

Caring for You Limited

Grove Domiciliary Care

Inspection report

192 West Street, Fareham, Hampshire PO16 0HF
Tel: 01329 234083
Website: www.caringforyou.uk.com

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place over three days on 30 January, 6 February and 23 April 2015. The inspection was announced which means that we gave the provider 48 hours' notice of the inspection to ensure key staff were available to speak with us.

Grove Domiciliary Care is a domiciliary care service which provides care and support for people who live in their own homes. At the time of this inspection they provided care and support to approximately 210 people with a range of needs including those living with dementia and older persons. People were supported with personal care, medicines administration and meal preparation. The agency employed 57 care workers.

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 person's'. Registered persons have responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People told us that being supported by the service made them feel safe. Staff sought people's consent before they provided care and support. Staff had a good understanding of safeguarding people and the Mental Capacity Act MCA 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

Summary of findings

People's care needs were not reviewed regularly. This meant there was a risk their changing needs would be overlooked and they may be at risk of receiving unsafe support.

We found medicines records had not always been accurately maintained. This meant it could not be ascertained whether people had received their medicines as prescribed which could put them at risk of harm.

Recruitment processes were not followed as the provider had failed to ensure all necessary staff's checks were carried out before staff commenced employment at the agency.

Care staff had the training they needed to meet people's needs and were caring and responsive. Staff treated people with dignity and respect and understood the need to maintain confidentiality. People were supported with meals and drinks. Arrangements were made to support people with their healthcare needs.

There were insufficient systems in place to assess and monitor the quality and safety of the service and to ensure that people received the best possible support. Complaints were dealt with appropriately.

We have made a recommendation that the service reviews the current on-call arrangements so that calls can be responded to more effectively.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to 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 this report.

Summary of findings

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 were not managed safely and recruitment practices were not robust to ensure staff were suitable to work with people.

People who used the service felt safe with the staff who supported them. Staff knew how to recognise and report abuse.

Requires improvement



Is the service effective?

The service was effective. Staff received training to meet people's needs.

Staff had received training around the Mental Capacity Act 2005. Staff understood and followed the principles of the Mental Capacity Act by ensuring that they gained people's consent before providing care and support.

Staff supported people to maintain their nutritional needs where appropriate.

Staff monitored and reported any health care concerns.

Good



Is the service caring?

The service was caring.

People spoke positively about the relationships and support provided by staff.

People were involved in decisions about the type of support they received and their choices were respected.

Staff treated people with dignity and respect and understood the need to maintain confidentiality.

Good



Is the service responsive?

The service was not always responsive.

People who used the service told us they received personalised care and care plans were written in a personalised way. However people's care needs were not reviewed regularly. Therefore we could not be assured that everyone received personalised care.

Complaints were dealt with appropriately.

Requires improvement



Is the service well-led?

The service was not always well-led.

There were insufficient systems in place to assess and monitor the quality and safety of the service and to ensure that people received the best possible support.

The registered manager worked in conjunction with other agencies.

Requires improvement



Summary of findings

The on-call out of hours support for staff needed to be reviewed to ensure its effectiveness.

Grove Domiciliary Care

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.

The inspection took place over three days on 30 January, 6 February and 23 April 2015. The inspection was announced which means that we gave the provider 48 hours notice of the inspection to ensure that the people we needed to speak to were available.

The inspection team consisted of one inspector and an expert by experience. The expert had experience of assisting in the inspection of a range of different services and had assisted with approximately 20 domiciliary care inspections.

We visited the registered office and talked with the registered manager. We also visited people who received support from the service in their own homes. We observed how staff interacted with them and delivered their support. The expert by experience telephoned people and their relatives to gain their views about the care and support provided by the service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about

important events that the service is required to tell us about by law. Before the inspection the provider completed 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. We used this information to help us decide what areas to focus on during our inspection.

We sent questionnaires to 50 people who used the service and/ or their relatives, 18 members of staff and 19 health and social care professionals. We received responses from 21 people who used the service, six members of staff, one relative and four health and social care professionals.

We spoke with 13 people who used the service and four relatives. We also spoke with the registered manager and six care staff. We visited four people in their own homes. We asked them their opinion about the service they received. We reviewed care records held at their homes and observed care staff interactions with them with their consent

We reviewed the care records of four people in detail held at the office, the training records of three members of care staff and the recruitment records for three staff. We also reviewed the medicines administration record (MAR) for four people. Other records relating to the management of the service such as audits and policies and procedures were also viewed.

