

Care Central Ltd

Care Central Limited (Romford)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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 was the first inspection of the service since it was registered with CQC. Care Central Limited (Romford) is registered to provide personal care to people living in their own homes. It provides services to people living in the London boroughs of Havering and Redbridge. At the time of our inspection 73 people were receiving personal care services.

The service had 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.

People told us they received a safe service. We noted staff had received adult safeguarding training and knew how to report any concerns about people's welfare. People had individual risk assessments in place which ensured staff were aware of the risks relevant to each person's care.

Staff were recruited safely and there were enough staff available to provide the care people needed. People and their relatives told us staff stayed for the whole allocated time and completed tasks. People and relatives told us staff were trained and knew what they were doing. For example, where people needed support with taking their medicines, staff had the knowledge and experience to administer them safely.

Staff told us they were supported by senior staff. They said they had various training opportunities and regular supervision. We noted staff had training in Mental Capacity Act (2005) and were knowledgeable about their roles and responsibilities to ensure people's privacy and treat them with respect and dignity. The registered manager was aware that some staff were not up to date with their refresher training. We noted this did not have an immediate impact on the quality of service provided but recommended that all staff should have refresher training to ensure they were up to date with current care practice.

A complaints procedure was in place and information about this was provided to people who used the service. Feedback from people and relatives was obtained through spot checks and annual surveys. The registered manager completed periodical audits and checks to help ensure that people received a quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff knew the actions they needed to take to ensure incidents of abuse were recorded and reported following the provider's procedures.

People had risk assessments which outlined and categorised possible risk to people. We noted staff were clear of their responsibilities to ensure that risks to people were minimised.

There were enough staff working at the service to meet people's needs. Records showed that staff were appropriately checked to ensure they were suitable to work with people.

Medicines were managed in a safe manner.

Is the service effective?

Good ●

The service was effective. Staff were provided with training relevant to their roles and felt well supported by the registered manager.

The service followed the principles of the Mental Capacity Act 2005.

Staff supported people with meals and drinks if this was part of their agreed plan of care.

The service assisted people to access health care services where this was appropriate.

Is the service caring?

Good ●

The service was caring. People told us they received kind and caring support from staff.

Staff treated people with respect and maintained people's dignity. Staff also knew how to maintain privacy.

People were supported to make decisions and choices about their care.

Is the service responsive?

Good ●

The service was responsive. People had their needs assessed and planned. Staff provided responsive care that was adapted and changed to meet individual needs.

The service encouraged feedback from people through telephone calls, spots visits and complaint processes.

Is the service well-led?

The service was well-led. A registered manager was in place. People who used the service and staff felt they were approachable and effective.

The registered manager and staff demonstrated a commitment to providing good quality care and said they enjoyed their work.

Systems to monitor, assess and improve the quality of the service were in place.

Good ●

Care Central Limited (Romford)

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 28 July 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about this service. This included details of its registration and notifications the provider had sent us and safeguarding incidents. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with four people who used the service and five relatives. We spoke with four staff, a care service's manager and the registered manager. We reviewed eight people's files including care plans and risk assessments. We looked at seven staff files which detailed their recruitment, training and supervision records and we looked at the training matrix for all staff working at the service. We checked the provider's quality assurance systems and reviewed various policies and procedures including the complaints, safeguarding adults and whistleblowing policies.

Is the service safe?

Our findings

People and relatives told us that they felt safe. One person said that staff were "really kind" and met their needs. Another person told us, "I feel safe with them. I have the same person for five out of seven days and [they know] what I like." A relative said that the staff were "nice" and looked after people "really well".

People's risk assessments were completed to ensure risks to them were identified and staff provided appropriate care. The registered manager told us senior staff visited people and completed their risk assessment. The risk assessments were categorised as critical, substantial, medium or low. Even though staff we spoke with were clear about what actions they needed to do to reduce risks of harm to people, some of the risk assessments were not explicit in giving clear guidance for staff to mitigate identified risks. We discussed this with the registered manager who confirmed that the risk assessment records would be improved. All the staff we spoke with told us they knew the risk assessments of the people and were confident that they had provided care appropriate to their needs. This showed that staff were clear of the procedures to follow and actions to take to ensure risks to people were minimised.

