Core Outreach and Care Services Uk Ltd

479 Green Lanes

Inspection report

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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

479 Green Lanes is a home care agency based in North London which provides domiciliary care services predominately in Enfield and Haringey. This was an announced inspection and the service was given 48 hours' notice. This was to ensure that someone would be available at the office to provide us with the necessary information.

The service was last inspected on 12 June 2014 and was found to be fully compliant in all areas that we looked at.

At the time of the inspection there were 187 people using the service. The service provides domiciliary care services to younger and older people with dementia, learning disabilities or autistic spectrum disorder, mental health conditions and physical disabilities. The service operates from offices based in Enfield.

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 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.

Summary of findings

People and relatives told us that they were satisfied with the care and support that they received. Staff were caring and carried out their duties with dignity and respect at all times.

Each person using the service had a care plan. An assessment had been completed prior to the service starting. The care plans we looked at gave basic information about the person's needs and requirements. Most care plans were regularly reviewed and updated and included moving and handling risk assessments. However, the care plans did not include personalised risk assessments where particular risks had been identified. There was also lack of information and/or guidance about some people's health conditions.

Care plans were basic and did not include much detail about the individual, their life history and were not person-centred. Care plans had been signed by people using the service or a relative and people and relatives told us that they had been involved in the care planning process. However assessment paperwork did not evidence that the service had tried to ascertain if a person had capacity or not and where someone lacked capacity what steps had been taken to ensure they were supported appropriately and that other people had been involved in any decision making process.

The registered manager did not undertake any internal quality assurance audits to ensure that the service was providing a good quality and effective service. Tracking systems were evidenced to inform management of when reviews or supervisions were due but there was no evidence of any care plan or staff file audits to check content and quality of these and to highlight any issues. Spot checks and telephone checks were carried out to ensure that people were receiving a service that had been scheduled however, where missed calls were noted, no recording or analysis of these had carried out to look at any emerging patterns or to learn from these occurrences and to prevent these from re-occurring.

Staff recruitment processes were robust. We looked at ten staff files which showed that prior to employment of care staff all appropriate checks had been completed. Staff files showed two written references, identity and visa checks and criminal records checks.

We looked at training records for staff. We saw that in all cases essential training, covering a variety of topics, had been undertaken including induction training. The service had introduced the Care Certificate to all new staff employed. Staff members received regular supervisions and appraisals. This showed that appropriate systems were in place to support staff to do their job.

The service did have an electronic rota management system in place but this was not being used effectively. Manual systems were in place to set rotas and staff members were not provided with a weekly rota. We were informed by the service that the staff were aware of their rota and did not need to be given confirmation of this.

There was a clear management structure in place which staff understood. Staff were aware of their role, responsibility and accountability in relation to the provision of services. People told us they knew who and how to contact the service if they had a concern or complaint. The registered manager sought regular feedback from people and staff through spot checks, telephone monitoring and questionnaires.

At this inspection we identified a breach of Regulation 12. This breach was in relation to risk assessments. 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?

Requires improvement

The service was not always safe. Basic risk assessments were in place and these had been reviewed, however, personalised risk assessments were not available where particular risks had been identified.

Care plans provided basic information to enable staff to carry out their role. However, care plans failed to provide guidance and direction in relation to supporting particular health conditions especially in the case of an emergency.

People and their relatives told us that they felt safe when the carers arrived and were kept safe from harm when the carers were present. People also told us that they were treated with dignity and respect at all times.

The service had effective systems in place to ensure that the recruitment of staff was safe. This included required background checks, references and identity checks.

Staff demonstrated their knowledge about how to respond to any signs of potential abuse and how to ensure that the people they support were safe.

Is the service effective?

Good

The service was effective. Staff received regular training in a variety of areas and this was refreshed regularly. Staff told us that they received support and supervision from their managers.

There was knowledge about how to assess and monitor people's capacity to make decisions about their own care and support however this was not always documented in the care plans.

People told us that staff supported them with the preparation of meals and also monitored food and fluid intake to ensure that they were well nourished and hydrated.

Is the service caring?

Good

The service was caring. The feedback we received from people using the service and their relatives showed that the support people received was caring and considerate.

