

Field's Care Ltd

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Inspection report

Empire House
Empire Way
Wembley
Middlesex
HA9 0EW

Tel: 07772046417

Website: www.fields-care.com

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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?

Requires Improvement 

Summary of findings

Overall summary

Our inspection of Field's Care took place on 24 April 2017 and was announced. 48 hours' notice of the inspection was given because the manager may be out of the office undertaking assessments or providing or reviewing care in people's homes. We needed to be sure that they would be available when the inspection took place.

Field's Care is a domiciliary care agency that provides a range of support to adults living in their own homes. The service is based in Wembley and provides support to people living in the London Borough of Brent. At the time of our inspection the service provided care and support to 27 people.

Field's Care is a new service that was registered with The Care Quality Commission on 4 May 2015. At the time of this inspection the service had been fully operational for one year. This was their first inspection.

The manager of the service is the registered provider. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had recently appointed a care co-ordinator and senior carer to support them with the management of the service.

People and family members told us that they were happy with the care that was provided by the service. Staff members spoke positively about the people whom they supported and their approaches to care.

People were protected from the risk of abuse. The provider had taken reasonable steps to identify potential areas of concern and prevent abuse from happening. Staff members demonstrated that they understood how to safeguard the people whom they were supporting. Safeguarding training and information was provided to staff.

The care plans that were in place for people were person centred and provided clear information about people's care needs with guidance about how these should be supported by staff. These were linked to individual risk assessments which included guidance for staff members on how to minimise any potential risk associated with care and support. We saw that these records were reviewed regularly and had been updated where there was any change in people's needs.

Arrangements were in place to ensure that people's medicines were administered and recorded. Staff members had received training in safe administration of medicines. We found, however, that there were gaps in some medicines administration records and although the provider was able to tell us the reasons for the gaps, they had not been recorded.

Staff recruitment processes were in place to ensure that workers employed by the service were suitable. However we found that references from previous employers were not in place for some staff members.

Staffing rotas met the current support needs of people. There was a system for ensuring that care activities were managed and monitored. Staff and people who used the service had access to management support outside of office hours.

Staff training met national standards for staff working in social care organisations. Staff members told us that they felt well supported in their roles. A process for staff supervision and spot checks of care practice was in place. However, some staff members had not received regular recorded supervision from a manager.

The service was meeting the requirements of the Mental Capacity Act 2005. Capacity assessments were in place for people. People were asked for their consent to any care or support that was provided. However, we found that where people were unable to record consent this was not always noted in their care files.

People's religious, cultural and other needs and preferences were supported. People and family members told us that staff members respected their wishes and treated them with dignity and respect. We noted that people's communication and language needs were well supported.

People who used the service knew what to do if they had a concern or complaint. Complaints that had been received by the service had been fully investigated and actions had been put in place to people's satisfaction.

People, family members and staff spoke positively about the management of the service. A range of processes were in place to monitor the quality of the service, such as audits and spot checks of care practice. However, these had failed to identify and address issues such as gaps in medicines administration records and gaps in supervision of staff. The provider had recently appointed two senior staff members to support the growth of the service. However there was further work to be done to ensure that their quality assurance processes were effective..

We found three 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 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. References from previous employers had not been obtained for some staff members.

There were gaps in some medicines administration records and although the provider was able to tell us the reasons for these, this information had not been recorded.

People's risk assessments were person centred and included guidance on managing identified risks.

Staff members knew how to identify and report signs of abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff members had not always received regular supervision from a manager to support them in their roles.

Staff members had received training that met national requirements for staff working in health and social care services.

The service was meeting the requirements of the Mental Capacity Act.

Requires Improvement ●

Is the service caring?

The service was caring. People spoke positively about staff members' approach to care, dignity and respect.

Staff members that we spoke with spoke positively about the people whom they supported and described sensitive approaches to care.

People received accessible information from the service.

Good ●

Is the service responsive?

The service was responsive. Care plans were up to date and included information about how people should be supported.

