

Castle Home Care Ltd

Castle Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on 19 September 2017.

Castle Care is a domiciliary care service for adults, who may have a range of care needs, including physical disabilities, mental health, dementia, sensory impairments, eating disorders and learning disabilities or autistic spectrum disorders. There were 93 people using the service on the day of the inspection.

We carried out an announced comprehensive inspection of this service in March 2017, and found four breaches of legal requirements. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to care call timings, care records and risk assessments, medicine management and monitoring the quality of the service provided. They submitted an action plan which outlined the improvements they planned to make in all these areas.

We undertook this focused inspection to check they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castle Care on our website at www.cqc.org.uk

Before this inspection we were informed that there had been changes in the management team for the service. A new manager had been employed and there had also been a change of the 'nominated individual' at provider level. A nominated individual has overall responsibility for supervising the management of a service and for ensuring the quality of the services provided.

Our records showed that the new manager had applied to register with the Care Quality Commission (CQC). 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 new management team explained that due to them only being in role for a short time, they had not yet had time to make all the required improvements from the March 2017 inspection, but they were committed to doing so. They provided us with an updated action plan that outlined how they were going to do this by January 2018.

We found during this inspection that improvements were still needed in all the four areas that we had previously found to be in breach. However, we noted that some progress had already been made towards achieving compliance. It was also clear from speaking with the new management team that they understood what they needed to do to make the other required improvements. However, more time was needed to fully implement and embed some of the planned changes.

We have therefore not changed the overall rating for the service on this occasion or removed the breaches. We plan to check these areas again during our next planned comprehensive inspection.

During this inspection we found that many people were receiving care and support when they needed it, but some people were still being left waiting for staff to arrive or they received their care too early. The new management team told us that improved monitoring of care call timings would take place and that out of hours / on call staff would be able to monitor staff punctuality even when they were not in the office.

We found that action had been taken to ensure concerns and issues relating to people using the service were reported by care staff and followed up in a timely way. This showed improvements in how the service managed identified risks to people. However, care records and risk assessments still needed work to ensure they contained up to date and accurate information. The new management team told us that everyone's care records and risk assessments would be reviewed and updated as required.

Systems were in place to ensure people's daily medicines were managed safely, but there were still some problems with the records maintained by staff to show when people had received their prescribed medicines. Staff had received refresher medicine training and there was evidence that the provider had tried to address this area. The new management team told us that they would provide some different training for staff and introduce a new medicine recording chart, to ensure records were accurate and people received their medicines safely.

New systems were also being introduced to improve managerial oversight of the service; in order to monitor the quality of the service provided and drive continuous improvement. The new management team told us that this would include regular audits of all the areas previously found to be in breach, as well as other areas; in order to strengthen the overall quality of the service provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety, but further work was still needed.

The timing of care calls meant that people were sometimes left waiting for staff to arrive or they received their care too early.

Improvements were still required to ensure care records contained up to date and accurate information for staff to manage identified risks associated with people's care.

Systems were in place to ensure people's daily medicines were managed in a safe way, but there were still issues with medicine records.

We could not improve the rating for 'Safe' from 'Requires Improvement', because to do so requires consistent good practice over time. We will check this again during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found that action had been taken ensure the service was well-led, but further work was still needed.

A new management team was in place who were introducing systems to monitor the quality of service provided to people using the service. However, more time was required to fully implement the planned improvements.

We could not improve the rating for 'Well-Led' from 'Requires Improvement', because to do so requires consistent good practice over time. We will check this again during our next planned comprehensive inspection.

Requires Improvement ●

Castle 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 was announced and was carried out on 19 September 2017 by one inspector.

The inspection was done to check that improvements to meet legal requirements planned by the provider after our last comprehensive inspection in March 2017 had been made. During this inspection we inspected the service against two of the five questions we ask about services: is the service safe and well led? This is because the service was not previously meeting some legal requirements in these areas.

We gave the service 48 hours' notice of the inspection because they provide a domiciliary care service and we needed to be sure that the management team would be available.

Before the inspection, we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. In addition, we asked for feedback from the Local Authority; who has a quality monitoring and commissioning role with the service. No concerns were reported.

Because the areas requiring improvement were systems or records based, we did not need to speak with people using the service on this occasion. We did however speak with the provider and the new manager.

We then looked at records for six people, as well as other records relating to the running of the service, such as audits and care records; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Is the service safe?

Our findings

At our last inspection in March 2017, we identified three different breaches of regulation in this area.

Firstly, people provided mixed feedback about whether there were enough staff to keep them safe and meet their needs. Many people were often left waiting for care staff who did not arrive when expected. Some people using the service were dependent on staff to support them with using the toilet, or to eat and drink. We checked the timings of calls for a sample of people and found that planned calls were not always taking place when scheduled. Many of the care calls were also significantly shorter than the planned length of time. This placed people at risk of not having their assessed needs met in a safe or person centred way.

