

Care2Care (Yorkshire) Ltd

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Inspection report

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Date of inspection visit:

08 August 2017

23 August 2017

25 August 2017

Date of publication:

18 October 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Care2Care (Yorkshire) Limited is registered as a domiciliary care agency and provides a range of services including personal care to people living in Bradford West Yorkshire. The service also provides a night roaming service and a night sitting service to enable people to remain in their own home. At the time of inspection the agency was providing care and support to 23 people.

We inspected Care2Care (Yorkshire) Limited on the 8, 23 and 25 August 2017. We announced the first day of inspection 48 hours prior to our arrival to make sure the registered manager would be available. This was the first inspection of the service since registration in February 2016.

There was a registered manager in post. 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 found staff received training to protect people from harm and they were knowledgeable about reporting any suspected abuse. Including the registered manager and other senior staff members there were sufficient number of staff employed for operational purposes. However, the registered manager confirmed additional staff were required to meet demand and before the service could take on new contracts.

There was a staff recruitment and selection procedure in place designed to ensure only people suitable to work in the caring profession were employed. However, we found this was not always being followed correctly.

Where risks to people's health, safety and welfare had been identified appropriate risk assessments were in place, which showed the action taken to mitigate those risks.

The people we spoke with and their relatives told us the service was generally reliable and staff usually arrived around the same time each day and stayed for the correct amount of time.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes.

Staff told us the agency provided good training opportunities. However, we found the training matrix was not up to date therefore the agency was not able to evidence the training being provided.

The registered manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff demonstrated good knowledge of the people they supported and their capacity to make decisions.

The support plans we looked at were person centred and were reviewed on a regular basis to make sure

they provided accurate and up to date information. The staff we spoke with told us they used the support plans as working documents and they provided sufficient information to enable them to carry out their role.

If people required staff to assist or support them to prepare food and drink information was present within their support plan and staff told us they encouraged people to eat a healthy diet.

Staff ensured people had access to a GP and other healthcare professionals when they needed medical attention and people told us they had contact details for the agency which they could use out of normal office hours in case of emergency.

Procedures were in place to ensure people received their medicines as prescribed. However, we found staff were not always completing the medication administration records [MAR] correctly and this had not been identified through the internal audit system.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. People told us they felt able to raise any concerns with the registered manager and felt these would be listened to and responded to effectively and in a timely manner. However, we found not all formal complaints were being recorded in the complaints register as required.

There was a quality assurance monitoring systems in place that was designed to continually monitor and identify shortfalls in service provision. However, we found the systems in place were not sufficiently robust and had not identified the shortfalls in the service we found during the inspection.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 there was a staff recruitment and selection procedure in place it was not followed correctly which might lead to people unsuitable to work in the caring profession being employed.

Safeguarding procedures were robust and staff understood how to safeguard the people they supported from abuse.

Assessments were undertaken in relation to potential risks to people who used the service and staff. Written plans were in place to manage these risks.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were involved in discussions about their care and support needs.

There was a staff training matrix in place. However, it was not up to date therefore we unable establish with any confidence that staff received the training and support required to carry out their roles effectively.

People's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.
Care and support was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were treated as individuals and wherever possible were involved in planning how they wanted their care and support to be delivered.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

The support plans in place outlined people's care and support needs and were person centred.

Staff were knowledgeable about people's needs, their interests and preferences which enabled them to provide a personalised service.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to. However, complaints were not always being recorded in the complaints register therefore we could not be confident about the system which was in place.

Is the service well-led?

The service was not consistently well led.

The service did not have effective systems in place to monitor the quality and safety of the service that people received.

Audit results were not always reviewed and analysed for themes and trends which might indicate changes were required to procedures or work practices.

People who used the service were asked about their views and opinions of the service and knew who to contact if they had a problem.

Requires Improvement ●

Care2Care (Yorkshire) 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 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.