Care assessments contained information about people's needs,

Good ●

interests and preferences.

People who used the service knew what to do if they had a complaint. Complaints had been addressed appropriately.

Is the service well-led?

The service was not always well led. Senior staff members had been recruited to support the provider. Actions were in place to ensure that improvements were made, for example, in relation to recruitment records and staff supervision but these had not yet been completed.

Although quality assurance processes were in place these had not always identified issues. There had not yet been a formal satisfaction survey of people who used the service.

People, family members and staff spoke positively about the management of the service.

Requires Improvement ●

Field's Care Ltd

Detailed findings

Background to this inspection

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

We visited Field's Care on 24 April 2017. The inspection team consisted of a single inspector. We gave the service 48 hours' notice of our inspection.

We reviewed records held by the service that included the care records for six people using the service and six staff records, along with records relating to the management of the service. We spoke with the provider, the care co-ordinator and three care staff. The service worked with people with complex needs such as advanced dementia. Although we were able to speak with only one person who used the service, we spoke with five family members who were able to tell us about their experience of the care that their relative received.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service and the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make.

Is the service safe?

Our findings

The people we spoke with told us that they felt that the service was safe and that they were confident with the quality of care staff. One person said, "I feel very safe with my carers. They do everything very well" A family member said, "I am so confident with the way that they care for [my relative] that I am now able to get a break and go out for a walk when the carers are there."

We looked at six staff files. The recruitment records that we saw included copies of identification documents, evidence of eligibility to work in the UK and criminal record checks undertaken by the provider. Application forms were in place and there were also records of pre-employment interviews. However, we found that only one reference had been obtained for four of these staff members and these were not always from previous employers. This meant that we could not be sure that the provider had always taken action to ensure that all staff members were suitable to carry out the duties that were expected of them.

This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed this with the provider who told us that efforts had been made to obtain written references from previous employers. We saw that letters had been sent requesting references at the point of recruitment. The provider said that efforts had been made to obtain references by telephone, but could not provide evidence of this. They assured us that efforts would be made to ensure that employer's references were always obtained in the future.

The service had a policy and procedure for administration of medicines. The care plans showed that some people received support from staff members to take their medicines and we noted that staff had received training to assist them in doing so safely. Details of the medicines that people received were contained within their care files. Risk assessments had been completed for people in relation to medicines administered by staff. We looked at completed medicines administration records for four people whose medicines were administered by care staff. We noted that there were gaps in the records for two people. We asked the provider about these. They were able to tell us the reasons for the gaps, for example, in the case of one person, they had been in hospital. However, there was no record of this contained within their care documentation and this had not been recorded as part of the monitoring and review process for medicines records. The provider told us that they would speak with staff members administering medicines to ensure that, where there were gaps in people's medicines administration records, reasons for these were recorded in future.

The risk assessments that were in place for people who used the service were up to date. These included information about a range of risks relevant to the person's needs, for example, moving and handling, mobility, behaviour, pressure area care and home environment. These assessments included risk management plans which provided guidance for staff members on how to respond to and address any risk that occurred. We saw that these had been reviewed and updated where there were changes in people's needs.

The service had an up-to-date safeguarding policy and procedure. The staff members that we spoke with were able to demonstrate that they understood the principles of safeguarding and the potential signs of abuse. They told us that they would immediately report any concerns to a manager.

The safeguarding records maintained by the service showed that concerns were addressed appropriately and immediately reported to the local authority adult safeguarding team. Regulatory notifications were provided to CQC.

There were sufficient staff members available to support the people who used the service. Everyone who used the service at the time of our inspection required care and support from two staff members. The provider told us that staff members were paired during each day and worked with the same service users. This meant that they arrived and left people's homes at the same time. This was confirmed by the staff members that we spoke with. A person who used the service and two family members confirmed that care staff always turned up together. One family member told us, "I didn't have this with the last agency. Sometimes we had to wait an hour for the other care worker to arrive." Another said, "I can always rely on two people coming to support [my relative]." We saw from the service's rotas that sufficient time was provided for staff members to travel between care calls.

