Constantia Care Limited

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Inspection report

Building 3, North London Business Park,
Oakleigh Road South
London
N11 1NP

Tel: 02076249966
Website: www.constantiacare.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 17 and 19 December 2018 and was announced.

Constantia Care is a domiciliary care agency based in Barnet. It provides personal care to people living in their own houses on a live-in care basis. This means that the care staff live with the person for a set period. It provides a service to older adults including those requiring end of life care and some people living with dementia. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, there were 110 people receiving personal care, living in and around the London area

The service had a registered manager who was also the company director. 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.

At our last inspection in March 2017, the service was rated Good. At this inspection, we found that although the service remains rated Good overall, we identified areas for improvement in the 'Is it safe?' section of the report which has been rated as Requires Improvement.

Systems were in place to ensure that staff were safely recruited, however, we identified instances where references did not correspond with the staff members employment history.

People and relatives told us they felt safe with staff from Constantia Care, however, we identified that risks associated with people's care were not always assessed.

We also identified inconsistencies in how the service documented medicines support. We have made a recommendation around medicines management.

We received overwhelmingly positive feedback from people and relatives regarding the caring and professional nature of staff and their overall experience of the service provided.

The provider employed sufficient skilled and experienced staff to meet people's needs. We saw evidence of a comprehensive staff induction and an on-going training programme. Staff received regular supervisions and annual appraisals.

Care plans were person centred and reflected what was important to the person. Care needs were regularly reviewed and updated to meet the changing needs of people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain good health and had access to healthcare services. People were supported to be independent.

Accidents and incidents were investigated and analysed. Improvements were made because of learning from incidents.

There was a complaints procedure in place. People and relatives confirmed that they knew how to complain and felt that any concerns raised would be listened to. The provider actively sought feedback from people and relatives.

The registered manager and management team carried out regular checks and audits to ensure that the people were receiving high quality care.

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. Although processes were in place for safe recruitment of staff, assessing risk and medicines management, we identified that these were not fully adhered to.

People told us that they felt safe. There were sufficient staff to ensure that people's needs were met.

Accidents and incidents were investigated and learned from.

Is the service effective?

Good

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role.

People were given the assistance they required to access healthcare services and maintain good health.

People made decisions and choices about their care. Staff understood the Mental Capacity Act 2005 and how the legislation impacted on their role and the people they provided care to.

People's needs and wishes from the service were assessed and support was planned in line with their needs.

Technology was utilised to ensure that care records could be reviewed and updated on a regular basis.

Is the service caring?

Good

The service was caring. People had good relationships with care staff.

The service sought people's views and supported them to make decisions about how their care and support was delivered.

People were encouraged and supported to maintain their independence.

Is the service responsive?

Good

The service was responsive. Care plans were person centred.

People and relatives told us of the responsive nature of the service.

There was a complaints procedure in place and relatives told us they knew how to complain if needed.

Is the service well-led?

Good

The service was well led. Staff spoke positively of the supportive nature of the management team. Relatives told us the service was well led and the management team was always accessible.

The service regularly requested feedback from people who used the service.

The quality of the service was monitored, however not all concerns identified on inspection had been identified. The management team was responsive to concerns raised on inspection.

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Detailed findings

Background to this inspection

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

This inspection took place on 17 and 19 December 2018. We gave the service 48 hours' notice of the inspection visit because we needed to ensure that the registered manager was available in the office to assist with the inspection. The inspection was prompted in part by notification of incidents of serious injury to people using the service. The information shared with CQC about these incidents indicated potential concerns about the management of risk of falls. This inspection examined those risks by checking incident reports and investigations, risk assessments, daily observation reports and spoke with people and relatives. We have reported further on this in the 'Is the service safe?' section of the report.

The inspection team consisted of two adult social care inspectors and two experts-by-experience who made phone calls to people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to us. We also looked at safeguarding and serious injury notifications that the provider had sent to us. Providers are required by law to inform CQC of any safeguarding issues within their service.

During the inspection we spoke to 11 relatives and five people who used the service via telephone. We spoke to the registered manager and 15 staff which included six care staff, two senior care co-ordinators, one care co-ordinator, senior assessor, three administrators, the training manager and the operations manager.

