

1st Calder Care Ltd

1st Calder Care Ltd

Inspection report

30A Halifax Road
Todmorden
Lancashire
OL14 5QG

Tel: 01706538187

Date of inspection visit:

16 January 2018

17 January 2018

18 January 2018

19 January 2018

Date of publication:

05 March 2018

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?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 16, 17, 18 and 19 January 2018 and was announced. The provider was given short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager would be available. This was the first inspection of the service since registration with the Care Quality Commission in January 2017.

1st Calder Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people over the age of 18 years. Not everyone using the agency receives regulated activity; 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 take into account any wider social care provided. At the time of our inspection 12 people were receiving personal care.

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.

The provider's systems and processes did not enable them to effectively assess, monitor and improve the service. They did not monitor and mitigate risk effectively. The provider had failed to notify CQC of incidents which are legally required to be reported.

We found medicines were not managed safely as records were incomplete so we could not be assured people had received their medicines as prescribed.

There were inconsistencies in how risks to people were managed. Environmental risks were assessed and mitigated, yet individual risk assessments contained very little information.

The registered manager was not able to provide us with any documentary evidence to confirm staff had received the induction, training and support they required to carry out their roles and meet people's needs.

People and relatives were happy with the service provided. They told us staff usually arrived on time and stayed the full length of the call. People said staff never rushed them and if they had time left over staff sat and chatted with them. Staff were satisfied with the staffing arrangements although they told us travel time was not scheduled which sometimes caused them to be late for calls. The registered manager told us this was being addressed. Staff recruitment procedures ensured staff were suitable to work in the care service.

Safeguarding incidents were recognised, dealt with and reported appropriately. There were systems in place to manage complaints.

Relatives praised the staff for their kindness and caring manner. Staff we spoke with knew people well and respected people's privacy and dignity. People's nutritional needs were met and they were supported to access healthcare support as and when needed.

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's support plans varied in quality and were not always person-centred. There was a lack of information to show the support people required from staff at each call, what the person could do for themselves and any preferences.

The registered manager recognised improvements were needed and told us they were introducing a new computer programme by the end of February 2018 which they felt would help them address many of the shortfalls we identified at this inspection.

We identified five breaches in regulations relating to safe care and treatment, person-centred care, staff training, good governance and notifications. The breach relating to notifications will be dealt with outside of this inspection process. You can see the action we have told the provider to take in relation to the other breaches at the end of this 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?

The service was not always safe.

Medicines management was unsafe as we could not determine if people were receiving their medicines as prescribed.

Staff recruitment processes helped ensure staff were suitable to work in the care service. There were enough staff to ensure people usually received their calls on time and for the correct duration.

Safeguarding incidents were recognised, dealt with and reported appropriately. Risks to people's health, safety and welfare were not always assessed and mitigated.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not received the training and support they required for their job role and to meet people's needs.

People's rights were protected because the registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received support to ensure their healthcare and nutritional needs were met

Requires Improvement ●

Is the service caring?

The service was caring.

People said the staff were kind and caring.

People's privacy and dignity was respected.

Good ●

Is the service responsive?

The service was not always responsive.

People's support plans were not always person-centred and did

Requires Improvement ●

not show the support people required on each call. People's wishes for end of life care were not discussed or recorded.

Systems were in place to record, investigate and respond to complaints.

Is the service well-led?

Inadequate ●

The service was not well led.

People were happy with the way the service was managed. However, there were significant shortfalls in the governance arrangements which failed to identify and rectify the issues we found at this inspection.

There had been a failure to submit the required notifications to the Commission without reasonable cause.

1st Calder Care 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.

This inspection took place on 16, 17, 18 and 19 January 2018 and was announced. The provider was given notice because we needed to be sure that the registered manager was available. The inspection was carried out by one inspector. The inspector visited the agency office on 17 January 2018 and made telephone calls to people who use the service, relatives and staff on 16, 18 and 19 January 2018.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service. We also contacted the local authority contracts and safeguarding teams.

We had not asked the provider to complete a Provider Information Return (PIR) prior to this inspection. 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.

During our visit to the agency office we spoke with the registered manager and the administrator. We looked at the care records of three people who used the service, two staff recruitment files, training records and other records relating to the day to day running of the service.

