Care Central Ltd

Care Central Limited (Walthamstow)

Inspection report

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Date of inspection visit:
28 June 2016

Date of publication:
29 July 2016

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

At the last inspection of this service in September 2015 we found three breaches of legal requirements. This was because staff did not always attend to appointments to provide care to people, staff that worked with people living with dementia had not undertaken any training about dementia care and the provider did not have robust quality assurance and monitoring systems in place. During this inspection we found improvements had been made and the provider was now meeting legal requirements.

The service was registered to provide support with personal care to people living in their own homes. At the time of our inspection 136 people were using the service. The service had a registered manager in place. 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 service had appropriate safeguarding procedures in place and staff were knowledgeable about their responsibilities with regard to safeguarding adults. Risk assessments were in place which included information about how to mitigate any risks people faced. There were enough staff working at the service to enable the service to meet people's assessed needs and not miss appointments. Pre-employment checks were carried out on prospective staff. Medicines were administered in a safe manner.

Staff undertook an induction training programme on commencing work at the service and received on-going training after that. People were able to make choices for themselves where they had the capacity to do so and the service operated within the Mental Capacity Act 2005. Where people were supported with food preparation they were able to choose what they ate and drank. The service worked with other agencies to promote people's health and wellbeing.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place for people which set out their needs and the support they required in a personalised manner about the individual person. The service had a complaints procedure in place and people told us they knew how to make a complaint if needed.

People and staff spoke positively of the management at the service and of the working atmosphere. Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the 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 undertook training about safeguarding adults and safeguarding allegations had been dealt with appropriately in line with the provider's procedures.

Risk assessments were in place which included information about how to mitigate risks people faced. The service did not use any form of physical restraint when working with people.

There were enough staff working at the service to meet people's needs in a safe manner. Checks were carried out on staff before they began working at the service including employment references and criminal records checks.

Medicines were managed in a safe manner.

Is the service effective?

Good

The service was effective. Staff undertook regular training to support them in their role and received regular one to one supervision.

People were able to make choices about their care where they had the capacity to do so. This included choosing what they ate and drank.

The service worked with other agencies to meet people's needs including their health care needs.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence. People were provided with the same regular care staff so that they were able to build up good relations with them.

Is the service responsive?

Good

The service was responsive. Care plans were in place and were

regularly reviewed so that they were able to reflect people's needs as they changed over time. Care plans were personalised, containing information about how to meet the needs of individuals.

The service had a complaints procedure in place and people told us they knew how to make a complaint if needed.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place. People and staff spoke positively of the management at the service and of the working atmosphere.

Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service.

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Detailed findings

Background to this inspection

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

This inspection took place on 28 June 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 already held about this service. This included details of its registration, previous inspection reports, notifications the provider had sent us and safeguarding incidents. 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 that used the service and six relatives. We spoke with eight staff, this included the registered manager, the office manager, a care coordinator and five care assistants. We reviewed ten sets of records relating to people that used the service including care plans and risk assessments. We looked at six staff files which included details of their recruitment, training and supervision and we looked at the training matrix for all staff working at the service. We reviewed medicine records and minutes of various meetings. We examined quality assurance and monitoring systems at the service. We looked at various policies and procedures including the complaints, safeguarding adults and whistleblowing policies.

Good

Is the service safe?

Our findings

At the last inspection of this service in September 2015 we found that appointments to provide care to people were regularly missed. Most people we spoke with told us they had missed appointments and office staff estimated that there were approximately three to four missed calls per week. This included instances where a person was assessed as needing the support of two staff but only one was available.

We found this issue had been addressed during this inspection. People and relatives told us there had been a problem in the past sometimes with care staff not turning up but that this has improved over recent months. Records were kept of each occasion where there was a missed call. This showed there had only been one missed call since 7 March 2016. This was in June 2016 because a care staff overslept. The issue was addressed with the individual staff member and a replacement care staff was sent to cover the appointment as soon as the office staff became aware of the issue.

Staff told us there had not been any instances where they were supporting a person that was assessed as needing the support of two staff when only one was available. One staff member said, "When people have double ups we always go in twos, we use mobile telephone to communicate and arrive at the same time."