There were arrangements in place to ensure people were protected from abuse. Records showed that staff had attended training in adult safeguarding. Staff also confirmed this and explained the different forms of abuse and their responsibility to record and report incidents of abuse. Staff told us they would report incidents of abuse, as appropriate, to the registered manager, the police, social services or CQC as appropriate. They confirmed that they were aware of the provider's whistle blowing policy. This showed that staff knew how to ensure incidents of abuse were appropriately reported.

The service had good staff recruitment processes in place. Staff files contained records of criminal checks, employment references, application forms that included previous employment history, interview notes and proof of identification. We noted that work visas were obtained for people who did not have the right to work in the country. The registered manager told us that all staff had to complete application forms, attend interviews and provide the necessary documents such as references and proof of identity before they started work. This showed that staff were properly checked to ensure they were fit to support people.

The registered manager told us that there were enough staff to provide care. We were informed that the service had a plan to ensure to ensure continuity of care, for example, if a member of staff were not able to visit a person using the service. The registered manager explained this by stating that there was an on-call system with one of the managers being on a standby to arrange a replacement if a member of staff was not able to visit people. We noted that the service currently provided support during breakfast, lunch and dinner.

The service had a medicines policy and procedure in place. This provided guidance about the safe administration and recording of medicines. We noted that where people were supported with taking their medicines, risk assessments were in place detailing the level of support required. The registered manager told us and records showed that most of the people who used the service self-administered their medicines. However, two of the people's files we looked at showed they had support with medicines. Medicine

Administration Record (MAR) charts were in place for these and included details of the name, strength and dose of the medicine. We noted that these had been signed by staff each time a medicine was administered and were up to date with no gaps. Staff told us they had received training in medicine administration.

Is the service effective?

Our findings

People and their told us that staff were well trained and competent. One person said, "I think they are really well trained in the care they deliver." Another person told us, "The staff are very good and know how to support me." A relative stated, "They are really nice with (my relative) and they do everything that's needed [for them]." However, they said some staff had a problem using the safe key to open the door and gain access to a person's accommodation. We raised this with the registered manager and were informed that they had been aware of this and discussed it with staff.

Staff told us they had various training relevant to their roles. One member of staff told us that they had attended training in areas that included health and safety, medicine administration, adult safeguarding, moving and handling, basic food hygiene and first aid. Another member of staff said they were currently completing a care training which would lead them to obtaining a qualification. We checked staff files records and saw evidence of training staff attended. We noted in the provider's training matrix that although staff had completed training in many care related areas, some staff had yet to complete some planned refresher courses. The registered manager said they were aware of this and reassured us they would make ensure that all staff attend refresher courses. We recommend that the provider ensures refresher courses were completed within the planned timescale.

The service had a good induction procedure for new staff. We noted staff also had the opportunity to shadow experienced staff as they provided care to people to learn about how to support individuals. Records showed and staff confirmed that new staff completed an induction programme. This ensured that staff were knowledgeable about their roles and duties to meet people's needs.

Staff confirmed that they were supported by the registered manager and senior staff. One staff member told us, "I am really well supported. The managers are amazing. I can communicate with them, for example, if I was not able to visit people." Staff also told us that they had regular supervision and observations of their practice, to monitor the standard of their work. We saw records of these on the staff files we looked at. Supervision records showed discussions about people issues, punctuality and training. The registered manager described how they had delegated some staff supervision tasks to care co-ordinator and service supervisor to ensure that supervisions, observations and appraisals took place regularly. They also monitored progress to ensure that the tasks delegated to other staff were being completed.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 service did not carry out mental capacity assessments. We noted that, where required, these were undertaken by the relevant local authority. People were supported to make choices where they had the capacity to do so. Where they lacked capacity the service relied on family members to provide information

about how to support them.