We visited the provider's offices on 8, 23 and 25 August 2017. The first day of inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available as they were sometimes out of the office supporting staff or visiting people who used the service. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us.

We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

During the visit to the provider's office we looked at the care records for people who used the service, staff recruitment files, training records and other records relating to the day to day running of the service.

Following the visit to the provider's offices we carried out telephone interviews with five people who used the service, four relatives and a staff member from a supported accommodation establishment where one service user lived. We also spoke with nine care workers.

Is the service safe?

Our findings

There was a recruitment and selection policy in place. The registered manager told us as part of the recruitment process they obtained two references and carried out Disclosure and Barring Service (DBS) checks before all staff commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people.

However, we looked at the recruitment files for three recently employed staff we found the correct procedures had not been followed. For example, we found for one new employee the application form had been poorly completed and did not give the address or landline telephone number for two of the three references entered on the form. In addition their recorded work history only went back for approximately five months and this had not been identified or explored as part of the interview process.

For a second employee we again found the application form had been poorly completed only one character reference had been received from a family friend prior to their employment. In addition, we found information in the minutes of a management meeting we looked at which clearly indicated that one staff member had started to provide care and support without a satisfactory DBS checked being received. This meant the registered manager had not ensured the correct recruitment procedure had been followed which might put people at risk.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

The agency had policies and procedures in place relating to the safe administration of medication in people's own homes which gave guidance to staff on their roles and responsibilities. The registered manager told us staff were not allowed to administer medicines before receiving appropriate training and staff completed a competency assessment every three months.

We saw staff administered medicines covertly to one person and there was documentary evidence to show a capacity assessment and best interest decision had been made. The documentation showed everyone involved in the person's care had been involved in the decision making process and there were clear guidance to staff on how the medicines should be administered.

We saw medication administration records [MAR] were returned to the office on a weekly basis and were audited every three months. However, on checking the MAR for three people we saw a number of gaps whereby staff had not signed to indicate they had administered the medicines as prescribed or put a code in if the person had not taken the medicine for any reason. We looked at the audit carried out in July 2017 and found it had failed to identify this.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

All the people we spoke with told us they felt confident the staff employed by the agency were trustworthy and had no concerns about the safety of people who used the service. One person said, "The staff are not cold, they are very caring whilst also being professional. You feel you can rely on them. You feel like they get pleasure out of caring for you. So cheerful, nothing is too much trouble."

We saw the provider had a policy in place for safeguarding people from abuse which provided guidance for staff on how to detect different types of abuse and the reporting procedures. The service also had a whistle blowing policy for staff to report matters of concern. In addition, the registered manager told us they operated an open door policy and people who used the service, their relatives and staff were aware they could contact them at any time if they had any concerns.

The staff we spoke with were aware of how to detect signs of abuse and of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing they would be taken seriously.

The registered manager told us at the time of inspection the agency was experiencing some staffing problems and was actively recruiting new staff. The registered manager confirmed that to cover the shortfall in staffing hours existing staff had been covering extra shifts and both they and other senior staff had provided 'hands on' care and support.

We saw rotas were planned a week in advance and staff were informed of the visits they would be covering. In addition, we saw the agency had a call monitoring system in place which they were in the process of updating to assist with schedule planning and other aspects of service delivery.

The people we spoke with told us staff were generally reliable with very few missed visits. One person said, "Staff have the right skills and knowledge because we have the same carers consistently. Time keeping is excellent, we initially had a few teething problems but this was sorted quickly." Another person said, "If they are going to be late, which is very rare, they ring to let us know. They don't rush when they are here and stay over the time if needed."

However, one person who required two staff to assist them said, "Of all the agencies I have had, it's the best, they are reasonably good. The only problem is poor organisation sometimes. One member of staff arrives before the others. Sometimes it can be 30 minutes, so they are hanging on waiting for the other. It has happened a number of times recently." They told us they felt this was because staff had had insufficient travelling time between visits.