The service had robust staff recruitment and selection procedures in place. Staff told us they had to undertake an interview and that they were subject to various checks before they were able to commence working at the service. One staff member said they provided the service with a Disclosure and Barring Service (DBS) check, a copy of their passport and "references where I worked before." A DBS check is a check to see if a person has any criminal convictions that may make them unsuitable to work with people that use services. This meant the service had taken steps to help ensure suitable staff were employed.

The service had a safeguarding adults procedure in place. This made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. The registered manager was aware of their responsibilities with regard to safeguarding. Records showed that safeguarding allegations since our last inspection had been dealt with appropriately. The service had a whistleblowing procedure in place. This made clear staff had the right to whistle blow to outside agencies such as the Care Quality Commission if appropriate.

Staff told us and records confirmed that they had undertaken training about safeguarding adults. Staff had a good understanding of their responsibility to report any safeguarding allegations. One staff member said, "You report it to your coordinator and she has to tell the manager." Another staff member said, "You have to report it to the manager."

The service had systems in place to help reduce the risk of financial abuse occurring. There was a policy which stated staff were only permitted to receive gifts low in financial value and these had to be reported to the manager. The manager told us no gifts had been reported to them. Where staff spent money on behalf of people they had to provide the person with a receipt and make a written record of what they spent any money on. These records were then checked by senior staff at the office. A member of staff told us, "Every

time you go shopping for someone you have a transaction sheet to sign."

Risk assessments were in place for people. These included details of the risks people faced and information about how to mitigate those risks. For example, the risk assessment for one person included details of their medical condition and how it impacted on their risk of falling and what steps were needed to reduce that risk. Risk assessments were in place to assess if the working environment in people's homes were safe. For example, if the working environment was adequately lit, if floors were even and free of trip hazards and if there was any exposed electrical wiring. Other risk assessments covered moving and handling, medicines and infection control.

The service had a medicines policy and procedure in place. This provided guidance about the safe administration and recording of medicines. Where people were supported with taking their medicines risk assessments were in place detailing the level of support required. Medicine administration record (MAR) charts were in place. These contained details of each person's medicines including its name, strength and dose. Staff signed the MAR chart each time they administered medicines to provide a clear record of what they had done. Once MAR charts were completed they were returned to the office where one of the coordinators checked them to make sure they had been completed accurately and they were up to date. This meant any errors with medicine were able to be identified and action taken as appropriate. The fact that they were checked by office staff probably meant those staff responsible for administering medicines took more care to make sure they did so correctly, in the knowledge that they may be found out otherwise.

Good

Is the service effective?

Our findings

At the last inspection of this service in September 2015 we found staff did not receive adequate training. This was because although the service provided support to people living with dementia, staff did not undertake training about dementia care. We found this issue had been addressed during this inspection.

The registered manager told us that training about dementia had been arranged for staff that worked with people living with dementia. In addition, dementia training had been added to the induction programme for new staff. One staff member said of their induction training, "They taught us about dementia." Records confirmed staff had undertaken dementia care training.

Staff told us they had an induction programme on commencing work at the service which included classroom based training and shadowing experienced members of staff as they supported people with their care. One staff member said, "We had a two week training course at the beginning. I learnt so many things, how to give medication, how to look after the clients." They also told us they had training about health and safety, moving and handling and safeguarding adults. After their induction training staff had access to regular on-going training. Records showed this included training about safeguarding adults, food hygiene, moving and handling and health and safety.

Staff told us and records confirmed that they had one to one supervision with a senior member of staff. One staff member said of their supervision, "She [supervising staff member] asks me about my clients." A member of staff that had responsibility for supervising others said, We try to do supervision every three months and annual appraisals, but we do have chats in-between."

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.

The service did not carry out mental capacity assessments. Where required, these were carried out 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 people.

Staff told us they supported people to make choices about their care and support. One staff member said, "You always ask the person, you make conversation. You let them pick and choose, you show the person A and B [to help them choose what clothes to wear]."

Where people were supported with meal preparation they were able to choose what they ate and drank. One member of staff said of the person they supported on the day of our inspection, "I ask her what she wants [for breakfast] and she tells me." People we spoke with told us they were able to prepare their own

meals.