Staff told us that they provided care to regular clients and enjoyed the work they did. Most carers had been employed by the service for a number of years. Staff spoke about the people they supported in a respectful and considerate way and knew the people they supported.

Is the service responsive?

Requires improvement

The service was responsive. Each person had a care plan that contained information based on their assessed need. Care plans were reviewed regularly.

Summary of findings

People were involved in making decisions about their care and these involved relatives where people needed this to happen.

Complaints and concerns were listened to and acted upon. The views and comments that were shared with us by people and relatives using the service demonstrated that they had confidence in approaching the staff or managers where necessary.

Is the service well-led?

Requires improvement 

The service was not always well led. There was confidence in how the service was managed however, the service did not ensure appropriate systems and processes were in place to monitor the provision and quality of service

The service had systems and processes in place for monitoring the quality of care. Surveys were carried out through a variety of means and the results showed that a high level of satisfaction was experienced across the majority of people who used the service.

Staff had regular staff meetings and gave feedback in relation to their roles. This meant that people and staff were able influence the quality of service provision through feedback and meetings.

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Detailed findings

Background to this inspection

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

This inspection took place on 29 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We spoke to staff members on 30 October 2015. The expert by experience spoke to people and relatives of people who used the service on 2 and 3 November.

The inspection was carried out by two inspectors and an expert by experience that made telephone calls to people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we had about the service. This included notifications, provider information returns (PIR) and communications with people's relatives and other professionals. A PIR is a form that asks about the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to the registered manager, three care co-ordinators and one staff member. We also reviewed twenty care plans and care records, ten staff files and looked at a number of other documents including policy and procedures, training records, complaints information, risk assessments and quality assurance monitoring.

After the inspection we spoke by telephone to five people who used the service, six relatives and seven care workers. We also contacted the procurement and contracts team in Enfield and Healthwatch Enfield to obtain any information that they had about the service.

Requires improvement

Is the service safe?

Our findings

People told us that they "feel safe when the carer arrives" and "are treated well at all times." Relatives told us "the agency ensures that [their relative] is kept safe from harm at all times" and "the staff respect the service users dignity and privacy."

As part of the care plan there was a manual handling risk assessment. However, we were unable to evidence any other risk assessment on file especially where risks had been identified as part of the assessment process. Assessments that had been completed as part of the care planning process had identified that certain people had a particular health condition or were at risk of choking or pressure sores. This had not been risk assessed and there was no guidance available to staff members on how to manage this and mitigate risk as far as practicably possible. We told the registered manager about this who agreed that this was an area that needed to be addressed.

Care files indicated that some people had complex needs and health issues such as diabetes, Chronic Obstructive Pulmonary Disease (COPD), oxygen dependency or epilepsy. However, there was no explanation or guidance in the files about these conditions and any signs that staff members should be aware of in relation to these conditions especially in case of an emergency. For example there was no guidance on what staff should do if people suffered hyperglycaemia (very high blood sugar levels associated with diabetes) or an epileptic seizure.

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

The service had policies and procedures in place for the protection of people from abuse. They had also adopted the Haringey and Enfield local authority safeguarding strategy. Staff knew about safeguarding vulnerable adults, what constitutes abuse and the action that they must take. Staff members told us that they regularly received training about protecting people from abuse and knew what action they would take if a concern arose. One staff member told us "If I see anything out of the ordinary or someone acting a bit differently, I report it straight away."

Staff we spoke to understood what was meant by the term "whistleblowing" and whom this must be reported to. Staff were aware that they would need to report concerns, even if this involved a colleague with whom they worked with. Staff were confident that the management would take action if they had concerns but also knew they could contact the local authority or the Care Quality Commission (CQC). One staff member told us "they (the manager) always listen."

An accident and incident policy was available as part of the service's policy and procedures. The service told us that any accidents and incidents were recorded immediately by the care staff on an accident and incident form which was held in a person's care plan at their own home. The care staff would also report this to the office. However, the service did not have any completed accident or incident forms for us to look at during the inspection as none had occurred.