We spoke on the telephone with four people who used the service and/or their relatives. We also spoke with five care staff.

Is the service safe?

Our findings

We found medicines were not managed safely. In the care records we reviewed there was no information to show the medicines which were being administered. For example, two people's support plans showed staff administered medicines. The medicine administration records (MARs) for December 2017 stated 'dosette box x 4 daily'. There was no information in either person's care records or with the MAR to show what medicines were contained in the dosette box.

The MARs we reviewed were hand written and were poorly completed. For example, for some medicines there was no dose recorded. There were gaps on the MARs where there were no staff signatures to show medicines had been administered. Where key codes had been used, such as 'O' for other, there was no explanation for this. One person's MAR showed medicines had been administered from the dosette box four times a day, a further handwritten entry stated 'am and pm from 19/12'. There was no information to show who had authorised this change. This placed people at risk of harm as we could not be assured people were receiving their medicines as prescribed.

Where people were prescribed 'as required' medicines, there was no guidance for staff about when to give these medicines, the dose, the required time gap between doses or the maximum dose.

Daily records showed staff were applying topical creams to some people however it was not always clear what creams had been prescribed or when they had to be administered. One person's support plan showed staff applied cream to their feet, elbows and pressure areas; the cream was not named and it was not clear if the same cream was used for all three areas. The MAR showed a prescribed cream to be applied twice daily, however there was no information to show where this cream was to be applied.

The registered manager told us the MARs were brought into the office monthly and audited by them, however they acknowledged there were no records of these audits. The registered manager told us staff had been given access to medicines training via elearning. However, they confirmed there were no systems in place to check that staff had completed the training and no competency checks had been completed. They had no records to evidence that staff had been trained in medicines. Staff we spoke with told us the registered manager had shown them how to complete the MARs but confirmed they had not completed any formal medicine training. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Environmental risk assessments were in place. However, individual risks to people were not always fully assessed, monitored and managed to ensure people were kept safe. For example, two people's support plans showed they required staff to support them using a hoist. There was no moving and handling assessment for either person to guide staff in how to use the hoist. One person's support plan showed the person required staff to support them to use a certain piece of equipment. There was no assessment to consider the risks or guide staff in how this could be done safely. We saw for two people staff were leaving medicine doses out for people to take later. There was no risk assessment in place for this for either person. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

A safeguarding policy was in place. Staff we spoke with understood safeguarding and told us they would report any concerns to the manager and felt confident they would be dealt with appropriately. Records we reviewed showed safeguarding incidents had been reported to the local authority safeguarding team. The registered manager told us safeguarding training was available to staff through elearning. However, they were not able to tell us which staff had completed the training and were not able to provide any documentary evidence to show staff had received safeguarding training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw accident and incident reports which showed appropriate action had been taken to protect the individual. The registered manager told us they reviewed the accident and incident reports. However, they said due to the small numbers received there had been no formal analysis, although they planned to put this in place by the end of February 2018.

People and relatives told us they felt safe with the staff who visited them. Staff confirmed they were provided with a uniform and an identification card. People and relatives we spoke with told us staff usually arrived on time and stayed the full duration of the call. One relative said, "They come on time and stay the full time. If they have done everything and still have time left they sit and talk with (family member) which is really good."

Staff confirmed they had sufficient time to provide the support people needed without rushing. They said if a person's needs changed and they required more time then the registered manager arranged this. Staff said they had regular people they visited and were generally satisfied with the staffing arrangements. However, staff raised concerns about the lack of travel time between calls which they said on occasions caused them to be late. The registered manager acknowledged there was currently no travel time planned between calls. However, they told us they had purchased a new computerised care package which would be in place by the end of February 2018. They said this electronic call monitoring system would help in planning the call rotas and calculated travel times between calls. The registered manager said the new system would also enable them to monitor call times as staff would scan in and out of people's homes using the new electronic devices. The registered manager said they were in the process of recruiting more staff, including a deputy manager, as the business was growing.

Staff files we reviewed showed recruitment checks had been carried out before new staff started employment. We saw evidence of criminal record checks with the disclosure and barring service (DBS) and two references.

The provider had a detailed emergency contingency plan in place which showed they had an arrangement in place with another local provider to share resources in the event of bad weather or other emergencies. Contact numbers were provided for people who used the service, relatives and staff. The level of risk to people was identified and the response required.