Two staff members we spoke with also told us the lack of travelling time was sometime a problem and although it did not impact on the service people received it did put additional pressure on already stretched resources.

We looked at the staff rotas and saw some instances where travel time was not shown although the registered manager told us some visits were close together and travel time was minimal. However, they acknowledged the concerns raised and confirmed they would look again at the way rotas were planned to address this matter.

Risk assessments were in place and the staff we spoke with were aware of their roles and responsibilities in keeping people safe when they were providing care and support. Risk assessments covered such areas as

mobility, infection control and the environment.

The staff we spoke with told us if they noticed any areas of risk they took immediate action to minimise the risk and informed the registered manager who arranged for a risk assessment to be carried out and the support plan updated.

Is the service effective?

Our findings

The registered manager told all staff completed induction training and if they had no previous experience in the caring profession completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

In addition, we saw all new employees always shadowed a more experienced member of staff until both they and the registered manager felt they were confident and competent to carry out their role effectively and unsupervised. This ensured new staff had a good practical understanding of how to meet people's needs before providing care and support independently.

The registered manager told us training was provided in a number of different ways including face to face training, e-Learning and by staff completing workbooks which were marked externally by a recognised training provider. However, when we looked at the training matrix we found it was not up to date and therefore we were unable to establish if staff had received the training they required to carry out their roles effectively.

The registered manager told us that some certificates had probably been put directly into individual staff files without the training being recorded on the matrix. However, had a training audit been carried out it would have identified this matter sooner without it being brought to their attention through the inspection process.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. Supervision meetings provided a regular formal opportunity for staff to reflect on their work practice, share information about any observed changes in people's needs and to discuss personal development opportunities. However, the supervision matrix was not up to date therefore we were unable to establish the frequency of supervision meetings or if all staff had benefitted from attending these.

The staff we spoke with told us the training provided by the agency was good and they confirmed they updated their training on a regular basis. The staff also told us there was always a senior staff member on call outside of normal office hours who they could contact any time for guidance, advice and support.

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.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. We found the service was working within the principles of the MCA and the registered manager had an understanding of how these principles applied to their role and the care the agency provided.

Staff were able to demonstrate a general understanding of the MCA 2005 and understood the need to gain consent when supporting people. One staff member said, "I always ask people if they are happy for me to support them." Another said, "I also ask people what they would like me to do and I always explain what I am doing."

We found that an assessment of people's nutritional needs and food preferences had been completed and was recorded in their support plan. People who used the service told us if staff provided meals they always asked them about their individual preferences and choices. The staff we spoke with told us they encouraged people to eat a healthy diet and if they had any concerns about a person not eating they would report it to the manager or the family.

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their support plans to ensure staff were aware of people's healthcare needs.

The people we spoke with told us the staff were pro-active in calling other healthcare professionals such as general practitioners or the district nursing service if they felt people were unwell. One person said, "If there are any problems they always ring and explain everything. They are good at noticing changes in [Name of person], such as if they need a doctor. They go above and beyond. They stayed with them once when they fell until I arrived." This showed to us that the policies and procedures in place to support people in such emergencies were effective and the service and staff acted in people's best interest.

Is the service caring?

Our findings

People who used the service told us they had been provided with appropriate information about the agency in the form of a 'Service Users Guide' prior to a service commencing. This included information on the services provided by the agency and the standard of care and support they could expect to receive.

People told us staff were kind and caring and provided positive feedback about the attitude of the staff and management. They told us that the staff were professional and had a flexible approach to providing care and support.

People told us the care and support they received was usually provided by a regular staff group and they had developed good relationships with them. People felt staff listened to them and understood their needs. This was clearly important to all the people we spoke with.

One person said, "We have had loads of terrible care companies but this one is absolutely excellent." They haven't given us anything other than the best quality care. With the previous care company we had 32 carers in a two month period but with this company we have six carers on rotation, this is absolutely excellent." When we moved to Care2Care, we sat down and discussed what we wanted and they have delivered on this." Another person said, "The staff are kind, caring and friendly and have the right skills to care for me." These comments showed that people felt they received a caring service.