We last inspected the service in November 2013. The service was found to be meeting all of the standards inspected at that time.

Is the service safe?

Our findings

People told us that being supported by the service made them feel safe. All people who returned a questionnaire responded they felt safe from abuse and harm from their care and support staff. People and relatives we spoke with were in agreement with this. One relative said, “I feel absolutely safe with the carers coming in to my home. The regular carers are lovely with mum”. Other comments included, “I feel safe with them” and “I feel protected by my carers”.

We visited people in their homes and reviewed how they were supported to take their medicines. We found medicines records in people’s homes had not always been accurately maintained. We looked in detail at four people’s medicines administration records (MARs). There were omissions in three of the four records we looked at. One person’s MAR had not been signed to on two occasions, a second person’s records had not been signed on four occasions and the third person’s records had several gaps. This meant we could not be sure that people had received their medicines as prescribed. We discussed concerns around people’s medicine administration records with the registered manager, who told us they would address these concerns.

This issue was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at three staff files which included their individual training records and a staff training matrix. These confirmed staff had received appropriate medication training. We spoke with six members of care staff and they confirmed that they had received medication training. They told us the training was sufficient and met the support needs of the people they assisted with medicines. Each member of staff was aware of the service’s medicines policy and procedure. They told us they could only administer or support people with their medicines if it was within the person’s care plan.

We viewed the employment records for three members of care staff. Records showed that not all of the required checks had been carried out for two of the three before they had started to work at the service. For one person there was only one reference and although the registered manager was able to demonstrate that a criminal records check and a check against the list of people barred from working with vulnerable adults had been applied for they could not produce any evidence that they had received a certificate with the results of the check. For the second person initially only one reference could be located. The second reference was later located however it had not been dated or signed by the referee. This did not offer sufficient safeguards to people who used the service.

This issue was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff had received training in safeguarding adults, and demonstrated a good understanding of the signs of abuse and neglect. Staff we spoke with had knowledge of the types of abuse, signs of possible abuse and their responsibility to report any concerns promptly. Staff members told us they would document concerns and report them to the registered manager. The provider had appropriate policies and procedures and information was available on the local multi-agency local authority procedures for reporting abuse. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place.

The service had carried out risk assessments on each of the people they supported. There were individual risk assessments in all of the files we looked at. Areas covered included the risks associated with personal safety, mobility, the environment, communication, and physical and mental health. Where a risk or need had been identified, there was a written plan to inform staff as to how to reduce the risk. We saw that people had been advised of any hazards within their homes. We observed staff used the correct equipment as recorded in the care plan when supporting people to mobilise.

Is the service effective?

Our findings

We looked at the files of four people who used this service. Evidence was seen on all four files that the service had sought each person's consent before they provided care or support to them. People had signed an agreement to receive care and support and there was evidence that this had been explained to them. We talked with six staff and they told us that they only provided support to people who had given their consent for them to do so. We spoke with four people who used the service and they confirmed staff sought their consent on a daily basis.

We looked at a sample of daily records for people who used the service. These provided evidence that people had been consulted and their choices had been respected. We also shadowed a care worker while they visited four people. We observed they offered choices such as enquiring what the person wanted to eat. They checked with the person before carrying out a task and explained to the person what the medicine was that they supported them to take.

Care staff had received training around the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. All staff who completed a questionnaire confirmed they had received training in the MCA and said they understood their responsibilities under the Act.

Eighty six percent of people who completed a questionnaire considered staff had the right knowledge and skills to provide the support they needed. Most people spoken with were of the same opinion. The only exception to this was that some people said they felt new care staff needed more training. Most staff who completed a questionnaire felt they had sufficient training to support people.

We looked at staff training records and saw that staff had completed a range of core training such as moving and

handling, food hygiene, fire awareness and handling medicines. Staff said they were also able to access more specific courses to meet the needs of people they supported such as epilepsy awareness. We also saw a staff training matrix. This listed the date that each staff member had completed a specific course and was used to plan, monitor and prompt when staff needed to undertake refresher courses.