Staff told us they were provided with appropriate personal protective equipment such as gloves and aprons.

Is the service effective?

Our findings

People using the service and relatives told us they felt the support staff were well trained and knew what they were doing. However, our discussions with staff and the registered manager identified significant gaps in training and a lack of documentary evidence to show the training staff had completed.

The registered manager told us staff had been given access to elearning which they said covered all training subjects. However, they acknowledged they had no systems in place to check staff had completed the elearning or passed the assessment. They said they relied on staff telling them when the training had been done. The registered manager told us all staff received practical moving and handling training and we saw certificates for this in the staff files we reviewed. However, the registered manager confirmed there was no training matrix or training and development plan and they could not provide us with any documentary evidence to show staff had completed any training other than moving and handling.

The registered manager told us all new staff completed an induction. However, this was not confirmed in our discussions with staff who said their induction consisted of a period of shadowing and moving and handling training. We found no evidence of an induction for one new staff member who had started in September 2017, other than a moving and handling certificate. The registered manager confirmed this staff member had not had a full induction. They said the staff member was completing the Care Certificate. The Care Certificate is a set of standards for social care and health workers aimed primarily at staff who do not have existing qualifications in care such as an NVQ (National Vocational Qualification). The registered manager told us all new staff completed a period of shadowing with a senior staff member. However, they acknowledged there were no records to show what was covered with staff during the shadowing period.

Some staff told us they received supervision, others said they had not received any. The registered manager told us supervision was done on an 'as required' basis although they said they planned to implement a programme of regular supervision for all staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager told us all the people they supported with personal care had the capacity to make decisions themselves, apart from one who required the support of a relative with particular decisions. Some people's care records showed they were involved in making decisions about their care and support. The registered manager told us staff were provided with a booklet about the MCA and consent.

Relatives told us their family members' nutritional needs were met. One person said, "They make my

breakfast and my tea and it's always fine. There's no problems there."

The registered manager told us they visited and assessed people's needs before the service commenced and this was confirmed in our conversations with people and relatives. One relative said, "(Registered manager) came out and met with me and (family member). The social worker came too and we discussed what we wanted."

Care records we reviewed showed people were supported to access healthcare services in the local community such as GPs, occupational therapists and social workers.

Is the service caring?

Our findings

Relatives spoke positively about the care provided to their family members and praised the kindness of the staff. One relative said, "The staff are very good. My (family member) likes them and they treat (family member) very well." Another relative said, "We've had lots of different care agencies and (1st Calder Care) is definitely the best by a long way. The difference is the carers here actually care and that comes across; they're the best."

One person who used the service told us, "I'm very happy. The carers are very good and kind. They're jolly when they come in and I look forward to seeing them."

People and relatives told us staff treated them with respect and ensured their privacy and dignity was maintained. One relative said, "They're always very polite and any care is done in private."

Staff we spoke with demonstrated a kind and caring approach to people. Staff told us they visited the same people regularly and this helped them to build up good relationships with people and their families. Staff spoke affectionately about people and clearly knew them well. One relative said, "They're very good at picking up on (family member's) moods and will say to me if they think (family member) is out of sorts. That shows they know (family member) well and reassures me."

People and relatives told us they were involved in discussions about their care and support and the development of their support plans. We saw evidence of this in the care records we reviewed.

Is the service responsive?

Our findings

We found variation in the quality and detail of the care records we reviewed. For example, one person's support plan contained some person centred information such as how they communicated when they wanted to eat and another person's plan showed how they liked their hair to be groomed. However, we saw other information was not specific and did not provide adequate information about how care should be delivered. For example, one person's plan stated they required support to shower daily. There was no detail to inform staff when the person liked to be showered, what support they required from staff or what they could do for themselves. Another person's plan said staff were to 'support me to eat and drink and also feed me', yet there was no further detail to guide staff in how this support should be provided. Although people's call times were listed in the care records, there was no care plan to show the support staff were required to provide on those calls.

