

Circle of Care Service Limited

Circle of Care Service, West Green Learning Centre, Park View Academy

Inspection report

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20 July 2016

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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?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on 19 and 20 July 2016. This was an announced inspection. We gave the provider 48 hours notice of the inspection as this is a domiciliary care agency and we wanted to ensure the registered manager was available in the office to meet us. We last inspected the provider on 6 February 2014.. At this inspection, we found the provider to be compliant.

Circle of Care Service is a domiciliary care service run by Circle of Care Service Limited. The service provides personal care to over 90 people with dementia, mental health needs or a physical disability. The service supports both older people and younger adults in their own homes. On the day of inspection 92 people were receiving services.

The service had a registered manager who has been registered with the Care Quality Commission at this location since 4 July 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service and their relatives told us they found staff caring, friendly and helpful. They told us that their health and care needs were met. People told us that staff respected their privacy and dignity. Staff were able to demonstrate their understanding of the needs and preferences of the people they cared for by giving examples of how they supported people.

Care plans were detailed and recorded individual needs, likes and dislikes. Risk assessments were individualised but lacked detailed information on safe management of the risks. Care plans and risk assessments were regularly updated and reviewed. There were gaps in the care delivery records. The service maintained clear records of medicines that were prompted by staff in people's care delivery records.

There were safeguarding policies and procedures in place. Staff were able to demonstrate their role in raising concerns. Staff had a good understanding of the safeguarding procedure and the role of external agencies.

Staff files had records of application forms, interview notes and reference checks. However, some staff files did not have recent criminal record checks.

Staff told us they were supported well and we saw records of staff supervision. Staff told us they attended induction training and additional training, and records confirmed this.

The service had systems and processes in place to assess, monitor and improve the quality and safety of service provided. There was evidence of regular monitoring checks of the service.

We have made a recommendation about a review of risk assessments and staff training on medicines management.

We found that the registered provider was not meeting legal requirements and there were a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staff recruitment, record-keeping and staff supervision and appraisal.

You can see what action we told the provider to take at the back of the full version of the 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.

The service did not follow safe recruitment practices.

The service had individualised risk assessments but lacked detailed information on how to manage risks.

People using the service and their relatives told us they felt safe. Staff were able to identify abuse and knew the correct procedures to follow if they suspected any abuse or poor care.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff had not been receiving regular supervision and appraisals. There were gaps in people's care delivery records.

Staff received suitable induction training and additional relevant training.

Staff understood people's right to make choices about their care.

People using the service told us their health and care needs were met. People were referred to health and care professionals as required.

Requires Improvement ●

Is the service caring?

The service was caring. The service supported people with their religious, spiritual and cultural needs.

People using the service and their relatives found staff caring and attentive towards their needs.

Staff were able identify the needs and preferences of the people they supported.

People told us they mostly had the same staff team.

Good ●

Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed and included people's social histories, wishes and preferences.

Staff understood people's individual needs and abilities.

There was a complaints procedure in place and complaints logs were maintained.

Is the service well-led?

The service was well-led. There were records of audits and checks to monitor the quality of the service.

People and their relatives told us they found the management friendly and approachable.

Staff felt very well supported.

Good ●

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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.

The inspection took place on 19 and 20 July 2016. This was an announced inspection. We gave the provider 48 hours notice of the inspection as this is a domiciliary care agency and we wanted to ensure the registered manager was available in the office to meet us.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We contacted local authority commissioners about their views of the quality of care in the home.

The inspection was carried out by one adult social care inspector and one 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.

We spoke with the registered manager provider, operations manager, one field supervisor and five care staff. Following our inspection, we spoke to seven people and four relatives.

We looked at 12 care plans and 10 staff files including recruitment, training and supervision records and one month's staff rosters. We also reviewed the service's statement of purpose, selected policies and

procedures, accidents / incidents and complaints records, staff team meeting minutes, quality audits and spot checks and care delivery records for people using the service. We also reviewed the documents that were provided by the registered manager (on our request) after the inspection. These documents included the medicines policy and medicines administration records chart.