One of the staff coordinators told us that care staff reported to them if there was a change in a person's needs and they then worked with other agencies to meet the person's needs. We saw records that confirmed this. For example, a care staff member reported that a person had recently returned from hospital with a pressure ulcer. We saw an email from the service to the person's GP and social worker advising them of this. Another email to the local authority was about a person whose bath was broken and this was impacting on their ability to provide personal care. For another person the service had made a referral to the local authority about their mobility needs and their inability to access their garden due to a high step. This showed the service worked with other agencies to promote people's health and wellbeing.

Good

Is the service caring?

Our findings

People and their relatives told us staff interacted with them in a caring and friendly manner. One person said, "They come in and have a chat, they talk nicely to me." Another person said, "Yes very much, they really do" when asked if staff respected their privacy. Another person said, "Yes, I think they treat me with dignity and respect." A relative said, "[Staff are] polite and gentle, they speak to him and ask if he is ok." Another relative said, "They [staff] wash her in the bed and they treat her with dignity."

One of the staff who had responsibility for deciding which staff worked with which people told us they tried to provide people with the same regular care staff. They told us this enabled staff and people to build up good working relations. Staff were able to get to know the people and understand their needs and people were able to get to know and trust staff. They told us they tried to ensure that three staff worked regularly with each person so if a change of carer was required they would be able to provide a staff member that already knew the person. They added that when they were acting as the on-call staff they have the same information to hand as they had when working at the office. This meant if they needed to change a person's care staff at short notice they were able to check which available staff had worked with the relevant person previously.

The same staff member told us they sought to match staff to best meet people's needs. For example, if a person had a preference about the gender of their care staff or if they spoke a particular language they would try to provide staff that shared that language. To support staff in getting to know people care plans included some information about people's life history and interests. For example, care plans included information about family members and things people enjoyed doing.

Care plans set out what people needed support with and what they could do for themselves. For example, the care plan for one person stated they were continent and able to use a commode but needed support to empty it. The care plan for another person stated, "[Person that used the service] is largely independent and wishes to remain so. She is unable to wash legs and feet as she is unable to bend down" but the person was able to perform other personal care tasks themselves without staff support. This helped to promote people's independence. Care plans also supported people to make choices. The care plan for one person stated, "Carers need to work with her at her pace. Be succinct in their communication and check for understanding to ensure that she is supported to exercise her choice and control in all areas of her care and support." Staff told us they supported people to be as independent as possible. One staff member said, "You let people do what they can for themselves."

Care plans included information about people's communication needs. For example, the carer plan for one person stated, "[Person that used the service] has hearing difficulties. Carers will need to stand in front of him and speak loudly but not shout." This helped staff to understand how best to communicate with people.

To help protect people's right to privacy and confidentiality, people signed consent forms to agree to confidential information about them being shared with other relevant persons such as their care staff.

Confidential information about people held at the service's office was stored securely and only authorised staff were able to access it.

People were able to choose the gender of their care staff and care plans included a form to record this information. However, we saw some of these forms had not been completed. We discussed this with the registered manager who agreed that this information needed to be recorded. People told us they were able to choose the gender of their care staff where they had a preference.

Staff we spoke with understood how to promote people's dignity. One staff member said, "When I am in her [person that used the service] home and wash her I have to close the door." Another staff member said, "You cannot go to give personal care and have the door wide open. If you have to take off the person's top you cover the person up." This promoted people's privacy.

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs. One person said, "They say good morning and have a little natter to me, they clean my commode. They stay for 30 minutes. Sometimes they are late but they do phone me. I do miss them when they go, I would not want to change them." A relative said, "The way they handle her and wash her is very good."

The registered manager told us after receiving a referral for a new person from the local authority they considered the assessment that had been carried out by the local authority. This was to see if the service had the capacity to take on the referral. A senior member of staff then met with the person in their home to carry out an assessment of their support needs Relatives were also invited to this meeting where appropriate. This helped to determine what care and support was to be provided where a person lacked capacity to make those decisions for themselves. The registered manager told us that risk assessments and care plans were developed based on the initial assessment and that they were reviewed annually. The review process involved a senior staff member visiting the person in their home to discuss what was going well and if anything needed changing with the care plans. This meant care plans were able to reflect people's needs as they changed over time.