People told us that they were able to make their own decisions and that their preferences were taken into account when staff supported them. One person told us, "If I don't feel like getting showered then they don't insist. I like that I can make my own decisions." Staff told us they supported people to make choices about their care and support. One staff member said, "I give people choices. I ask them how they wanted to be supported. I respect their decision." Care files showed that people and their relatives made decisions about their care.

Staff supported people with their meals. People told us they chose their food and staff supported them with the preparation. One person said, "I have ready meals and soups and they will turn on the microwave for me because I always forget how it works." We noted staff did food shopping for few people but the shopping list was done by the people or their representatives.

Most people organised their own contact with health care professionals when they needed medical care. However, staff also made referrals to health professionals such as physiotherapists and occupational therapists so that people had access to appropriate support. People's care records included the contact details of their doctor and other relevant professionals so staff could contact them if they had concerns about a person's health. We also saw examples where the input and advice of health care professionals had been included in people's care records. We noted that staff training included awareness about various conditions including dementia and diabetes so that they were able to provide appropriate care.

Is the service caring?

Our findings

People and relatives told us that the staff were kind and caring. One person said, "I am very happy. I like [staff] very much. I am very fond of [them]." Another person said, "Overall I'm very happy. They are good people." A relative told us that there were occasional problems of timekeeping where staff were either too early or too late but "overall the carers themselves are very kind and we have no worries about how they treat our relative."

We discussed the problem of timekeeping with registered manager and staff. We also looked at samples of staff rota. The registered manager told us that the travelling times allowed between visits were 10 to 15 minutes and these were agreed with the commissioners. A member of staff told us that the travel times allowed were not always enough and they had to start early in order to complete the first visit and move on to the other. The staff rota showed that the travelling times staff were allowed were the same (10 -15 minutes) regardless of differences in distance and time of day. Although visits were not missed, early or late arrival would mean that people were not always receiving care appropriate to their needs. We recommend that the provider review staff travel times and ensure that staff arrive and leave on time when supporting people in their homes.

Care plans were detailed with the information about people's needs including what they could do independently and how staff should support them. One person said, "I try to do as much as I can for myself." Staff told us they asked and encouraged people them to carry out their own care whenever this was safe and possible to develop their confidence and independence. One person's care plan stated that staff should support them at their "own pace". This showed that people's needs and wishes were taken into account in the planning and delivery of care.

People and relatives were involved in reviews of their care. This meant that people were asked about their care and how it was provided and given the opportunity to make suggestions and changes if needed. People told us that they were involved in decisions and one person told us how staff checked if they were happy and kept in touch. We saw evidence in people's care records of support being changed in response to requests or changes in people's needs.

Staff were respectful of people's privacy and maintained their dignity. Staff we spoke with were able to describe how they maintained people's confidentiality and privacy. For example, one staff member told us how they ensured people's privacy by discussing things in private. Another staff member told us how they ensured people's privacy, by shutting doors and ensuring curtains were closed while providing personal care. This showed people were treated with respect and dignity.

Is the service responsive?

Our findings

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The registered manager told us that following a receipt of a referral for and information about people's needs from social services or people's representatives, staff visit people to undertake further assessment, develop and agree care plans. People we spoke with confirmed that they had been involved in their needs assessment and care plans. Once a care plan has been agreed, staff would be allocated to visit people. People told us and records confirmed that people's preference of how they wanted to be supported was respected and catered for by the provider. For example, people were asked and provided with care by a male or female of their gender preference. This ensured that people's needs were assessed and appropriate support was provided.

The care plans were personalised and included assessments, care plans and reviews. We saw evidence of people's care and support being adapted and changed as their needs and wishes altered or when concerns were identified. All the care plans we looked at had been reviewed and included evidence of people and their representatives' involvement. This showed people's care plans reflected their current needs.