Staff told us they were informed when people's needs had changed through an 'app' on their phones. Staff said this was also a useful tool for staff to pass information to one another, for example, reminding staff to put the washing in the dryer. The registered manager told us care plan reviews were carried out with the person using the service four weeks after the service had begun and thereafter annually. We saw the care plans had been updated however there was no record of the review meeting that had taken place. We discussed this with the registered manager who agreed the care records needed to improve and review meetings needed to be recorded. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with had no complaints. They told us they knew how to raise any concerns and were confident these would be dealt with appropriately. One relative said, "I'm very happy, if I wasn't I wouldn't pay for it. I know how to complain but haven't needed to."

We saw the complaints procedure was included in the service user agreement. The registered manager told us no complaints had been received.

The registered manager told us none of the people the staff supported were receiving end of life care. The registered manager told us end of life care was an area they needed to develop and acknowledged people's needs and preferences were not discussed or recorded currently.

Is the service well-led?

Our findings

The service had a registered manager who had been in post since January 2017 when the service registered with CQC. People who used the service and relatives spoke positively about the way the service was managed. One person said, "The manager is very good. She sorts out any problems. They're a good company and deserve to do well." A relative said, "It's a good company. They work as a team - the owner, manager and everyone's involved. They're all on the ball."

Staff told us they felt supported. One staff member said, "The manager's very good. They're pro-active and listen to what you have to say." Most staff told us communication with the office was good, although one staff member said they had experienced problems in getting hold of office staff when they rang.

Staff told us they enjoyed working at the service and when we asked why, staff made the following comments, "They really care about the people (who use the service) and go the extra mile for them"; "People get good care. It's very person-centred and we leave them with a smile on their faces" and "The agency's very caring and committed to providing the best care." Staff told us they would recommend the agency as a place to work and to people who were looking for home care services.

However, we found there were no quality assurance systems in place to assess and monitor the quality of service people received or identify where action should be taken. The registered manager told us care records and MARs were brought into the office monthly and audited. However, they acknowledged there were no records to evidence this. We found the registered manager was not aware of daily record entries made in December 2017 for two different people about medicines. One entry showed morning medicines had not been given and the other showed there were only two medicines for a person when there should have been four. There were no daily records in the office for one person who had been receiving a service since August 2017. There were no records of care reviews with people. The registered manager told us no surveys had been sent out to people or relatives and no spot checks had been completed to check staff were providing appropriate care. They said they were planning to introduce both of these in the near future.

There was a lack of policies and procedures to guide staff and ensure best practice. The registered manager confirmed there were no policies or procedures for infection control, end of life care or supervision. The medicine policy was a copy of the Yorkshire and Humberside NHS Safe Handling of Medicines in Domiciliary Care Agencies dated October 2015. This did not reflect current medicines guidance issued by NICE in March 2017: Managing medicines for adults receiving social care in the community. We concluded the provider did not have effective systems and processes in place to enable the registered person to assess, monitor and improve the service or assess, monitor and mitigate risk. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider is required to notify CQC of certain events that occur in the service. We found no notifications had been submitted since the service registered in January 2017. However, we found incident, accident and safeguarding records we reviewed at the inspection described events that should have been notified to CQC. For example, a safeguarding referral made in November 2017 and two incidents involving the police in

August 2017 and January 2018. We discussed these with the registered manager who said they would ensure notifications were submitted in the future. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager told us they had spent the last year building up the business and recognised there were areas where significant improvements were needed such as medicines, training and quality assurance. They told us the new computerised system they were putting in place would help them make improvements. For example, the electronic monitoring system would log calls and schedule in travel time, daily records and MARs would be recorded in real time and would alert management if anything had been missed. Staff recruitment, training records and quality assurance systems were also included on the new system. Following the inspection the registered manager sent us an action plan of improvements they would be making. However, this was limited and only referred to medicines and staff training and induction.

Staff told us they had opportunity to provide feedback about the service. They said team meetings were held regularly and they discussed things that were relevant to the service. We reviewed team meeting minutes from May, June, July, November and December 2017 which showed discussions had centred on how to improve the service. We saw training had been discussed in the meeting in December 2017 and the local authority were going to provide details of training courses available to staff from April 2018.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person had not designed care or treatment with a view to achieving service users' preferences and ensuring their needs are met. Regulation 9 (3)(b)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Service users were not provided with care and treatment in a safe way in relation to assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks and in relation to the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (c) (g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (1) (2) (a) (b)
Regulated activity	Regulation

Staff employed by the service provider in the provision of the regulated activity had not received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform Regulation 18(2)(a)