Care plans were in place which set out how to meet people's assessed needs. All the care plans we looked at had been reviewed within the past 12 months. They included information about the tasks to be carried out and some personalised information about how to support people in an individual manner. For example, the care plan about mobility for one person stated, "Carers to be aware that [person that used the service] tires easily and is unable to manage stairs." Care plans included a section on goals to be achieved by the person. For example, the care plan for one person stated, "I want to remain as independent as possible" and "I want to enjoy time with my family as much as possible." This meant care plans reflected what was important to people. Care plans had been signed by the person or their relative to show their involvement in developing the plan. People and relatives were aware of their care plans. One relative said, "He [person that used the service] has a copy of the care plan, the manager is coming tomorrow to review it."

Staff we spoke with were knowledgeable about the support needs of individuals they supported. Staff told us they were expected to read people's care plans. One staff member said, "Before I go to a client I have to read the care plan to know the care that they need."

Care staff completed daily records. These recorded the support they had given to people each time they visited. This meant it was possible to monitor that people were receiving support in line with their assessed needs. One person told us, "There is a book here where they write down everything."

People and their relatives told us they knew how to make a complaint and that if they did issues were addressed. One person said, "I would call the office or social services." A relative said, "They [staff] talk nicely to him but one or two months ago one of them was aggressive and I complained and they stopped sending her."

The service had a complaints procedure. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. Each person had recently been sent a copy of the complaints procedure. We saw that complaints had been recorded and investigated in line with the services complaints procedure.

Good

Is the service well-led?

Our findings

People and their relatives told us they found senior staff to be helpful and that they had regular contact with them. One person said, "They [office staff] are friendly and polite." Another person said, "I do speak to them and they call me."

The service had a registered manager in place. They were supported by an office manager, three coordinators and a field officer in the running of the service. Staff spoke positively about the senior staff. One staff member said of the senior staff, "They are wonderful, they take care of us very well. They are very good. They help us by bringing us together and giving us meetings. Since I started six months ago I haven't seen anything bad in them." Another staff member said of their line manager, "I think she is very efficient." Another staff member said, "I find [registered manager] a really nice guy" saying they found him helpful and approachable. Another staff member said, "I am quite happy here. We communicate with management. We are not kept in the dark."

The service had a 24-hour on-call service which meant staff were able to telephone for support outside normal office hours. Staff told us this system worked well. One staff member said, "We have an emergency on-call number. They answer immediately."

The office manager told us they held a weekly meeting each Monday with the three coordinators. This was to discuss any issues that had arisen through the on-call system over the weekend and to review the previous week's activity to see if there had been any problems or concerns. In addition to the weekly meeting the office staff also held regular meetings to discuss broader issues. Minutes of the most recent meeting held in May 2016 showed discussions about the Care Quality Commission's expectations for care services and the Mental Capacity Act 2005.

Staff told us and records confirmed that the service held regular staff meetings. One staff member said, "Last month we had a staff meeting. They told us about the Care Certificate we are going to do. We talked about we have to be on time and if any problems we have to call the office immediately." The most recent staff meeting was held in May 2016 and records showed it included discussions about key policies and procedures, staff training and timekeeping.

The service had various quality assurance and monitoring systems in place. Some of which included seeking the views of people that used the service. The office manager told us and records confirmed that a senior member of staff carried out spot checks at people's homes. This involved a senior member of staff going to a person's home when they were receiving care and support. Records showed these spot checks included checking staff punctuality, the conduct of the care staff and that records were completed correctly. The senior staff member carrying out the spot check also used them as an opportunity to speak with the person to see if they had any issues they wanted to raise. Records showed that the service also conducted telephone monitoring of people that used the service. These checked if people were happy with the service and if they knew how to make a complaint or they had any concerns.

The registered manager told us a survey had been carried out in December 2015 of people that used the service and their relatives. A person that used the service said of the survey, "It came in the post. I can't remember when it came." The results of the survey had been analysed and an action plan had been produced to deal with the concerns raised in the survey. For example, people had highlighted that they did not know how to make a complaint. In response, the service had sent a simplified version of the complaints procedure to all people that used the service and their relatives. Another area of concern highlighted was poor communication with people. The registered manager told us in response to this they had increased the telephone monitoring with people.

Some audits were carried out. For example, medicine records and records of monies spent on behalf of people were checked by senior staff. The office manager maintained a spreadsheet which included information of when people last had their care plan reviewed and when it was next due for review. This helped to ensure that care plans were reviewed as appropriate. Care plans we saw during the course of our inspection were up to date.