Staff said they had received supervision from the registered manager. These tended to be group supervisions. The registered manager explained it would be impossible to supervise each person individually due to the number of staff they employed. The registered manager said the plan was for the senior care workers to take on this role, leaving the manager to supervise the senior staff and the two care coordinators.

Where care workers were responsible for helping people to eat and drink, staff supported them appropriately. The amount of help given varied from person to person and this was recorded in people's care plans. Some people required assistance to prepare food; other people needed staff to make or re-heat meals for them. We shadowed a care worker while they visited people and provided meals and drinks for them. We observed the person made their own choice of food and drink and this was respected by the care worker and carried out as per the care plan. We saw where appropriate an assessment of people's nutrition and hydration needs had been completed and recorded in people's care plans.

Staff told us they monitored people's care and health needs. Staff said if they had any concerns they either passed the information back to the agency or contacted health professionals such as GP's or emergency services as appropriate. All important contact details such as GP's and people's medical needs were recorded in the care files held at each person's home.

Is the service caring?

Our findings

People, and their relatives, described the staff as caring, kind and respectful. People made positive comments about how they were treated by staff, describing the staff as, “Kind” and “Friendly”. One person said, “I get on well with them. They are all very nice and helpful. If I want anything else done they will do it”. Another person commented, “My carers are lovely”. A relative told us, “We can have a conversation with them and a laugh and a joke”.

All people, relatives and external health and social care professionals who completed a questionnaire responded that care staff were ‘caring’ and ‘kind’.

Staff told us they made regular calls to provide care to the same people. They said this helped them to get to know the person they were caring for better and understand their individual needs. Staff said they had been able to build good relationships with people. They all said this was an important part in providing good care. We talked to six care staff and asked them what they considered the agency did well. They all responded “Caring”. One staff member said, “The carers care”.

We accompanied one care worker while they made calls to four different people. The care worker told us they regularly visited the four people. The care worker was able to describe each person’s individual support needs to us and it was evident they understood the person’s needs. We observed the care worker to be polite, friendly, supportive and caring. The people visited appeared to be relaxed in the care worker’s company.

People’s views were listened to and taken account of in how care was provided. People and relatives told us how they were consulted about their care and that they had a copy of their care plan at their home. We found copies of care plans in each of the four homes we visited. We saw records to demonstrate that people had been consulted and involved in all decisions regarding their care.

Staff treated people with dignity and respect and understood the need to maintain confidentiality. Everyone contacted told us care staff respected and ensured their privacy and dignity. They also said their independence was promoted.

A relative told us, “They help to keep my [person] independent by letting her wash as much as she can when showering her”. Another relative said, “They treat my [person] with dignity and respect and have time for everyone in the house”. A person who used the service commented, “They treat me with dignity and respect when carrying out personal care and allow me to do things for myself but will help if necessary”. Another relative said, “They treat us with dignity and respect and they keep [the person] very clean and tidy”.

The agency had a confidentiality policy and each member of care staff had signed to say they had read the policy. Staff were provided with a ‘staff handbook’ and this also contained a copy of the policy. We saw that people who used the service had been given a copy of the policy also. Staff were able to explain their understanding of the policy and knew the difference between maintaining confidentiality and when they needed to pass on information of concern to the relevant people.

Is the service responsive?

Our findings

People confirmed they had a care plan and care was provided as per their plan. We saw evidence staff had carried out an initial assessment of each person's needs before providing them with a service. Where relevant an assessment from the funding authority had also been obtained. This helped prevent the agency from providing a service to someone whose needs they could not meet.

People's care and support plans were personalised and their preferences and choices were detailed throughout their care records. This supported staff to deliver responsive care. Care plans were written in the first person and this helped to describe people's care needs from their perspective. An example being, 'I will need assistance getting out of bed'. The care plan then described the different stages in the support process such as how to support the person to get out of bed and equipment to be used.

We visited four people in their own homes and looked at the records of care completed by staff at the end of their visit. This showed that after each visit care staff had completed a written account of their visit and this included detail of the support that they had provided. We cross-checked these written accounts with the care plans and saw that care had been provided in line with the original assessment and as per the care plan.