We looked at eight staff files including recruitment, training, supervision and appraisal's, eight people's care plans, risk assessments and Medicines Administration Records (MAR's) and other paperwork related to the management of the service including quality assurance, complaints and rotas.

Requires Improvement

Is the service safe?

Our findings

We received positive feedback from people and relatives when asked if they felt safe with staff from Constantia Care. Feedback received included, "She needs 24-hour care. It's stressful but mum is safe and well looked after. She's in very good hands", "Yes, I feel safe, the care for me is wonderful, she's always there for me and I feel safe" and "Oh yes, I feel safe. I've had them a long time and they're good."

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had received training in safeguarding people from abuse, were able to describe the types of abuse to look out for and the steps they would take if they had concerns and where they could report it. Staff understood whistleblowing and who they could report concerns to.

Risks associated with people's health and care were not always assessed and documented guidance for care staff to manage the risks and keep people safe was not evidenced. For one person, no risks had been assessed. We saw on inspection that the person had a skin wound, was incontinent and their care record identified that they were at risk of urinary tract infections. We raised this as a concern with the senior care co-ordinator who completed a risk assessment on the day the concern was raised. For another person, we saw that a risk assessment had not been updated following a change to the person's mobility and the installation of specialist moving and handling equipment. We spoke to the registered manager and senior care co-ordinators about the concerns identified with the updating of care records following changes to people's care needs. We were assured that where people required the use of specialist equipment, staff had received training specific to each person they supported, which was confirmed by training records seen. Following the inspection, the senior care co-ordinator sent us updated risk assessments.

We saw for other people, risks had been assessed and guidance was in place for staff with regards to keeping people safe in their home environment, malnutrition and dehydration and falls. Where people had a specific health condition, staff were provided with guidance on how to recognise symptoms of ill-health.

We looked at the arrangements in place to ensure people received their medicines safely when needed. Feedback from people and relatives was positive around medicines support given. Feedback included, "They remind me of taking my pills" and "Medication is delivered by the pharmacist in a daily dose container. They have a routine, i.e. [takes her tablet] before she eats." Records confirmed that staff had received training around safe medicines management. However, we identified concerns around how medicines administration was recorded and the managerial oversight of how medicines were managed.

Medicines administration records were completed by staff on computer on a word document which could be reviewed from the office regularly. We found on two people's MAR's, staff had documented that they had administered an antibiotic after the course had been discontinued. We saw examples of where important information such as the dosage, frequency and PRN 'as needed' instructions were not clearly detailed for care staff to follow. We discussed our concerns with the recording of medicines with the registered manager and senior care co-ordinators who confirmed that they would address the concerns identified.

We recommend that the service reviews and implements NICE guidelines for the management of medicines in the community.

We found that although appropriate checks had been carried out to ensure that care staff were suitable to work with vulnerable adults such as criminal records, identification and visa checks, the referencing process employed by the service was not fully robust at the time of the inspection. In five out of eight staff files reviewed, we found instances of references not being requested from a most recent employer, references received had not been identified in the employee's application and dates of employment and job title had not been explored. We discussed our concerns with the referencing process and the registered manager produced an action plan to detail the improvements which would be made to recruitment checks moving forward which included updating application form templates and a check at senior staff level to ensure that references had been correctly obtained.

There were sufficient staff employed to meet people's needs. The service provided live-in care which meant that staff lived with the person for many weeks and took allocated breaks which were agreed with the person and/or their relative who arranged for additional cover, if necessary. The service continually recruited staff to ensure that there was a backup team of care staff for when the person's regular carer took leave. People and relatives told us they were happy with their care arrangements and the staff assigned to provide care.

There were systems in place to monitor and learn from accidents and incidents. We saw that in the months prior to the inspection, the service had reported a number of falls which occurred in people's homes. We checked the incidents records and found that the incidents had been investigated and where improvements or learning was identified, this was put in place. For example, for one person the action noted by the service was to work with their family to source a more suitable chair to reduce the risk of falls and implement new record keeping guidelines for staff. A person told us, "I've had two falls and they've been dealt with well. Once I broke a hip and they summoned the ambulance quickly."