The service employed 79 staff members. No concerns were noted in relation to shortage of staff. We looked at recruitment records for ten care staff. We found that the service had effective and robust systems in place to ensure that staff were safe and suitable to work with people. Criminal record checks were carried out prior to a staff member starting work and were also reviewed and updated every three years. Each file had a completed application form, two written references, a copy of identity documentation such as a passport or national insurance card. The service also obtained paperwork to evidence staff member's legality to work in this country. In addition to this the service had a matrix in place which evidenced that all required documentation was available in each staff members file when they started work and also included visa expiry dates so that the service could request the appropriate documentation on expiry of a visa ensuring staff members were legally entitled to work.

The service had an electronic rota management system in place but the registered manager confirmed that this was not being utilised in the way it should be to ensure safe and effective rota management for staff members. When we looked at the electronic staff rota system, we found that some staff members had been double-booked and were supposed to be in two places at the same time. Although the service was not using the electronic system effectively to produce staff rotas, it was not an accurate reflection of the work being carried out by staff and could have been misinterpreted.

Care coordinators told us that currently staff were not given a rota and that carers were aware of the calls that they have

Requires improvement

Is the service safe?

to attend to. Communication about rotas was verbal and we were told by the service that staff knew their clients and were aware of where and what time they had to go to the person.

The service responded to staff absences. An annual leave folder was in place where the service tracked annual leave that had been requested and ensured calls were covered appropriately. However, we did note that on occasions travel time had not been included in between shifts. We informed the manager about this who told us he would address this immediately.

The service had a critical list which listed all people using the service who were unable to confirm whether they had received a service or not and whether there were any concerns to be noted. During the inspection we saw that the service carried out weekly telephone checks to people on the critical list to ensure they were receiving the scheduled call.

The service had a medicines policy which covered administration of medicines and what action staff would need to take in the event of an error in administering medicines which included the involvement of the person's nominated relative, a pharmacist and GP. We noted that care staff had received training in medicine administration and staff that we spoke to also confirmed this. People also told us that staff administered medicines efficiently where required.

All care staff had full access to personal protective equipment (PPE) at any time when required. We observed that care staff were able to come to the office and collect whatever supplies that they required.

Good

Is the service effective?

Our findings

People said that staff had the knowledge and skills to look after them properly. Relatives told us that "all staff seem to be adequately skilled in their roles" and "staff are very skilled in their role."

People received care and support from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. We looked at training records for ten staff members. We saw evidence that staff had undertaken induction training before they started working at the service. For newer staff members the service had also implemented the delivery of the care certificate which replaces the common induction standards. This training covers 15 standards which include topics such as duty of care, equality and diversity, dignity in care, fluids and nutrition and safeguarding adults and other areas to assist the carer to carry out their role effectively.

A training matrix was provided which outlined the mandatory training topics staff had undertaken, the dates they had received the training and the date that they were due to receive refresher training. Topics covered included manual handling, first aid, dignity in care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), dementia, challenging behaviour and others. Training was available through an on line portal or through face to face classroom learning. Care staff told us that "we receive regular training, it is interesting" and "if you tell the manager what training you want he will organise it." Another staff member had written on the staff satisfaction survey "the outstanding training I received which helped me to carry out my duties diligently and effectively."

Records showed that staff were receiving regular supervision and annual appraisals. Staff were able to confirm this and told us that they were able to discuss any concerns they had and any training needs. Staff also told us that they did not have to wait for supervision sessions to be able to voice their concerns. Staff could visit the office and call at any time if any problems had been identified which needed immediate action. Staff also underwent regular spot checks where a field supervisor would visit people's homes at the time of a care call to observe care staff carrying out their duties. These visits were recorded and an overview was in place to ensure that all staff received a spot check visit at least three times a year.

The service provides care to people within their own home so care staff were not always involved in supporting people with decisions about food shopping lists and shopping. However, relatives and people did tell us that care staff supported them with preparing meals. Care staff were not always able to monitor peoples food and fluid intake as they were only available at the persons home for a limited period of time and in some instances only once during the day. However, some people told us that the care staff offered choice when preparing meals and also monitored food and fluid intake to ensure the person was well nourished and hydrated. All staff had received basic food and hygiene training and had some awareness of safe food storage and preparation.