Is the service safe?

Our findings

People using the service and their relatives told us that they felt safe. One person told us, "I feel safe because staff do their job properly." People and their relatives told us they usually had the same staff team which they found reassuring as staff knew how to support them.

Staff told us they had received training in safeguarding. They were able to describe the types and signs of abuse. They told us they would report any concerns to the registered manager and if they were not available then to the operations manager or office staff. The operations manager is the responsible for staff allocations, rotas and training, and to support staff with safeguarding concerns. Staff were able to demonstrate their role in identifying abuse and reporting it to the relevant parties including the management and the family. The service maintained effective operations to prevent abuse of people using the service.

We checked safeguarding records, they were clear and accurate. The registered manager explained how they had supported a person and a staff member on different safeguarding cases and participated in multi-disciplinary meetings. The registered manager was able to explain the measures they had implemented to prevent similar incidences.

People told us that if they did not feel safe they would contact the office. One person said, "If I didn't feel safe, I would ring the office." Staff we spoke to told us they had received training in whistleblowing and they were able to explain the importance of whistleblowing. The registered manager told us staff were encouraged to raise concerns and contact details of various agencies were provided to staff should they wish to contact them. Staff told us if they were not satisfied with the management's response to their concerns, they would contact the local authority and CQC. One staff told us, they were concerned about how another staff member had spoken to the person they were supporting. In the absence of the registered manager, the staff reported it to the operations manager after the incident. The operations manager carried out investigation promptly whilst temporarily suspending the concerned staff. There were clear records of this incident including the outcome. The staff went through the service's disciplinary procedure and the staff was given a final warning. We saw records of this incident in staff's supervision file.

People and relatives told us staff were usually reliable. They told us that staff would contact them if they were running late, and office staff would contact them if there were any changes to staff attending their care visits. One person told us, "Yes, we have a flexible arrangement with the staff, they ring and we agree a time." However, some relatives told us on the whole it was fine but they have had problems with temporary staff attending care visits and time-keeping. Their comments included, "I am pleased with the staff time-keeping but recently have had a few issues, with missed care visits because five staff were away. We have no problems with permanent staff although we do with stand-ins." And "It's haphazard, been better recently, no one let us know if [they are running] late, a couple of staff have missed care visits and we have not been informed." The registered manager told us they were recruiting more staff so that people had consistent staff support them. They have recently introduced an arrangement where people using the service have an allocated team of three to four staff. These staff would be called upon to cover any staff emergencies and

absences. This would ensure people were supported by the same group of staff who knew their individual needs.

The registered manager told us they maintained a web-roster system that helped them identify whether care staff were booked on care visits or available and free. The system also helped identify which staff had visited people before, and was aware of people's specific needs and abilities. We saw staff's names against people receiving care, the time and duration of care visits on the web-roster system. We noticed some care visits that were delayed and some missed care visits on the web-roster system. The operations manager told us it was difficult to get staff to attend care visits over the weekend. Hence, they have now increased the pay for weekend care visits to encourage staff to attend care visits over weekends. The operations manager told us they also recorded care visits that had not been completed, as people receiving the services were not available. These were also recorded on web-roster system and in people's care plans.

We found risk assessments met people's individualised needs. However, they did not provide detailed information on safe management on risks. The registered manager told us they were in middle of reviewing the current risk assessments, and the new format would include management of risk. Risk assessments were for areas such as medicine management, moving and handling, environment, nutrition, falls and personal care. The registered manager told us that the risk assessments were reviewed every year and during the year if people's needs changed. We saw risk assessments were reviewed regularly. Staff we spoke to demonstrated a good understanding of people's health and care needs, and the risks and their management involved in their care delivery.

We recommend that the service considers a review of risk assessments to include actions required to mitigate identified risks.