Everybody reported the carers being provided with and were wearing protective gloves. Staff told us they had access to sufficient quantities of personal protective equipment. Records confirmed that care staff had received training around infection control.

Good

Is the service effective?

Our findings

People and relatives spoke positively about staff and told us they were skilled to meet their family member's needs. Feedback included, "They are perfectly capable of all aspects of her care", "They're very well trained and go on courses for further training.", "The carers are well qualified and well trained. She handles the overhead hoist well", "Mum once swallowed a calcium tablet, rather than it being chewed. I was impressed by the level of first aid." and "Yes she's well qualified, she has a lot of experience with elderly people, people like me."

Staff told us that they received regular training and demonstrated a good understanding of the care needs of people who used the service. Staff undertook training in key areas such as moving and handling, first aid, medicines management and safeguarding which was refreshed on a yearly basis. Staff were supported to complete additional training to meet people's specific care needs, such as diabetes, catheter, stoma, end of life specialist equipment.

Newly recruited staff underwent an induction which included completing the Care Certificate. The Care Certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. A staff member told us, "Very good. Four days course at the head office."

Staff were supported with regular supervisions and an annual appraisal. Staff told us they felt supported and could contact the office or out of hours for assistance. A staff member told us, "Every staff member has a link with a care co-ordinator so you can discuss on phone. Will come out if needed."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team. We checked whether the service was working within the principles of MCA. Nobody using the service was subject to a judicial DoLS. Care records seen were signed by the person or their legally appointed representative to indicate that they had consented to their care.

Care plans documented where people could make their own decisions and how staff should support people to be as involved as possible in making decisions about their care daily. Staff were knowledgeable in how to ensure people were consulted about their care preferences. Feedback from staff included, "Ask first" and "Get to know people first and what they like and how they like it done."

We received positive feedback from people and relatives regarding the support they and their relative received with eating and drinking. Feedback included, "The carer uses a pulser to liquidise and soften food. Thickener is used in water. The food cooked by the carer is nutritious", "We cook together. It's a joint effort. That's fun." Care records clearly detailed the support people required with eating and drinking, food likes and dislikes, cultural or religious dietary requirements and whether the person required a specialist diet.

Prior to commencing care for a person, the manager or field supervisor visited the person to complete an assessment of their care needs. The assessment documented people's care needs in areas such as physical ability, medical needs, mobility, personal care, eating and drinking, mental health and social needs.

The service utilised technology to assist staff with providing care. As care staff worked remotely, they were provided with a laptop to complete care records, access care plans, policies, reporting forms and communicate with office based staff. The service also worked with people and their families to enable staff to have access to an internet connection for this. Care staff emailed their daily care reports which were reviewed by care co-ordinators. Where any concerns were noted, these were added to a spreadsheet for managerial oversight and follow up. Relatives told us that staff completed daily reports. One relative told us, "I get copies of the daily report via email."

The service worked collaboratively with a variety of health and social care professionals, which included community nurses, occupational therapists, GP's and social workers. People and relatives told us that staff were proactive and they were supported to access health services, as needed. Comments included, "A GP visit was organised when she had a chest infection", "Exercises from physio, they are done with her." Care records were updated following input from health professionals.

Good

Is the service caring?

Our findings

People and relatives were very complementary of the caring nature of staff from Constantia Care. Feedback included, "She's extremely kind and caring, she thinks of things I wouldn't necessarily think of. I really love what she does. She's always on hand, I feel perfectly safe", "Very caring. The carer is just super" and "Yes, they are all polite and very nice. I get really good care."

We heard of care staff working on a long-term basis with the person which meant that a friendly and caring relationship could develop. Relatives told us of care staff taking time and care to understand their loved one when they first started to provide care. Relatives told us, "The current carer is very client oriented. When she did the handover, she found out what all mums likes and dislikes are, what time she likes to go to bed, what time to get her up", "They work hard to build up a relationship with my relative" and "The present permanent carer has a checklist which is passed on to the carer who'll be on for four days, saying 'This is the routine'. For example, warming blankets up."