The service used an electronic call monitoring system which identified if there were missed or late care calls. We were shown how this worked in practice. The service received an alert if a carer had not logged into the system within 20 minutes of the due time, and this was immediately followed up by the service. Outside of office hours the system was monitored by an on-call manager or senior worker who could log into the system via a smart phone or tablet. Staff logging in and out times were compared against their timesheets to ascertain that they had spent the required amount of time on care calls. The manager told us that staff usually informed the office if they were unavoidably delayed so that a message could be passed on to the person they were supporting. People told us that care staff were usually on time, and that they were informed if they were running late. We saw from the records maintained by the service that there had been no missed calls and this was confirmed by the people we spoke with.

All staff had received training on infection control procedures and were provided with disposable gloves, aprons, shoe and arm covers and anti-bacterial gel, along with information regarding safe disposal of these and other relevant waste. We saw that stocks of these were held at the office. During our inspection staff members came to the office to collect fresh supplies. The staff members that we spoke with confirmed that they were aware of procedures in relation to control of infection,

The service maintained a 24 hour on-call service. Staff members and people who used the service and their family members told us that they were aware of this and would use it if they had any concerns outside of office hours.

Is the service effective?

Our findings

People who used the service felt that the service was effective. We were told, "The carers are very good. I think they are well trained," and, "They look after [my relative's] needs in a very professional way."

We looked at records of staff supervision and support. Although we saw that supervisions and spot checks of care practice by a manager had taken place, these had not always been regular. For example, we noted a gap of six months between supervisions for one staff member. The record for another staff member showed that no supervisions had been recorded and there was a gap of one year between spot checks of care practice. A member of staff who had commenced work in January 2017 had not yet received a recorded supervision or spot check of practice. This meant that we could not be sure that periodic supervision and support was in place to ensure that staff members were able to effectively carry out the duties that they were required to perform.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We asked the provider about this. They told us that they had recently appointed a care co-ordinator and senior support worker who would be taking responsibility for supervision of staff members going forward. They said that a matrix for supervision and spot checks of practice was being developed to ensure that these were regularly timetabled and recorded. The provider told us that there had been regular discussions with staff via the telephone and when they came to the office but acknowledged that these had not been recorded. The staff members that we spoke with confirmed that they had regular contact with a manager outside of formal meetings.

Staff members received induction training prior to commencing work with any person who used the service. This followed the requirements of the Care Certificate for workers in health and social care services. The Care Certificate provides a nationally recognised framework for training and is a requirement for all new staff working in social care services. The induction also included time spent shadowing more experienced staff members. Training certificates were contained in staff files. These showed that staff members had received formal training in, for example, moving and handling, safe administration of medicines, equality and diversity, infection control, first aid and basic life support, nutrition and awareness of dementia, learning disabilities and mental health support needs. The provider told us that they were providing opportunities for staff to achieve qualifications in health and social care. This was confirmed by the staff members that we spoke with.

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.

We checked whether the service was working within the principles of the MCA. The care plans for people

who used the service clearly showed whether or not they had capacity to make decisions, and provided guidance for staff about how they should support decision making in day-to-day care. The service had an up to date policy on The Mental Capacity Act (2005) and staff members had received training in relation to this as part of their induction.

Some people had signed their individual care agreements to show that they had consented to the care that was being provided by the service, but this was not always the case. We found that three of the six care files that we looked at had not been signed. We asked the provider about this and they told us that, since these people were unable to provide recorded consent they had asked a family member to sign. However these signatures had not yet been received. The provider told us that a note of this would be attached to people's files in the future.

Care plans contained information about people's health needs and how these should be supported by staff, along with contact information for health professionals. Where staff had made contact with professionals, such as the person's GP or community nurse, this was recorded in their care notes.

Care staff were involved in meal preparation, and we saw that care plans for people who were being supported with eating and drinking provided information about food preferences and when people should be supported.