The staff we spoke with had a good understanding of the needs of the people they were supporting. Staff told us they took time to read people's care plans so that they were fully aware of the person's needs. Staff also said they always asked people how they wanted their care to be given and if there was anything else they needed to do for them. They told us they recorded all the things they had done on people's daily record sheets so the staff member who made the next visit had accurate and up to date information. This helped to enable continuity of care given to people.

People told us they were able to contribute to their support plans and make decisions about their care and support. They said this was essential to them to ensure they received the care they needed. All the people we spoke with told us they had a copy of their support plan in their home and were involved in reviewing their support plan.

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the registered manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service.

We saw communication plans were in place which detailed people's specific communications needs. For example, for one person who could not communicate verbally but appeared to have some understanding of what was being asked of them the guidance to staff was to observe their body language which would reflect

if they were happy for staff to assist them. For another person, who also did not communicate verbally, the support plan showed they communicated by eye contact and body language and that certain actions by the person would indicate if they were unhappy about anything. This meant staff could effectively seek people's views and preferences about how they wanted their care and support to be delivered.

People told us staff were willing to complete additional tasks or stay longer when necessary to help meet their needs and alleviate any concerns they might have. Comments included; "Care workers always stay for the allocated time and will stay over if [Name of person] mobility is poor, to make sure everything is done, they always stay until they have finished. "and "They are all very kind we only have to ask and they will do it for us."

Relatives told us that staff respected people's privacy and dignity when giving support to their family members. One relative said, "The carers ask my [family member] how they would like their personal care to be given. They seem to me to be very polite and caring." Another relative said, "They do respect people's dignity from my observations and experience of the care they provide to [Name of person]."

The agency had a policy on maintaining confidentiality which confirmed that the sharing of information would be restricted to staff within Care2Care [Yorkshire] Limited and other relevant professional if required. We saw information about confidentiality was included in the Service User Guide for the agency which was made available to people who used the service.

Is the service responsive?

Our findings

The registered manager told us when a person was initially referred to the agency they were always visited by them and another senior staff member before a service started. During this visit a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had.

The registered manager told us if they felt they were unable to meet the needs of the person they would not take the referral because they would not want to provide any care that fell short of meeting people's expectations. This meant people were supported to receive a personal care package that was appropriate to their needs.

People told us they received care that was responsive to their needs and personalised to their wishes and preferences. One relative said, "I sat down with [Name of manager] before the service started and told them exactly what I wanted, they listened to me and after a few teething problems everything is now working very well." Another person said, "It's one of the few offices that I don't mind ringing. If you ring, you never feel as though trouble is going to be caused. They always want to engage with you. Managers are very hands on, and will come and carry out care themselves."

All the people we spoke with confirmed that staff always read the care documentation when they visited and completed the daily report sheets. All the support plans we looked at were personalised and contained information that assisted staff to provide care in a way that respected people's wishes. They included information for staff to monitor people's wellbeing and meet their needs.

Staff told us that they supported people to be as independent as possible by encouraging them to do as much as they could for themselves. Care plans gave information about how people would like to be supported when bathing or showering including practical steps for staff to follow to ensure preferred routines were followed.

We were told a copy of the support plan was kept both in the home of the person who used the service and agency's office and were reviewed on a regular basis. This was confirmed by people who used the service, their relatives and the staff we spoke with.

The staff told us they used the support plans as working documents and usually had sufficient time to read them during their visit if changes had been made. They also told us they completed and read the daily reports at each visit and if they had any issues or concerns, these were reported to the registered manager or a member of the senior management team. They told us while the support plans provided the overarching record of how people wanted their care and support to be delivered the daily reports were used to capture information about people's needs on that particular day which helped staff provide effective and responsive care.