People and relatives told us they were involved in care planning and regular reviews. Feedback included, "The care plan gets updated and I talk to them about it. They send the draft first. They keep in contact at all stages" and "Lots of conversation were had about her needs. They put everything together and into practice. It all got sorted out." We saw that care plans were person centred which provided ample information to care staff on how to engage the person in conversation. Care plans detailed people's life histories, social and family circle, interests and hobbies.

People were supported to increase and maintain their independence and do as much as possible for themselves with care staff discreetly supporting where appropriate. We heard of many examples of this which included, "Help her get dressed but won't do everything for her, e.g. with make-up they'll suggest that they do one side and mum can do the other" and "She may want a cup of tea, the carer will go into the kitchen with her and ask mum if she wants a hand with anything, the carer might ask if she can help lift the kettle as it looks a bit heavy." Another comment was, "Making sure she has some control over her life." A relative told us, "The carer takes my mother out at least once a week to get her hair done. Everything is led by my mother, sometimes with a bit of encouragement."

People were treated with dignity and respect. People told us, "Absolutely. They're respectful and kind. We have a joke now and then" and "Mum is incontinent so she has her [incontinence pad] changed. This is done carefully. Now she's clean with clean clothes. They wash her things if they're dirty, they seem to take a pride in it." People's privacy was respected. A relative told us, "When visitors come [staff] removes herself discreetly." Staff told us how they ensured people were treated with dignity and respect and gave us examples of this in action. A staff member told us, "Don't barge into people having a shower." A second staff member told us, "Always make sure you involve them in decisions. Giving personal care make sure privacy is protected."

Constantia Care provided care for clients from diverse cultural and religious backgrounds. Many of the people who used the service were Jewish. Details of people's religious and cultural background was detailed

in their care records. Where people had specific diet requirements such as kosher or halal, guidance was provided to care staff on what foods people could and could not eat. People and their relatives told us that they were happy with the support given in relation to their cultural and religious requirements. We saw that the service had, where possible, matched care staff who spoke the same language as the people they were caring for. A relative told us, "The present carer speaks Italian which helps my parent. The service sought this out." A second relative told us, "She goes to church every Sunday and coffee afterwards. She's taken by the carer."

Good

Is the service responsive?

Our findings

People and relatives told us Constantia Care provided personalised care which was responsive to their needs. We heard of examples of care staff being proactive in this regard. A person told us, "[Staff] has plenty of initiative, she does things without me having to remind her e.g. getting the blue badge ready, calling the adapted taxi, getting together the list of medications when visiting the GP/hospital, she gets the coats out etc." Relatives told us, "The carer has the interests of my mother at heart. If her legs are swollen she will massage them as shown, she takes her to church and to her club. She tries to stimulate her" and "The carer had noticed that my relative's scalp was bleeding. There's now a special conditioner being used to deal with it."

Care plans were detailed, person centred and detailed the support people needed in areas such as eating and drinking, personal care, mobility, continence and medication support. Care plans detailed people's daily routines. Where a person was living with dementia, their care plan detailed to staff on how to provide reassurance and support if a person became confused or anxious. One person's care plan stated, '[Person] can be disoriented to time and place and can become confused when [person] is tired or has just woken up." A second person's care plan stated, '[Person] has poor sight, he finds it difficult to read, he enjoys listening to audio books and watching documentaries and the news on TV. He has always been a very active gentleman; choice with regards to activities is very important to protect dignity and self-esteem." Care plans reiterated the importance of involving people in making decisions about care and encouraging independence where possible.

Care plans were reviewed on a regular basis and updated as changes occurred. For example, we saw that where a Speech and Language Therapist or an Occupational Therapist had reviewed a person, their care record was updated with guidance for care staff.

People were actively supported to pursue their interests and engage in activities. Feedback was very positive in this regard and included, "Mum goes out most days, when she's feeling up to it. She likes to go to the library since she thinks she can still read, she can't but she thinks she can, she likes to go to the church services and sing along" and "Friends and relatives come to see me, lots of friends visit me. It's a very happy situation. I'm able to get out and about, I like to get out and get some fresh air, and the carer takes me out. Sometimes she persuades me which is good" and "They read together, play board games together and play with the dog."