Is the service caring?

Our findings

People told us that they considered that the service was caring. One person said that, "The carers are lovely. They chat and ask me what I need to be done." A family member said, "They do what they need to do whilst chatting to [my relative]. They are like a breath of fresh air to her." Another family member told us, "[My relative] looks forward to a regular carer coming and, although the others are very good and caring, they miss her when she is away."

We were unable to see care being carried out, but the staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. A staff member said, "I feel very committed to the people I look after." Another staff member said, "It's difficult sometimes but I learn so much from them."

The manager told us that new staff members, or those new to the person who used the service, would shadow established staff members in order to understand the person's needs and establish a relationship with them. We saw records that showed that this had taken place. A family member told us that some staff members were less experienced, but that they were always paired with a more experienced staff member when supporting people with care needs.

People's care plans contained information about how staff members should support them to make choices about how their care was delivered. Plans included information about people's religious, cultural, communication and other special needs and preferences, and information was provided on how these should be supported by staff. Gender appropriate care was provided where this was required by the person. The provider told us that, where possible, care staff were provided who could meet people's specific cultural and language needs. A family member said, "The staff have learnt words in Gujarati so that they can communicate with [my relative] and they manage to communicate with them very well."

We asked about approaches to dignity and privacy. A person said, "They are very respectful to me and listen to what I want." A family member said, "I can't fault them. They do all they can to make sure that [my relative's] care is provided in a dignified way."

We asked the provider about advocacy. They told us that people used family members to advocate on their behalf. However, should a person require an advocate, information about advocacy was maintained by the service. The provider said that staff would actively support people to access an advocate if required.

We viewed information that was provided to people who used the service and saw that this was delivered in an easy to read format. People told us that the information provided by the service was very clear. A family member said, "If we are unsure about anything we can phone the office and they will always respond in a professional way."

Is the service responsive?

Our findings

People told us that they were pleased with the support provided by the service. A family member said, "They have always been good about changes that we have asked for." Another told us, "When we have asked for a change in care times when [my relative] has an appointment, they have worked around this."

Care documentation included assessments of people's care needs that were linked the local authority care plan. Assessments contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person.

People's care plans were clearly linked to their assessments. We saw that care plans provided information about each task. Information for staff about how people should be supported was in place. We saw that this was detailed and included guidance for staff on how best to support people. For example people's care plans provided information about the importance of speaking with them whilst providing care and included information about the topics that they were interested in. The plans also identified the tasks that people were able to do for themselves and provided guidance for staff on supporting people to maintain independence with these.

The care plans had been regularly reviewed. Where there had been changes in people's needs, for example after a stay in hospital, we saw that they had been immediately updated to reflect any change to the care that was provided by staff members.

Daily care notes were recorded and kept at the person's home. We looked at recent care notes for six people and we saw that these contained information about care delivered, along with details about the person's response to this and any concerns that care staff had. They also showed where concerns had been reported. Staff members completing the care notes had also recorded how support had been offered, and the activities that they had supported people to participate in.

The service had a complaints procedure that was available in an easy to read format and contained within the files maintained in people's homes. The people that we spoke with told us that they knew how to make a complaint. A family member said, "We had a few problems at the start, but when we told the manager about these they were sorted out immediately. I have no concerns about asking them to change things as they always respond in a positive way." We looked at the complaints record and noted that there had been one complaint made during the past year. We saw that this had been fully investigated and resolved in a timely manner. A follow up home visit had been undertaken where it had been found that the person was satisfied with the actions taken in response to their complaint.

The records maintained at the service showed evidence of partnership working with other key professionals involved with people's care, for example general practitioners and community and specialist nursing services.

Is the service well-led?

Our findings

People spoke positively about the management of the service. A person and family members that we spoke with referred to the provider and the care co-ordinator by name and told us that they had good relationships with them. A family member said, "I can't fault them. They listen to us and we can see the results of the actions that they have taken."

