

Community Caring Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Community Caring is a domiciliary care agency providing personal care and other types of support to people living in their own homes. At the time of the inspection 146 people received help with their personal care. The Care Quality Commission only regulates personal care.

People's experience of using this service

At the last inspection, the provider was rated requires improvement. At this inspection, we found the service overall had improved to good.

At the last inspection, the way the service managed the administration of medication was unsafe. At this inspection, although further improvements were still required the management of medication had significantly improved.

After the last inspection, people's care plans had been reviewed, updated and improved upon. Staff had information on people's needs and risks but some risks required further assessment. We spoke with the manager about this. They told us they were in the process of using a new system with more advanced assessment tools for this purpose.

At the last inspection, the support people received was not always in accordance with what had been planned or agreed. At this inspection, records showed the majority of people's visits were completed within agreed and sufficient timeframes. The management team's oversight had improved and as a result people's experience of care was more positive.

Staffing levels, staff recruitment and support were all satisfactory and well managed.

People told us staff were kind, caring and compassionate. They said their privacy and dignity were respected and that staff knew them well. Most people told us they had the same regular carers and that if they had any concerns, the management team were approachable and resolved them efficiently.

Improvements to the implementation of the mental capacity act had been made. Where there were concerns over a person's ability to consent to their care, best interest discussions with the people closest to them had taken place to ensure any support provided, was in their best interests, and as least restrictive as possible.

The systems and governance arrangements in place to monitor the quality and safety of the service had been reviewed. More comprehensive checks on the quality and safety of people's care were not in place. The management team's oversight of the service had increased. It was obvious they had taken on board our concerns at the last inspection and had worked hard to address them. As a result, the service had improved and people's feedback was very complimentary.

Rating at last inspection

At the last inspection the rating of the service was requires improvement (Report published 18 September 2019) and there were multiple breaches of regulation. After the last inspection, the provider was issued with a warning notice. They completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a scheduled inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.□

Good ●

Community Caring Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was undertaken by an inspector, an medicines inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Community Caring is a domiciliary care service providing support and personal care to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the office would be open and that the manager or other senior person would be in the office to support the inspection.

Inspection site visit activity started on 10 March 2020 and ended on 12 March 2020.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to gain their feedback on the service. We used all this information to plan our inspection.

During the inspection:

We spoke with 11 people who used the service and seven relatives by telephone to gain their feedback on the service. We also spoke with the manager and the senior care co-ordinator (the management team) and two care staff.

We reviewed a range of records. This included six people's care records and a sample of medication records. Three staff recruitment files, records relating to staff training and support and records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as inadequate. At this inspection, this key question has improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection, the management of medication was very unsafe. This was a breach of regulation 12 of the of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, significant improvements had been made. The provider was no longer in breach of the regulation but further improvements were still required before medication management could be considered 'good'.

- Information about the level of support some people required to take their medication was not always consistent. This meant staff did not always have clear guidance on how to support the person appropriately.
- For example, one person was prescribed a course of antibiotics. Their care plan advised staff to administer their medication as they did not have the capacity to understand and remember to take it. Records showed however that staff were leaving out the person's lunch time antibiotic at breakfast time, for them to take later that same day. This contradicted the advice given to staff and increased the risk of the person not taking their medication as prescribed.
- The actual time that some medicines were administered was not always recorded. This was important where a set time period between doses was required, for example with Paracetamol.
- People's medication charts were electronically transcribed by one member of staff without a second member of staff double checking they were correct. This increased the risk of errors.
- Staff had completed additional medication training and had their competency assessed after the last inspection. This showed the provider had taken steps to ensure staff administering medication were safe to do so. Records showed that staff practice had improved.
- Staff had more detailed guidance on how to administer people's prescribed creams.
- The systems in place to check medication was given correctly had improved and managerial oversight was much more robust.

Assessing risk, safety monitoring and management

At the last inspection people's support was not always assessed, planned or delivered in a way that mitigated risks to their health and well-being. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of the regulation.

- Staff had information on people's risks and guidance on how to manage them. Some of the risks identified needed a more in-depth assessment however to be sure the service had all of the information required to provide safe care. For example, skin integrity risks and allergy information.
- The majority of people's visits were now completed on time and for the length of time agreed. People and their relatives told us, "The carers let me know if they're going to be late, or early, the day before" and "The carers are usually on time, very occasionally they've been very late, but I've had a phone call to warn me".
- The systems in place to monitor and address any issues with the timeliness, reliability and duration of people's visits had improved. As a result, people's feedback on the support they received had also improved.