We viewed the service's medicines management policy that stated staff to only prompt medicines that were prescribed and provided by the pharmacy in the blister packs. As medicines were only prompted staff recorded these details in people's care delivery records. However, some of the care delivery records and staff meeting notes used terms such as administering and giving medicines. People using the service and their relatives told us they were happy with staff giving them medicines. Some staff told us they assisted people in taking medicines by taking them out of the blister packs and putting them in a plastic cup for people to access them. The operations manager told us staff were not always clear about the difference between medicines prompting and assisting. The registered manager told us they were reviewing their medicines management policy to include information on prompting, assisting and administering medicines. They also told us from now they were going to administer medicines where people were unable to self-administer. Following the inspection, the registered manager sent us the updated medicines management policy and medicines administration record sheet.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to medicines administration and management.

We looked at staff files; all had records of the application form, interview assessment notes and copies of identity documents to confirm people's right to work. Some staff files did not have recent Disclosure and Barring Service (DBS) criminal record checks and still had criminal record checks from their previous employer that had passed three months period. The registered manager told us they had misinterpreted information related to the requirement to carry out DBS checks for all the newly recruited staff.

The above evidence is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager assured us they would request DBS checks on the newly recruited staff that were still using previous employer's DBS check.

Is the service effective?

Our findings

People using the service and their relatives told us they were happy with the care provided by staff. They felt staff knew their health and care needs and were able to provide the right support.

People and their relatives told us staff gave them choices and asked permission before supporting them. Their comments included, "The staff know me by now, know what I like and don't like and ask me any way." "They ask me first before doing anything." And "The staff ask what I would like them to do."

Staff told us they felt well supported by management. Staff told us if they needed help they would either call the office or visit their line manager. Their comments included, "My line manager listens to me, and I feel supported." "The line manager is very supportive and act on issues immediately."

Supervisions and appraisals are important tools to ensure staff have structured opportunities to discuss their training and development needs with their manager. The service's supervision policy stated staff should receive supervision every three months. However, we saw staff had not been receiving regular supervision. Some staff had gaps for over six months between their supervision sessions. One staff member had no records of supervision although the staff told us they were receiving regular supervision sessions. The registered manager told us they were reviewing the supervision policy. During the inspection, we were provided with an updated supervision policy that stated staff to receive supervision session three times a year. The registered manager and the operations manager told us they were introducing group supervision for staff which would be delivered in addition to one-to-one supervision. The service did not carry out staff performance appraisal for the year 2015. The registered manager told us they had not carried out appraisals last year.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they were in the process of planning dates for staff supervision and appraisal for this year.

Staff told us they received relevant training. They gave examples of the training they had completed. They said the training was very helpful and delivered at the right pace. We saw staff training records. The operations manager was also the service's training manager who was responsible for planning and delivering training. This meant they had flexibility in how and when they delivered training sessions. We saw the staff training matrix that clearly detailed staff names, training courses staff were booked on and staff training gaps.

Staff attended Care Certificate induction course that they commenced as soon as they were selected for the role and before they started work. The induction included training around communication, safeguarding, moving and handling, health and safety and first aid. Staff also received additional training in medicines administration, dementia, nutrition and hydration and person-centred care. We saw the staff induction

training programme and completed records.

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.

Staff understood people's right to make choices about their care. We found care records made reference to people's capacity. The care plans had information on how and when to support people to make decisions. People's care plans stated who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care. Staff knew who to contact when necessary.

We viewed the care delivery records, there were inconsistencies in recording. There were some clear and detailed care delivery records. However, some care delivery records content was repetitive and did not give detailed information on how people were being supported or include details on people's nutritional and hydration intake. Staff did not always complete the time they finished care visit. There were missing records and this meant the service could not be sure if people had received care.

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

The registered manager and the operations manager acknowledged that there were gaps in the care delivery records and they undertook to remedy this. They told us they had recruited field supervisors to supervise staff when they were at people's home on care visits during which they could spot check the care records. This would highlight any issues with care delivery records.