The provider was supported by a recently appointed care co-ordinator. During our inspection we were also introduced to a senior carer who was new to the role. During our inspection we had found two breaches of regulations under The Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to recruitment records and staff supervisions. We had also found that there had been a failure to record the reasons for gaps in people's medicines administration records. The provider acknowledged these shortcomings. She told us that as the service had grown, she had been undertaking care work and this had meant that there had not always been time to ensure that some records and actions were complete and up to date. The recruitment of a stable staff team now meant that she was able to spend more time on administrative and management duties and the appointment of a care co-ordinator and senior care worker was intended to support her with these. We saw, for example, that staff supervision responsibilities were now shared between members of the senior team but we noted that actions had not yet been taken to ensure that all staff members were supervised on a regular basis.

The documentation that we viewed showed that quality assurance processes such as on-site spot monitoring, telephone checks with people who used the service, and home visits by senior staff to check on people's views of the service took place. However, we found that there had been no spot monitoring of practice in relation to a staff member who had been in post since January 2017. One person said, "They ask me if I am happy with my care." The records of telephone monitoring and home visits showed that people and their family members were positive about the care provided by the service.

Although telephone and on-site monitoring of care had taken place, the service had not yet undertaken a formal satisfaction survey of people's views. The Provider told us that they were planning to circulate a questionnaire asking for people's views at the end of May 2017.

We looked at other quality assurance processes that the service had put in place. Care notes and medicines records were reviewed on a regular basis. However, we noted that these had not always picked up or recorded reasons for the gaps that we found in people's medicines administration records. An electronic system for recording concerns regarding people's care and wellbeing had been introduced and we saw that actions had been entered in respect of each concern. The provider showed us that reports could be run from the system and that information in relation to these were discussed by the senior staff team in order to improve the quality of the service. We noted that there was recognition that recording of for example, monitoring of medicines records and discussions with staff had not consistently taken place, and the provider showed us examples of how the senior team was planning to address this.

Although the provider had taken action in response to the growth of the service through the recruitment of

senior staff members, they were not yet able to demonstrate that a quality assurance system was in place to address the failures that we found during our inspection. This meant that we could not be sure that sufficient actions had been taken to monitor, assess and improve the quality and safety of the service.

This demonstrated a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider and care co-ordinator told us that they undertook care shifts where required. This was reflected in the rotas that we saw. People that we spoke with also confirmed that this was the case. One family member said, "The manager sometimes comes on Sunday mornings. She is very good. She chats with [my relative] and makes sure she has a cup to tea before she goes." Another said, "[The care co-ordinator] is brilliant when she comes to give care."

Staff meetings had taken place but these had not always been regular. However we noted that staff meetings had been planned for the week following our inspection and that these were scheduled to take place on a monthly basis in future. The provider had introduced a staff newsletter that provided information about service and practice issues. This had been circulated to staff via email. We also saw that additional email communication with staff providing need to know or urgent information had taken place in a timely manner.

Staff members spoke positively about the management of the service and told us that they felt well supported in their roles. They told us that they could contact the provider at any time and would not wait until a meeting if they had any questions or concerns. The staff we spoke with had experience of working alongside the provider and care co-ordinator when they were covering care calls. During our inspection we noted that staff members dropped into the office and the provider and other care co-ordinator took time to speak with them. We observed that the communication was friendly and professional.

A range of policies and procedures were in place. These were up to date and reflected legal and regulatory requirements as well as good practice in social care.

The records that we viewed showed that the provider regularly liaised with commissioning services and other health and social care providers involved with people using the service. During our inspection we noted that telephone calls were made to the local commissioning authority and health professionals regarding people's needs.

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 Systems and processes did not fully assess monitor and improve the quality of service provided. 17(1)(2)(a)(b)
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not always obtained references from previous employers for staff members working at the service. 19(2)
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff members had not always received regular supervision and appraisal to ensure that they were enabled to carry out the duties that they were employed to perform. 18(2)(a)