Staffing and recruitment

- Staff recruitment was safe. Pre-employment checks were carried out prior to a staff member's employment to ensure they were suitable to work with vulnerable people.
- Staff told us that they had sufficient time to complete people's visits in accordance with what was agreed in their care plan.
- Records showed that visits were for the majority completed on time and for the length of time required. This indicated staffing levels were sufficient to cope with the demands of the service.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. Their comments included, "I feel so safe that my carers come in, "I feel very safe that they come and see me" and "I cannot fault the carers".
- Staff received safeguarding training and knew what action to take to protect people from potential harm.

Preventing and controlling infection

- Staff had training in infection control. They were aware of what precautions to take to prevent the spread of infection.
- Staff had access to personal protective equipment such as disposable gloves and hand sanitizer.

Learning lessons when things go wrong

- The number of accidents and incidents occurring at the service was minimal. Appropriate action had been taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The assessment of people's needs had improved but some risks needed further exploration to ensure the staff had sufficient information. The manager told us, that they were in the process of moving over to a new electronic assessment system called 'PASS' which gave them access to more in-depth assessment tools for this purpose.
- People told us that their care was planned and regularly reviewed with them. Their comments included, "When I came out of hospital I was given a home care plan. There was a meeting, organised by the hospital, with me present and people from Community Caring"; "Somebody from the company came to talk about what I needed and wanted to (set up my care package)" and "Someone from Community Caring came to the house and a full assessment was done".

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection people's nutritional support was not always delivered in way that mitigated risks to their health and well-being. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Information on people's food allergies was generic. This meant staff were given general information about the people's allergies as opposed to information on what symptoms or reaction was specific to them. We spoke to the manager about this. They told us they would review this without delay.
- Staff assisted people with meal preparation in order to maintain a healthy diet. People's care plans contained information about their nutritional needs and the support they required. One person said, "The carers get me up and dressed and sort out my breakfast and lunch – they warm it up. They always make me a drink before they go". A relative also said, "I have seen them cook a breakfast for my relative – the things they like. They always leave a hot drink and pour out some lemonade, before they leave, to encourage them to drink".
- Some people needed staff to monitor their dietary intake to ensure they ate and drank enough. At the last inspection, this was not always done consistently. At this inspection, this had improved.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). As domiciliary care services provide support in people's own homes, they have to apply for a DoLS through the Court of Protection with the support of the person's local authority team. This type of DoLS is called a judicial DoLS.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been made.

- No-one using the service was subject to a judicial DoLS at the time of our inspection.
- Some people using the service had mental health or medical conditions that impacted on their ability to consent or communicate their wishes. Where this was the case, best interest discussions had taken place with the person, their family or other relevant person to ensure any care provided was in their best interests.
- Staff received training in the mental capacity act and how to promote people's right to consent to their care.

Staff support: induction, training, skills and experience

- Spot checks on staff practice were completed every 12 weeks. Staff received adequate appraisal, supervision and training.
- New staff received an induction and shadowed a more experienced member of staff prior to working unsupervised in the community.
- Staff we spoke with said they felt well trained and supported in their job role.
- People and their relatives felt staff were well trained. Their feedback included, "I feel safe when I'm in the hoist [because] the carers are all trained and experienced; they know what they're doing and we've had no accidents so far" and "The staff know what they are doing, I'm very happy" and "Overall the care is excellent".

Adapting service, design, decoration to meet people's needs

- This service was designed to be delivered in people's own homes.
- People told us the service was very accommodating. Their feedback included, "Staff and office staff always listen to me and try and help me"; and "Any changes to the care plan are all updated".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people felt well-supported, cared for and treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were very complimentary about staff members. They told us they were kind, caring and compassionate. Their comments included, "Very caring staff, cannot do enough for me"; "They really do care"; "The staff are amazing" and "The staff are like family".
- People and their relatives told us that people's dignity and privacy was always respected. One person said, "The carers are lovely, always very polite and respectful; there's never any awkwardness". A relative also told us, "It's quite easy for the carers to do things privately. They are very matter of fact. Which suits my relative; always polite and pleasant".
- People said their support met their needs and that they were treated well. Their comments included, "I think the carers are meeting my needs. Those I have are very good; I couldn't ask for better"; "The carers make my lunch and my tea and make me a drink before they leave. They're pretty good and leave things tidy and clean".
- People's relatives confirmed this. One relative said, "The carers come four times a day. In the morning they get my relative up, showered, dressed, hair brushed, teeth cleaned; at night they get them ready for bed. In between, they come to change them, take them to the toilet etc. They're a godsend.