We looked at how the service handled complaints. People and relatives told us they knew how to make a complaint and would do so if needed. Feedback received indicated that when concerns were raised, they were dealt with to people's satisfaction. Relatives told us, "Not a complaint but I have raised issues and been listened to" and "Problems with the previous carer were dealt with immediately." The management team had oversight of complaints raised and investigated.

The service provided care to people at the end of their lives in collaboration with relatives, community and palliative nurses and other medical professionals. Care plans were updated to reflect the changes to

people's care needs at the end of their lives.

Good

Is the service well-led?

Our findings

We received consistently positive feedback from people and relatives about their overall experiences of using Constantia Care. Feedback centred on how people and relatives felt involved in their care, good communication and the quality of care staff. Feedback included, "I'm really glad I chose them. They are hands on with my mum's care. It makes a huge difference to my peace of mind", "It seems well run, it's been a positive experience so far. I'm able to contact people easily. Having a mum being looked after is a very anxious position to be in, I feel as though they support me as well" and "Absolutely. They're excellent. They're most professional."

Most people and relatives we spoke to knew who the registered manager was. People told us they could contact the office any time and had a named point of contact to raise any queries. Feedback included, "I think Constantia Care is well run. [Registered manager] came around, a sign of good organisation. She arranged a good handover. All the instructions were in a folder. It's well organised, the carers are in constant touch with the agency" and "Constantia Care is well managed, they're always contactable, they keep me informed, I can email them and they will respond. I know who the care co-ordinator is. They're very supportive to me, very patient and kind."

Staff spoke positively of their experiences at working for Constantia Care. Staff spoke of a comprehensive induction and training programme and regular contact with the office based staff. Feedback included, "Out of hours staff always available", "Absolutely a good organisation to work for" and "Everything works really well. From taking the first call, assessment, care plan and caring. Everybody seems to care and we work well together. The carers are really supported."

The quality of the service was monitored on a regular basis by the registered manager and senior care co-ordinators. Regular medicines audits took place of MAR charts completed where issues such as incorrect use of code was noted. We saw that where concerns were raised, the staff member involved was invited to complete additional training. However, despite the regular checks of medicines management, we found that there were gaps in the overall medicines process, especially around how MAR charts were completed. We received an action plan from the management team to address these concerns. The service completed a mock CQC inspection in the months prior to this inspection and where areas for improvement were identified which were aligned to some of the inspection findings. The service was working to an action plan.

Throughout the inspection we gave feedback to the nominated individual, manager and care coordinator and clarification was sought where necessary, for example in relation to the concerns regarding medicines management, risk assessment and recruitment processes. Prior to the completion of the inspection process, we received copies of updated policies, procedures and assessment documentation to address the concerns identified. The management team demonstrated a willingness to learn and reflect to improve the service people received as a result.

Regular meetings took place in which office based care staff discussed changes to people's care needs and escalated concerns to the management team for liaising with health professionals. Other topics discussed

included seasonal cover, correct completion of care records and training. Regular spot checks were carried out at people's homes which included getting feedback from staff. Care co-ordinators had daily contact with care staff via telephone and email and a weekly email was sent to staff with policy updates. We saw that there was a 'carer of the month' initiative in place in which the achieving carer received a voucher.

Due to the remote nature of the care provided, the management team worked to ensure that staff, people and relatives received regular communications and opportunities to give feedback. The service communicated with people on a regular basis via email, telephone, spot checks and annual satisfaction surveys. They issued a monthly newsletter which provided seasonal information, recipes, carer of the month, company updates and articles of interest regarding historic events and festivals.

A monthly blog gave people, staff and relatives information on health conditions, such as Breast Cancer Awareness Month in October 2018. We saw that in September 2018, five members of staff completed a skydive to raise money for a leading dementia research charity. We saw that the service operated a car pool system in which care staff would assist people in rural communities access the community.