People using the service and their relatives told us their nutrition and hydration needs were met. Their comments included, "All meals are good and hot, I get enough." And "They make me a sandwich and a cup of tea, there is enough for me to eat and drink."

People using the service and their relatives told us staff and management contacted health and care professionals as and when required. Their comments included, "If they think I need to go to see a doctor they help me to do this, and they call my relative." "They advise me to ring [the] doctor or district nurses." And "The staff are very good with time scale. They called a district nurse and an ambulance on two different occasions for family member. I am happy with the service." We evidenced records of correspondence and referrals to various health and care professionals.

Is the service caring?

Our findings

People using the service and their relatives told us they found staff very caring, kind and friendly. People told us, "The staff are caring and kind, do their job properly." Relatives' comments included, "The staff we have now are extremely caring and friendly". They told us staff listened to them and their needs. One person said, "The staff listen to me and we have a laugh. I can be cheeky and we get on well with each other."

Staff we spoke with were able to describe the needs, wishes and preferences of people they cared for. Staff told us how they cared for them to meet their individual needs. For example, one staff told us, "The person I support they prefer to maintain their daily routine such as having breakfast before doing anything else." Staff spoke passionately about their job and the relationship they had established with people they cared for.

People and their relatives felt they were involved in planning and making decisions about their care. Their comments included, "I was fully involved in the care planning and it was very good." And "They include me in care planning and reviews."

The registered manager told us at the time of the initial referral they engaged with people and their relatives to identify people's needs, wishes and preferences. The registered manager told us the same process was followed once a year whilst reviewing people's care plans.

People and their relatives told us they mostly had same staff to support them. One person said, "The same staff support me all the time. I don't like different staff and office staff knows about this." "I get the same staff most of the time, weekend staff always the same."

People and their relatives told us staff treated them with dignity and respect. One person said, "The staff treat me with respect". Another person said, "I have four carers, I like them all. They are very friendly, caring and kind and they me with respect." Staff were able to describe the importance of preserving people's dignity when providing care to people. Staff told us they ensured the doors and curtains were closed when supporting people with personal care to maintain their privacy and dignity. One staff told us, "Dignity in care is very important. I always make sure I know before entering people's houses. I give people privacy and time when they are using [the] commode. I talk to people politely." One person told us, "They know I don't like using the commode and having a wash, they help me in a respectful way." Staff told us they supported people to remain as independent as they could. One staff told us, "They encouraged the people they support to join-in with meal preparations."

We saw people's personal information was stored securely which meant that their information was kept confidentially. Staff were able to describe how they maintained people's confidentiality; they did not discuss people's sensitive information with other people and staff members.

Is the service responsive?

Our findings

People using the service and their relatives said that staff were responsive to people's health and care needs. Staff understood importance of person-centred care. One person told us, "They understand what I need." One relative told us, "We are lucky to have someone who my family member can relate to."

The registered manager told us, people were being supported with their culturally specific needs, for example, preparation for festivals' arrangements and preparing meals that met people's culturally specific diet needs. For example, one person preferred food from their country of origin. The service matched this person with staff who were from the similar cultural background and had a good understanding of their cultural needs. Staff told us they wore protective shoe cover at a person's home in order to meet their religious needs and wishes. The registered manager told us they offer gender specific care where people request this. One relative told us, "Yes, we only get women staff and I don't think men would work for my family member." Another relative told us, "My family member mainly has male staff and they get along with staff very well." People and relatives told us staff supported them with their culturally specific needs. For example, one relative told us, "I taught the staff how to prepare traditional food; in the way my family member likes it."

We viewed people's care plans; they were regularly reviewed and had sufficient information to help staff provide individualised care. The care plans included people's personal details, social history, medical history, information about their background, religion and spiritual needs, and wishes and preferences. The registered manager told us the care plans were reviewed once a year and when people's needs changed. They told us there plans to update and review care plans to make them more person-centred.

