranged their experience was not as positive. The registered manager explained that they regularly spoke with people and their families in order to understand what they thought about the care provided and improve people's care and accepted not everyone's experience met with their expectations of care. People did not always feel the improvements they wanted were sustained.

Staff responses were mixed in terms of the management of the service. Staff did not always feel empowered to speak with the manager and share their thoughts about people's care so that people's care could be improved. Therefore outcomes relating to people's care were not always positive. Staff we spoke with were mixed in their feedback. Two staff we spoke with were positive about the registered manager. Two staff we spoke with told us they did not always feel they could speak with the registered manager because they did not feel their feedback was welcome. All staff we spoke with told us they were invited to team meetings.

We saw that the registered manager completed the necessary notifications in order to record and share any

concerns they had identified. For example, we saw that they had been concerned about a person's welfare and had spoken with the local authority to see how best to ensure the person's safety. The registered manager therefore understood their legal obligations.

The registered manager explained they had worked collaboratively in partnership with other stakeholders such as with Social Workers. They did this to develop the care they offered people, so people received the care they needed. We saw in one care plan how feedback from social workers had been incorporated into the person's care. The registered manager explained they had people they supported where there had been issues in ensuring the package of care ran smoothly. The registered manager explained they had worked with Social Workers to understand and ensure the package of care met people and their families' expectations.