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in planning and reviewing their own care package as and when required.
- Where people were not able to express their views due to health issues, best interest discussions took place with the people who knew them best and who were able to share information about the person's personal views and wishes.
- Telephone checks were made on people's satisfaction with the service to ensure their support met their wishes and preferences.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At this inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified in their care plans.
- Staff visited people daily and were able to answer questions and share information directly with people where needed.
- The majority of information about the service was primarily in written format. At the present time, the service did not utilise alternative formats to share written information about the service with people.

We recommend the provider reviews whether any people using the service would benefit from information about the service in an alternative format such as 'easy read'; audio or braille.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

At or last inspection, people's care was not always designed to ensure their needs and preferences were met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of the regulations.

- Since our last inspection, each person's care had been reviewed and their care plan updated. Care plans contained more information about their needs and gave a step by step guide to what support people needed at each visit. Information about some of their risks required further exploration and we discussed this with the manager.
- People's care records contained some information about their choices and likes and dislikes. People told us their wishes and preferences were listened to and respected.
- At the last inspection, people's care was not reviewed with them in accordance with the provider's timescales. At this inspection, we saw that people had been contacted to discuss and review their care package in a timely manner to ensure it remained relevant to their needs.
- People said staff knew them well and that for the most part they had the same regular carers. People's comments included, "The carers are pretty much the same, depending on the day. I always know who's

going to be coming though" and "Same group of carers, which is good".

- Staff from the service organised social events for people using the service. For example, Halloween bingo, buffet lunches and Valentine day events. Transport to and from these events was also organised by the provider. This helped meet people's social needs and reduce the risk of social isolation.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received since our last inspection.

- People and their relatives told us the management were approachable and supportive. Their comments included, "Any issues I call the office and they will help me"; "Any complaints are dealt with"; "My relative rang about a concern and things have improved and "The person from the office has dealt with an issue brilliantly".

- People and their relatives were happy with the service provided. One person said "I'm quite happy with it all; I would definitely recommend the service. A relative also told us "They do an amazing job and we'd be completely lost without them; we very much appreciate what they do".

End of life care and support

- No-one whose care file we looked at was on end of life care at the time of the inspection.

- Staff received training in how to provide people with support at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated requires improvement. At this inspection, this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the governance arrangements in place were ineffective in identifying and driving up improvements to the service and mitigating risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

At this inspection, improvements had been made and the provider was no longer in breach of the regulation.

- The systems in place to monitor the delivery of care had been improved upon. Managerial oversight of the service was more robust.
- Improvements to the management of medication had been made. The system had been reviewed, staff re-trained and more stringent checks put in place to monitor its safety. Further improvements were still required. We discussed this with the manager who told us improvement actions were ongoing.
- People's care plans had been reviewed and updated and there were now checks in place to audit the quality and accuracy of this information.
- The provider's electronic call monitoring system was now more thoroughly monitored to ensure people's visits were occurring at the right time and for the duration specified.
- At the last inspection, the provider's electronic call monitoring data showed staff consistently failed to log in and out of calls appropriately. This made it difficult for the manager to keep track of the delivery of care. At this inspection, staff compliance had significantly improved. Where staff had failed to consistently adhere to the system, prompt action was taken to improve their performance.
- At this inspection, people's care reviews and the spot checks on staff practice were conducted in accordance with the provider's policy and the quality and safety of people's had improved.
- The manager and senior care co-ordinator were clear about their roles within the service. At this inspection, their governance and managerial involvement was much more robust.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and senior care co-ordinator were open and transparent. It was clear that they were passionate about providing a good service.
- The manager had referred people appropriately to the Local Authority and CQC where they had concerns about their welfare or safety.

- The manager had ensured the latest CQC rating of the service was displayed and the provider's website also displayed this information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people' Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff we spoke with were positive about the service and felt able to express their views. There were also staff incentive schemes to reward good staff practice.
- The culture of the service was person centred and people told us staff helped them with the things they needed help with in order to maintain their safety and independence.
- The provider engaged with people through telephone surveys and an annual satisfaction survey. A recent survey had generated positive results.
- The provider and the staff team participated in community events to raise money for local charities, such as Charles Thomas Mission and a collection for the homeless. They had also held a 'Bacon Butty' day for people using the service at Christmas time.
- The provider offered free accredited moving and handling training to the family and friends of people using the service to help them support the person appropriately in partnership with care staff.