We looked at a sample of care plans and assessments and found they had not been reviewed on a regular basis. This was reiterated by people we contacted. We looked at four people's records which included their risk assessments and care plans. We saw that reviews had not been carried out at regular intervals or very frequently to make certain the care plans and associated assessments were up to date and still fully addressed people's support needs. For instance one person's care plan had not been reviewed since August 2013. An environmental risk assessment of their home had also been completed at the same time. However all other assessments for this person had not been reviewed since

October 2011. For another person there was no evidence their care plan had been reviewed since 2011. The Provider Information Return (PIR) submitted before the inspection stated, 'We ensure that risk assessments and care plans are reviewed on a regular basis for their effectiveness and recognition of their change in needs'. However we did not find evidence that this was being done in practice. This placed people at risk of having their changing support needs overlooked which meant we could not be assured that people would receive safe care and support.

This issue was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sixty two percent of people who returned a questionnaire responded they knew how to raise a complaint with the agency. The remaining respondents were unsure. People and their relatives told us they knew about their right to make a complaint. They told us they had the contact details to use if necessary. The registered manager said people had been provided with the complaints procedure at the start of receiving support. We saw recorded evidence on care files to support this. The registered manager maintained a complaints log. From examination of the log we could see that any concerns or complaints had been responded to and action taken as per the agency's complaint procedure.

The registered manager reported that it was the agency's company policy to only have a limited amount of care workers visit each person. They also stated these were matched to meet the people's individual needs. Staff spoken with confirmed they consistently provided care to the same people. Staff said this was beneficial and comments included, "They get to know what time you come, you get to know if something is wrong" and "I always have done. I wouldn't have it any other way". People who used the service said they valued having the same care worker as they got to know their needs.

Is the service well-led?

Our findings

The registered manager had been in post for approximately ten years. Feedback about the management from health and social care professionals was positive. One professional commented, “The manager at Grove is always available to contact, responds quickly when contact is needed, and willing to help resolve issues effectively. There seems to be a good partnership with staff at Grove and care managers that I work with, from my knowledge and experience”.

There were insufficient systems in place to assess and monitor the quality and safety of the service and to ensure that people received the best possible support. The registered manager had completed a survey of people who received a service in December 2014. However the results of people's feedback on the quality of the service had not been collated at the time of this inspection. This meant trends in the service and overall satisfaction with the service had not been assessed. People's care plans and associated risk assessments had not been kept under regular review. The registered manager explained they had been trying to address this by promoting some care workers to a 'senior care worker' role. Part of the 'senior care worker' role was to oversee the review of people's care needs. However this was only a recent change and so there remained a lot of records that needed to be reviewed.

The system for auditing medicines administration records (MARs) was not effective. Staff recruitment records were also found to be lacking and this had not been picked up during internal audits.

The lack of a robust quality assurance system and processes were a breach of Regulation 10 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In 2014 there had been some safeguarding concerns regarding care workers missing calls and being very late for calls. People told us this had started to improve. We found the registered manager had worked in conjunction with the local authority to address this. They had recently upgraded their rota planning system and were now using a computerised system to monitor the times staff arrived at people's homes. A member of the office staff monitored the system and reported any issues directly to the registered manager.

Care staff told us the registered manager was supportive and described them as approachable. One staff member said, “She seems to care”. Another said, "She has a good approach". Staff confirmed they received group supervision from the manager.

People who used the service had mixed views about communication with the office; some felt it was good whereas others did not. We asked staff what they considered the agency could do better. Staff told us about the on-call system which provided emergency support and advice to staff working evenings and weekends and was run by the care staff not the manager. They told us about communication with the on - call person outside of core Mon-Fri 9-5 hours. Staff explained the staff member covering the on- call would/could also be providing support to people caring at the same time as being on-call. This meant that the member of staff calling for on-call support could not always get through.

We recommend that the registered manager reviews the current on-call arrangements so that calls can be responded to more effectively.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>Appropriate arrangements were not in place to ensure that a record was kept of all medicines administered.</p> <p>This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>The provider did not operate an effective recruitment procedure to ensure staff were suitable to provide care to people as references had not been obtained for all staff. There was no evidence that a Disclosure and Barring Service (DBS) check had been carried out for one member of staff.</p> <p>This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 (1) (a), (2) (a) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>People's care needs were not reviewed regularly. This did not protect them from the risk of inappropriate care and treatment.</p>

This section is primarily information for the provider

Action we have told the provider to take

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 (1) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

The provider did not have an effective system to monitor the quality service they provided. Auditing systems were not effective and did not identify where improvements were needed.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.