The service had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions about their care and treatment. The registered manager and care staff demonstrated a good understanding of the MCA and the importance of obtaining consent. Staff were aware that when a person lacked capacity to make a specific decision they would inform the manager or staff at the office. Staff also understood that where someone lacked capacity families, care staff members and other health professionals would get involved in making a decision in the person's best interest.

However, assessment and care planning paperwork within the care plan did not evidence that the service incorporated questions relating to ascertaining a person's capacity. It also did not evidence that where someone lacked capacity what actions had been taken and what measures had been put in place to ensure the person's safety and that decisions had been made in their best interest.

People told us that staff always sought prior consent before carrying out any tasks. Care plans that we looked at evidenced that consent to care was obtained and care plans were signed by people themselves, and where they were unable to sign a relative had signed on their behalf. People we spoke to also confirmed that they had consented to the care that they received.

Care plans contained basic information about people's health care needs. A task sheet was available on each person's care plan which outlined health conditions, any particular requests by the person using the service and

Good

Is the service effective?

what the carer needed to do when attending to that person. Staff told us that if they had any concerns in relation to someone's health or care needs, they would report this immediately to the office for further guidance. If a person was living independently and was unable to access any professional healthcare support the office would make the referrals on their behalf.

Good

Is the service caring?

Our findings

People said that staff were caring and they were treated with dignity and respect. A person told us that they "felt staff are very good and offer a high level of support." Relatives also told us that staff were "very caring in their duties."

People had also written how they felt on spot check forms and quality assurance questionnaires. Comments included "Carers are very good," "carer always does more than she should," "I am fortunate to have caring carers, much appreciated" and "my carer is excellent, she is caring, dedicated, respectful, clean and most of all she is very humble." One person had also written "Carer is very cheerful. Carer cheers me up with smiles as I let her in every morning and I am always happy to see her."

Some relatives had completed these forms on behalf of people who used the service. Their comments included "regular carers are very good" and "the carers do a wonderful job, more than happy, nothing to complain about." Some negative comments were also noted which included "carers can be late and the office does not inform" and "carer does not stay full time and is late." The registered manager was aware of the negative comments and had taken action to ensure that these issues were addressed.

People told us that they had regular care staff who supported them and with whom they were able to build relationships with. Care co-ordinators also told us that staff were scheduled to work with the same people as much as possible and this was confirmed by the people and relatives who use the service. Staff also confirmed that they had been working with the same people for some time and had got to know their likes and dislikes.

Peoples and relatives told us that they had been involved with their care planning process and were also involved in the reviewing process when necessary. People said that staff respected their privacy and dignity and offered them choice in how they received their care. Staff also told us about how they promoted people's independence and provide care to people with dignity and respect. One staff member told us "I promote independence by giving them choice. I treat people as an individual and give them choice, I don't just assume" and "I am there to do whatever they ask me to do."

Staff, as part of their induction training also received equality and diversity training. The care staff that we spoke to demonstrated a good understanding around equality and diversity by telling us that everyone should be treated equally regardless of their gender, race, sexual orientation or religion. One staff member told us that "I respect personal views and different cultures. I respect them and their culture and I don't cross boundaries." Another staff member told us "everyone is equal; every client is not the same. I can't treat people differently because of their race, sexuality or religion."

Requires improvement

Is the service responsive?

Our findings

People and relatives told us staff were flexible and available at different times throughout the day. One person told us that they always received a regular carer. A relative told us the staff enabled their relative to participate in day to day activities as part of their care package. Another relative told us that the service only provided a 'sitting service' when required and they would only need to give 24 hours' notice to request a service whereby a regular carer would be provided.

One of the quality questionnaires, completed by a relative, stated "There has been changes in the team recently and it has to be said that the carers adapted very quickly, thank you." Another relative had written a letter to the service requesting a particular carer to become the regular carer for their relative. The letter stated "It's just from the first time the carer visited my relative, something just clicked between them." The service had responded in writing by confirming that they had granted the request. This indicated to us that management and staff were responsive to people's needs.

Care plans were basic but current and had been reviewed. However, they were not personalised. We noted that where assessments had been received from the local authority, referral information was detailed and included background information about the person. However, where this was not the case information was found to be basic and lacked personal detail. Care Plans did not include information regarding people's choice and preferences. No life history work had been undertaken in order to obtain information about people's unique heritage, their culture, religion or guidance on people's different ways of communication.