Staff felt any issues were responded to quickly by the registered manager and said a member of the

management team was always on call outside of normal office hours to provide support in case of any unforeseeable events or emergencies.

There were systems in place to ensure that any complaints received were appropriately investigated and addressed. People told us they knew how to make a complaint and were confident any issues raised would be addressed. However, we found not all complaints were being recorded in the complaints register and found two complaints had been placed in people's care files. This meant we could not be confident about the number of complaints received or if complaints were being dealt with in line with the policies and procedures in place. The manager acknowledged the shortfalls in the service and confirmed that this should have been identified through the quality assurance monitoring system.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

The people who used the service and/or their relatives told us they were aware of the complaints procedure and had a telephone number for the agency which they could use both during and out of normal office hours if they had any concerns. One relative said, "I have had no reason to contact office as no complaints." Another person said, "Complaints, compared to other agencies probably better. They listen, I have been able to raise concerns and they are tried to sort things out."

Is the service well-led?

Our findings

We saw there was a quality assurance monitoring system in place designed to continually monitor and identify shortfalls in service provision. However, we found the systems in place were not sufficiently robust and had not identified the shortfalls in the service highlighted in the body of this report. For example, the staff recruitment and selection procedure were not being followed correctly which may lead to people unsuitable to work in the caring profession being employed and although medicines audits had been carried out they had failed to identify that some MAR had not been completed correctly.

In addition, we found information requested was not always easily accessible or was recorded in a number of different places on the system and/or dealt with by different members of the senior staff team. In some instances this meant the registered manager was not fully aware of the actions of other members of the senior staff team or if audits had been carried or provided accurate and up to date information. For example, the registered manager told us only two complaints had been received since the agency was registered in February 2016 and both were recorded in the complaints register. However, during the course of the inspection we found the agency had received at least another two complaints which had been dealt with by another member of the senior staff team and had not been recorded in the complaints register.

We also found the training matrix was not up to date and there was no evidence the registered manager had carried out a training audit or had designated this responsibility. This meant we could not be confident staff had received the training they required to enable them to provide people with safe and effective care and support.

This was discussed with the registered manager who acknowledged there needed to be better lines of communication and accountability and within the senior staff team and confirmed this matter would be addressed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

The people and/or their relatives we spoke with told us the registered manager and senior staff members were approachable and they were always able to contact them if they had a problem. One relative said "Name of director] deserves a medal. If they are short staffed they will come out. Never had cause to complain but have spoken to her about minor problems, they take them on board and sorts." Another person said, "If I ring the office staff are helpful and listen to any concerns and try and deal with the issues."

People told us they were kept informed of any changes that may impact on service delivery. The registered manager told us information relating to the management of the service and the policies and procedure in place could be made available to people in an easy read pictorial format or different languages if required.

The registered manager told us senior staff carried out random spot checks on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan.

They also told us that people were contacted on a regular basis and telephone interviews were carried out to ensure people were satisfied with the level of care and support provided. However, we found only three interviews had been carried out in July 2017 and none prior to that date.

The registered manager told us as part of the quality assurance monitoring system they were considering sending out annual survey questionnaires to people who used the service and/or their relatives and staff to seek their views and opinions of the service. They told us the information received would be collated and action taken to address any concerns raised.

The staff we spoke with told us they were kept informed any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received. However, two staff members we spoke with told us they the agency did not hold staff meeting and felt it would be beneficial for staff if they did so. One staff member said, "We have never really had a staff meeting which is shame because it would be good to meet other staff and discuss any concerns we might have." The registered manager confirmed staff meetings they were not held on a regular basis due to the poor attendance but they intended to arrange more community based meetings in the near future. We saw the last staff meeting was held in March 2017.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively to ensure they assessed, monitored and improved the quality of the service provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Robust recruitment processes were not being effectively operated to ensure that person's employed were fit and proper to work with vulnerable people.</p>