

Cathedral Gate Homecare Limited

Cathedral Gate Domiciliary Care Services

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 16 December and the 12 and 13 of January 2017. It was the first inspection since moving locations and changes of registration.

Cathedral Gate Domiciliary Care Services provide personal care and support to people in their own home.

A registered manager was in post. 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.'

Quality assurance systems were in place but systems and process were not always effective. Systems for assessing standards were not used to identify shortfalls and to develop action plans on improvements. Audits undertaken were not consistent with the findings of this inspection. For example, recruitment procedures were not stringent for one member of staff.

While members of staff knew the actions needed to minimise the risks to people, the records and action plans were not always developed on how staff were to manage the identified risks. Where people had refused to use equipment the risk assessment was not reviewed to ensure people were protected from potential harm.

Medication records were not in place for topical ointments and creams. Where staff had recorded medicines administered as "per the blister pack" on the medication administration records corresponding information on these medicines were not in place. This meant staff were not provided with guidance on the purpose of the medicines and their side effects.

Records were not clear on people's capacity to make specific decisions. While staff knew they had to gain consent before undertaking personal care tasks it was not possible to determine from the records if the person had capacity to make decisions about their care and treatment.

Care plans lacked a person centred approach. Care plans lacked guidance to staff on people's preferences and how their care was to be delivered. Where people had medical conditions there was little guidance on how this impacted on their care needs. People told us their care plans were not reviewed.

Members of staff had opportunities to discuss their personal development, their performance and training needs. Team meetings were held regularly which meant staff received feedback and were kept informed about policy changes.

People we spoke with described the staff as "dedicated, pleasant, professional" and always willing to assist with additional jobs. They told us the staff arrived on time, stayed for the allocated time and made time for a

chat and the filling in of records.

People received their care and treatment from a small team of regular staff and new staff shadowed more experienced staff. Office staff were described as pleasant and always available to answer the phone. People knew what a care plan was and where it was kept. They knew how to make a complaint, and one relative said they had no need to complain as their concerns were acted upon promptly.

Staff were knowledgeable about the safeguarding of vulnerable adults from abuse procedures. They knew the types of abuse and how to identify them and the reporting procedures for alleged abuse.

We found 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 this report. We made recommendation on care planning.

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.

Risks were assessed and but the action plans devised lacked detail on how to minimise the risk. Staff showed a good understanding of the actions needed to minimise the risk to people.

Sufficient levels of staff were deployed to meet people's needs

Safe systems of medicine management were not in place. Where staff had signed "as per blister pack" on medicine records, corresponding medication profiles detailing what medicines were contained in the blister packs were not in place.

People said they felt safe with the staff. Staff knew the procedures for the safeguarding of vulnerable adults from abuse.

Requires Improvement ●

Is the service effective?

The service was effective.

People's capacity to make specific decisions were not always recorded. People told us the staff always gained their consent before delivering personal care.

Staff had access to a range of training to ensure they had the correct knowledge and skills to provide people with care and support to meet their needs.

Requires Improvement ●

Is the service caring?

The service was caring

People told us the staff were kind and caring. They told us the staff respected their rights.

Members of staff were knowledgeable about people's needs and how to meet their needs in their preferred manner.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Care plans were not person centred as they did not give staff direction on how people liked their care needs to be met. People said the care plans in place were not reviewed regularly.

People told us they knew the complaints procedure and who to approach with their concerns.

Is the service well-led?

The quality assurance systems in place were not fully effective as plans on how the provider intended to improve the service were not in place. Systems to monitor and assess the standards of care were not in place

Systems were in place to gather the views of people and their relative's.

Members of staff knew the values of the agency and worked well together to provide consistency of care to people

Requires Improvement ●

Cathedral Gate Domiciliary Care Services

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 201

This inspection took place on 16 December 2016 and 12 and 13 January 2017 and we gave the registered manager short notice of the inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in.'

The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

We contacted 19 people including 10 relatives by phone to gain feedback on their experiences of the agency. We gained feedback from staff from questionnaires and we also spoke to two staff, the registered manager and other senior managers. We looked at records about the management of the service.

Is the service safe?

Our findings

Medicines procedures were not followed, records lacked detail on the medicines prescribed and guidance on the application of topical creams and ointments were not in place. Senior managers said staff signed the medication administration records. We saw staff had recorded "as in blister pack" on the Medication Administration Records (MAR). While staff had signed "as blister pack" to indicate the medicines administered there was no corresponding record to say what was contained in the 'blister pack'. The medicine procedure stated that the care plan assessment should include the extent and the nature of support people required with their medicines. Medicine care plans were not in place and guidance was not provided on the medicines to be administered; their purpose or their potential side effects. Handover sheets also showed staff were applying topical creams and ointments. For example, prescribed gels. However, guidance was not provided to staff on these ointments and their application. This meant people were not protected from unsafe medicine procedures.