This was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection there had been significant changes to the management team, both at manager and provider level. This meant that there was a new management team in place during this inspection. The new management team explained that due to them only coming into role a few weeks before this inspection, they had not been able to make all the required changes and some work was still in progress.

The service used an electronic call monitoring system, which provided an audit trail of when care calls were carried out, including the time staff arrived and how long they stayed for. We checked a sample of records from this system for six staff over a two week period. We found that the majority of staff were providing calls close to when they were planned, but there were still occasions when some staff were providing care at times that was significantly outside of planned call times. On one occasion one person had received their evening call over 2 hours earlier than planned. In addition, there was still evidence that some staff were not always staying for the agreed amount of time, or that adequate travelling time was not always scheduled in between calls.

The new management team acknowledged our findings. They told us about actions they had already taken, or planned to complete by January 2018; to ensure people received their care when they needed it. They told us that greater monitoring of the electronic call system would be put into place to observe the punctuality of care staff. The provider explained that the out of hours / on call staff would be able to access the system on a laptop. This would enable them to monitor call timings off site. They also showed us that work had begun to match staff to people based on geographical areas, reducing travelling time in between calls and ensuring people benefited from consistency of care.

We did find evidence from other records that people were contacted to let them know when staff were running late. In addition, we saw that some staff had provided extra support when two different people had become unwell and needed additional medical assistance. We also read some feedback from someone who referred to their relative becoming very fond of their main carers, which showed that they had appreciated being matched to a small team of staff.

This showed that some progress had been made to ensure people had their assessed needs met in a safe or person centred way, but further work was required to fully implement the required changes. We have therefore not removed this breach and will check on this again at our next comprehensive inspection of this service.

At our March 2017 inspection, we also found inconsistencies with the arrangements for managing risks associated with people's care. Risk assessments sometimes contained information that was unclear, or had not always been updated when someone's needs had changed. For example, one person's risk assessment regarding their mobility stated they needed support in this area but there was no specific guidance for staff on how this might be achieved. This meant there was a risk of the person receiving inconsistent or unsafe support to manage their mobility requirements.

In addition, we found that food and fluid charts were being completed for people identified as being at risk from not eating or drinking enough. However, the effectiveness of these charts was not clear because we found they had not always been filled in, or information was too vague to know how much someone had eaten or drunk. This placed people at possible risk, because systems to mitigate the risks identified in relation to their eating and drinking were not sufficiently robust.

These were breaches of Regulation 12(2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team informed us during this inspection that there was no one using the service who was at risk from not eating or drinking, so we were not able to review food and fluid monitoring charts on this occasion. The provider told us that they tried to ensure people received their care and support from the same staff members which meant that staff would be better equipped to notice changes in people's weight, because they would have regular contact with them. Other records also showed that staff checked to make sure people had enough food available and that they had eaten, if they chose to eat outside of their planned care calls.

We did check a sample of care plans and risk assessments during this inspection, and found there had been no real progress in terms of the content and instructions for staff, to support them in providing care and support in a consistent and safe way. The new management team acknowledged our findings and told us that a full review of each person's care plan and risk assessment would be undertaken by January 2018. They added that relevant staff would also be trained and supported to write care plans and risk assessments in more depth.

In the interim, the new manager showed us that a new folder had been set up, which flagged up issues and concerns relating to people's health and wellbeing in a timely way. She explained that issues reported to the out of hours / on call member of staff were recorded and saved in the folder. This enabled the management team to easily review this information and ensure any required actions were put in place. We looked through the folder and saw that staff were regularly reporting issues which had then been followed up to ensure people's safety and wellbeing. There was evidence of staff contacting external health care professionals when additional medical advice or support was needed in a timely way. In addition, we read some positive feedback from a relative which supported the fact that staff encouraged people to seek additional health advice when needed. They referred to one particular occasion and had written: 'I really don't know what would have happened (if the staff had not provided the help they had)'. Other records showed that staff were prompted at each care call to ensure people were left safe with everything they needed including drinks and pressure relieving equipment, if required.

This showed that some progress had been made to mitigate identified risks to people and ensure their safety and wellbeing. Further work was still needed however to fully implement the required improvements. We have therefore not removed this breach and will check on this again at our next comprehensive inspection of this service.

Finally, at our March 2017 inspection we found that systems to ensure people received their medicines in a safe way were not always followed. Medication administration records (MAR) did not demonstrate the proper and safe management of people's medicines, and we could not be clear that they had received their medicines as prescribed. MARs identified a number of concerns including gaps, and medicines that had run out or could not be accounted for. On one occasion PRN (as required) medicine, used to treat pain and fever, had been administered to one person over a six day period, but staff had not recorded the reason for giving this. This meant there was no way to identify if there had been a change in the person's health care needs. We also found an entry on a record that one person had taken some of their own medicine, but they had not been assessed as being safe to take their own medicine. Other medicines had been crossed out on the MAR sheet, with no explanations provided.