Care staff recorded their daily interaction on contact sheets which included detail about how the person was and the tasks that were completed. Most care plans were reviewed on an annual basis but there were some care plans that had not been reviewed over the last year. The service was unable to evidence how they monitor when care plans were due for a review.

The service had a complaints policy in place however this did not include contact details of the local authority if people wished to contact them directly to complain about the service. People and relatives told us they knew who to contact if they had a concern or complaint. People's complaints and comments were recorded in a central complaints folder. There had been five noted complaints in the folder for 2015. Details of complaint, investigation notes, actions taken and any outcomes had been recorded as part of the complaint. It was also positive to note that the registered manager also wrote to the complainant apologising for any inconvenience caused.

Requires improvement

Is the service well-led?

Our findings

People were positive about the management and told us that they received a good service. People using the service and their relatives told us that although they had not met the registered manager, they had been given guidance when the service began on how to raise a complaint and who to contact in order to do this. They told us that they would contact the office immediately if they had any issues or concerns.

Staff were very positive about the registered manager. They told us that they could approach the registered manager at any time and that they were very supportive. One staff member when asked about the support they received from the registered manager and the office told us "all of them, they are the best" and "very good people at the office, the manager is very supportive." Another staff member told us "support is very good, the manager is brilliant." Staff that we spoke to had been working at the service for a number of years. One staff member told us "I am happy working here, I wouldn't be here for the last seven years if I didn't like it."

During the inspection we observed that a care staff had come to see the registered manager. The staff member was clearly distressed. The registered manager took the time to speak to the care staff in confidence and was seen to be sympathetic and supportive towards the staff member.

We saw that there was clear communication between the care staff team and the managers of the service. The service held quarterly care staff meetings and quarterly office staff meetings. Staff told us that these meetings were held at different times of the day to ensure maximum attendance as not everyone would be able to attend at the same time due to the nature of the work. The agenda of the staff meetings included topics such as heatwave, no reply situation, reporting and recording, time sheets, time keeping, double up visits, whistleblowing, medicines and more. Staff members were also asked to sign an attendance sheet on the day of the meeting. In addition to this staff also received regular bulletins with their payslips with specific information of importance at that time. For example, during the summer months a bulletin was sent out to remind staff about monitoring people's fluid intake.

There was no evidence that 'missed calls' were monitored on a regular basis and no analysis was available noting emerging patterns or any learning derived from any 'late' or 'missed calls' occurring.

The service had systems in place to ensure that they obtained people's views about the service that they received. Telephone spot checks were completed however these were not consistent. We saw that checks had taken place in April, May, June and October 2015. Areas covered as part of the telephone monitoring included whether the staff members arrive on time and do they stay their allocated time, do staff carry their identification badge, do staff complete their duties satisfactorily, is there anything the person is unhappy with.

Feedback from spot checks and questionnaires also noted some concerns. Written comments included "carers turning up late," "carers not turning up and lack of consistency with carers." However, when we spoke to people and relatives they were happy with the care they received and commented that "staff are always flexible and are available at different times throughout the day and staff are always on time" and "there is always enough staff available." There was no available quality assurance audit system to ensure that internal systems and processes were checked in order to highlight issues and concerns so that the service could learn and improve. The registered manager told us that he was in the process of recruiting a quality assurance manager to be responsible for monitoring the quality of service provision in order to make improvements.

The service had also carried out an annual satisfaction survey in October 2015. Thirty four questionnaires had been returned and the manager told us that they were due to receive more. Each questionnaire had been analysed and any actions to be taken were recorded. The feedback received from these questionnaires was positive and included comments such as "I do not know how I would survive without the carer" and "the carers are very good." A compliments folder was also available which contained a number of compliments from people who used the service, relatives, social workers and the local authority quality assurance team.

A staff satisfaction survey had also been distributed amongst all staff employed by the service. This was done in June 2015. Comments included "I would like to thank the manager for the support he gives staff" and "the supervisor comes to observe how I carry out my work."

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks identified as part of their assessed need and the service did not do all that was reasonably practicable to mitigate any such risk. Regulation 12 (2) (a)(b).