Staff listened to people and supported them to be independent. A relative told us that they were satisfied with the care a person received. They told us staff understood the person's needs and respected their wishes when providing care. They told us staff were flexible in their approach and followed the interests of the person.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. The registered manager was able to give us examples of how the service had taken a proactive and positive approach to supporting people. This included identifying relevant risks and working with people to maintain their independence. For example, after visiting and assessing a person's needs they liaised with a local authority to make changes to a care package. They have also made referrals to health professionals so that appropriate healthcare was provided for another person.

The service had a complaints procedure, which provided people with information about making complaints and how these would be handled. Information about the complaints process was included in the information given to people in their care files. People and relatives told us that they could raise any issues if they needed to and felt that, in most cases, they would be taken seriously and listened to. One person told us, "I have no complaints. They listen." A relative said, "We've found that if you complain in writing, you get a good response and a reply in writing but if you just phone up then it seems as though it falls on deaf ears." The registered manager told us that they recorded, investigated and responded to complaints. Records showed that most complaints had been dealt with in line with the complaints procedure and an apology had been given to the complainant where appropriate.

The registered manager told us and records confirmed that people were asked of their views about the quality of the service they received. We were informed that senior staff rang people once every month to ask them how they found the care and support they received. A care co-ordinator and a supervisor also under

took spot checks by visiting people and asking them of their opinions about the quality of care provided. Records of the telephone monitoring and spot checks showed that people were satisfied with the service.

Is the service well-led?

Our findings

People and their relatives told that they were happy with the service. One person said, "I talk to them, they listen [and make changes that reflect my wishes]" A relative told us, "I'm quite happy with the service. Originally my relative had visits twice a day but they've now been reduced down to one in the morning... because we had a meeting and it was clear that [my relative] didn't need so much support."

The registered manager was mainly based at another location owned by the provider but worked from this service at least once a week. They were supported by a care manager, care co-ordinator and field supervisor. All the staff we spoke with were positive about the senior staff. One staff member said, "They are good, they support staff very well. They are approachable." Another staff member said that the managers were "good because they gave them full information and introduced them to new people before they started supporting them".

Staff we spoke with told us that they enjoyed their work and felt that people were provided with a good service. They described the service as having a happy atmosphere and a good staff team. Comments made by staff included, "I like my job." The staff we spoke with said the service provided good care and they would recommend it to their own friends and family.

The service had a 24-hour on-call service which meant people, relatives and staff were able to telephone for support outside normal office hours. Staff told us they found the on-call system useful because they could use it to let managers if they were running late or if they could not visit people due to personal problems. One staff member gave an example of an incident when they had to inform a manager to send a replacement support as they couldn't visit them due to an emergency. A senior member of staff told us the on-call system worked very well.

The service had quality assurance and monitoring systems in place. The registered manager explained that once every three months they "looked at everything" and checked if they were up to date and in order. They said they "sent returns" to a local authority. The registered manager said they produced a report of their three monthly visits and took action to address any areas which needed improvement. We were informed that they were developing a new check-list for the quarterly monitoring. Records of the monitoring undertaken by the registered manager were available during the inspection.

The registered manager told us and records showed that the service conducted telephone monitoring and spot checks of people's experience of quality of the service. A senior member of staff rang to ask them various questions about their care and staff. They also visited people at their homes to speak with them, observe their care and check the record. Reports of the spot checks showed that people were satisfied with the service. They also showed that where concerns were identified or people were not fully satisfied, senior staff have taken action to further improve the service.

The registered manager told us a survey had been carried out in October 2015 of people and their relatives. They told and showed us they had analysed the feedback and written a report which included an action

plan. We noted that following people and relative's response to the survey that they did not always know the provider's complaints process, the registered manager developed an action plan to ensure that people and relatives knew the complaints procedure. The registered manager told us that they were planning to undertake a similar annual survey in a few months' time this year.