Staff told us they supported people in going out for walks, assisting with simple exercises, food shopping and going to cafes and pubs. One relative told us, "They made a real effort to create person-centred plan for my family member. They enjoy going for a walk and the current staff make an effort to achieve that."

We saw the complaints and compliments policy. We also looked at the complaints log and there were clear records of complaints that were made and actions taken. People using the service and their relatives told us their concerns and wishes were always listened to and acted on promptly. One relative said, "I was not happy with a staff, I called the office to complain and they changed them straight away." We saw clear and accurate records of this complaint and the outcome.

The registered manager told us they gave information on how to make a complaint to all the people who use the service and their relatives. The registered manager told us, they encouraged people and their relatives to raise complaints by reassuring them of the process, and ensuring confidentiality wherever possible. They told us the field supervisors encouraged and asked people when they visited them on their regular supervision visits.

People and their relatives told us they were asked to complete a feedback questionnaire once a year.

Is the service well-led?

Our findings

The service had a registered manager in post. People using the service and their relatives told us they were happy with the staff and the service. One relative said, "The staff are very nice, they take time and talk to my family member. I am happy with the service." People and their relatives told us they were able to speak to the registered manager, and their messages and calls were mostly returned on time. Relatives told us if the registered manager was not there they could speak to the operations manager or any other office staff. One relative said, "The registered manager was approachable and I feel comfortable making a complaint".

Staff told us they felt well supported by the registered manager and they felt comfortable in visiting the office unannounced. They told us the operations manager who was their line manager always made time for them. One staff said, "The team in general is very supportive. I feel appreciated for my work. The registered manager is very approachable and it feels like a family here." The registered manager told us the operations manager had staff meetings for office staff every month. The operations manager told us they were introducing group supervision session for field staff. The registered manager told us there were regular bulletins sent out to all the staff informing them of any changes and matters related to their role. We saw the staff meeting minutes that recorded discussions around missed care visits, staffing issues, care reviews and complaints.

Staff told us they were listened to and their suggestions were taken on board. For example, one staff told us they observed deterioration in the person's abilities that they were supporting, and the need for equipment to support them. The staff raised their concerns with the registered manager. The operations manager reviewed person's risk assessments and placed a referral for additional equipment. They felt they were consulted by management on matters related to people they were supporting.

There were records of audits and spot checks to monitor the quality of the service. The service's audit process had not picked up the inconsistent recording of care delivery in people's homes, but this had subsequently been included. We saw quality assurance schedule for people's care plans and saw records of the issues found and the action points. The service gathered feedback from the people using the service and their relatives. We saw records of the completed feedback survey and their analysis. The registered manager and the operations manager implemented systems to learn from the feedback. Although, the service's quality assurance policy stated that they would seek formal feedback from employees and professionals on an annual basis. There were no records of employees' feedback. The registered manager told us they secured feedback from staff formally via one-to-one supervision and field supervision sessions. They sought staff feedback on an on-going basis informally over the phone and when staff visited the office.

The service had data management systems and processes in place to assess, monitor and improve the quality and safety of service provided in the carrying on of the regulated activity including the quality of the experience of service users in receiving those services.

People and relatives told us they were asked for informal feedback on a regular basis and formal feedback via questionnaires once a year. The registered manager sought feedback in a formal manner once a year. We

saw completed questionnaires for the year 2015. The overall feedback was positive.

The registered manager told us they were in the process of implementing their business expansion plan and working closely with the surrounding boroughs and CCGs.

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 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and process in place to assess, monitor and improve the quality and safety of service provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Regulation 17 (2) (c)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures must be established and operated effectively that person employed meet the conditions. Regulation 19 (2) (a)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate and necessary support, training, professional development, supervision and appraisal to enable them to carry out their role effectively. Regulation 18 (2) (a)