This was a breach of Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found evidence that staff had received refresher medicine training, which included a written test to check their understanding and knowledge. The new manager also showed us that she had developed a new MAR chart to include actual times medicines are given. This was to ensure medicines were not given too close together if care call times changed. The new chart also included clearer codes to record PRN medicines or the reason why someone had not taken their prescribed medicines.

We looked at a sample of MARs and found they were legible and clear to follow. People had received their medicines as prescribed in the majority of cases but there were still some recording issues. For example, one person had refused prescribed medicine on two occasions but their reasons for doing so had not been clearly recorded. In addition, we found that PRN medicines were not recorded consistently. On some occasions unexplained codes had been used, making it unclear whether people had received their medicines or not. Staff had also not always recorded the reason for administering PRN medicines.

The management team acknowledged there was still room for improvement and provided evidence that they were going to provide further medicine training for staff.

Other records showed that staff were taking steps to ensure people did not run out of medicines, and that they checked to see if any changes were made to people's prescribed medicines following discharge from hospital. In addition, we saw that appropriate action had been taken when a MAR chart had not been signed. The management team provided further evidence that staff underwent comprehensive written competency checks where errors occur, as part of their retraining process.

This demonstrated the provider's commitment to making the required improvements and showed that progress had been made to ensure people received their medicines in a safe way. Further work was still required however, to fully implement the required changes. We have therefore not removed this breach and will check on this again at our next comprehensive inspection of this service.

Is the service well-led?

Our findings

At our last inspection in March 2017, we identified a breach of regulation in this area. This was because the arrangements to monitor the quality of service provided were not adequate. There were no formal quality monitoring systems in place. We were told that senior staff would routinely sample records and make a list of any improvements required, although there was no evidence to support this. The described quality monitoring systems were not effective because they had failed to pick up the concerns we had identified during the March 2017 inspection with regard to the quality and content of medication records, care records and call timings. For example, staff told us that people's daily records and MAR sheets were brought back to the office routinely for auditing. However, we found MAR sheets that were not complete, legible or up to date that had not been audited for five months. This meant there had been no managerial oversight of these records during this time, placing people at risk of not receiving their medication as prescribed.

This was a breach of Regulation 17 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection, we were informed that a new manager had been employed and there had also been a change at provider level. We refer to this person as the 'nominated individual'. This meant there was a new management team in place for this inspection. Our records showed that the new manager had already applied to register with the Care Quality Commission (CQC).

The new manager and nominated individual explained that due to them only coming into role a few weeks before this inspection, they had not been able to make all the required changes and some work was still in progress. They acknowledged our findings from this inspection and told us about the changes they were making to ensure effective governance systems were in place to monitor quality and drive continuous improvement. Some of this work had already begun and they planned to complete the improvements by January 2018. This included: monthly auditing of MAR (medication administration records) and records used to log the care provided to people on a daily basis, improved monitoring of care call timings and reviewing / updating care records and risk assessments for everyone using the service.

In addition, they told us they would implement a full organisation wide quality assurance system. This would involve distributing satisfaction surveys and using feedback from these as a benchmark for moving forward. There would also be regular recorded auditing of the systems used across the service covering areas such as: staff training and performance, complaints, care records, care call timings and reportable events for example, safeguarding incidents.

Other records showed that regular meetings were already taking place between the management team. We saw that clear action plans had been developed as a result of these meetings, which covered the concerns we found during our last inspection, and the steps that the new management team were planning to take to implement effective governance systems. There was evidence of progress already being made against some of the actions identified.

In addition, we found that a new recruitment checklist had been introduced which would support the provider in ensuring all the required checks were carried out for new staff before they started working at the service. This was an area that we had identified for improvement at our last inspection. We also found that the system for auditing MARs and daily records had begun. The quality of these audits still needed to be improved, but we also recognised that this was a new process and would take time to embed fully.

Furthermore, we noted improvements during this inspection in terms of how issues or concerns relating to people using the service were reported by staff and followed up by the management team; to ensure their safety and well-being.

This showed that some progress had been made and also demonstrated the provider's willingness to take responsibility for things that happened at the service, and to make changes where required. As further work was still required to fully implement the required improvements however, we have not removed this breach and will check on this again at our next comprehensive inspection of this service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care calls were not always provided as planned. This placed people at risk of not having their assessed needs met in a safe or person centred way.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People had been placed at possible risk, because the systems in place to manage identifiable risks were not sufficiently robust.</p> <p>Medication was not always managed in a safe way. This placed people at risk of not receiving their medication as prescribed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems used to assess, monitor and mitigate risks relating to the health, safety and welfare of people using the service, were not sufficiently robust.</p>