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

A member of staff stated "we are given responsibility of dealing and handling with all clients' medication if required." Two staff also said they had attended training to ensure their competency with safe management of medicines. The comments from people about the administration of their medicines included "my carers amazingly usually arrive on time, if not before so I always get my tablets at the right time. They always write up in the records to say I've taken them and they're all stored in my cupboard." "My carer gives me my tablets every morning. They are usually well on time and they give me a drink to take them with. They are all kept in my drawer once they come from the pharmacy."

Overall the systems were in place to recruit suitable staff. However, the recruitment procedures followed for one member of staff were not fully effective. The application forms for this person showed there had been several changes of employment within a short period of time. We also noted the names of references were not from the most recent employer or professional. We discussed this application form with one of the managers and they told us the probationary period for this staff was extended because of issues identified within the application form. However, documentation of discussions with this staff member about their frequent changes of employment and lack of professional references were not in place. This meant the provider had not established that the member of staff was suitable to work with vulnerable adults.

The staff files for another member of staff included completed application forms, checks and written references one of which was from their most recent employer. Professional written references on the staff's conduct had been requested and when received these were kept on file. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Procedures were in place to safeguard people from abuse and avoidable harm. A member of staff told us safeguarding of vulnerable adults from abuse focused on the "the protection and welfare of vulnerable people who are dependent on your care." They told us refresher training on safeguarding of vulnerable people from abuse and what procedures to follow stated that "we are expected to report any concerns regarding the welfare and safekeeping of client straight back to our supervisors and or managers. If no action taken we can then report serious concerns to local adult care or the CQC." Another member of staff we spoke with described the types of abuse and the actions they must take for alleged abuse.

The people we spoke with said "I really don't like being hoisted, but my carers take the time to make sure I'm happy and they always explain what they are doing which makes me more confident" and "I'm quite unsteady on my feet these days and having a bath on my own is impossible, but my carers being here to help mean that I don't worry all the time that I'm going to have an accident."

Risks were assessed but the action plans lacked detail on how to minimise risks. Where people were at risk of pressure ulceration the staff were instructed to check pressure points. Staff however were not provided with written guidance on how to identify deterioration of skin integrity. Moving and handling risk assessments were in place and included the equipment to be used and the number of staff needed for each type of movement.

Environmental risk assessments were in place to ensure the safety of people and staff. Risk assessments identified hazards within the property, how staff were to gain access and electrical equipment to be used by the staff. Action plans in place gave staff guidance on minimising these risks. For example, the personal protective equipment to be used by the staff to help control and prevent the risk in the spread of infection.

The staff deployment met the needs of people. The people we asked about staffing levels made the following comments "I probably have four or five regular carers who I know really well. They are never late, but if they do get held up, someone from the office will call me so I'm not worrying" and "I certainly know all my regular carers really well and I wouldn't be without them. If they are late, I always get a phone call from either the carer or the office."

Staff said all visits were allocated and were rarely missed although at times staff arrived late. A member of staff said "as far as I know all required visits are covered." Another member of staff said there was ongoing recruitment of staff. They said there were pressures on staff when cover was needed for sickness absences. This member of staff said when staff were going to be late, visits were diverted to other staff and people were informed of the late visit. The project manager said "we only cover what we can (manage)" which ensured the staffing levels met the needs of people using the agency.

Is the service effective?

Our findings

The people we asked about the skills of the staff made the following comments "I'm not a professional, but they can do everything I need help with, it's not really rocket science, is it?" and "My carers use the hoist with me and they certainly appear confident in their skills around me." Relatives of people also gave us feedback about the staff's ability and skills. They said "all I can say is that they seem to be capable of doing everything that mum needs doing for her" and "I only see them occasionally, but when I do, they seem competent enough."

New staff had an induction and were registered onto the care certificate. We saw one member of staff was undertaking the care certificate. One member of staff told us their induction was one day and included "shadowing" of more experienced staff. This member of staff said "I feel this is inadequate." We gave the registered manager feedback on the comments received and we were told action is being taken. Another member of staff said during their "trial" week they were shown the role and had training set by the provider as mandatory.

A plan of required training set by the provider was in place. Staff attended a combination of face to face and online training. A record of training attended was in place. Records showed staff had attended refresher training in person centred care, communication, the role of the keyworker, medicine competence and infection control. The project manager told us most staff had vocational qualifications and new staff were registered onto the care certificate. A member of staff said their training had been online and included moving and handling, medicine competency, food hygiene, safeguarding of vulnerable adults and person centred planning. Another member of staff said refresher training was provided and stated the training was "in the office, filling in questionnaires, and watching repeated videos. This training is useful as reminders of good practice."

The project manager said staff had opportunities to discuss their personal development. They said staff had an annual appraisal to discuss performance and to set goals and from then on there was a combination of team meetings and one to one meetings with a line manager. A member of staff said their one to one meeting was with the office manager occurred three monthly and yearly appraisals with the registered manager/provider. However, another member of staff said they had a one to one meeting with a line manager but stated "this is not regular enough. I've been a carer for 13 months now and only had one supervision meeting. I think it should be every month."

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 asked people how their consent was gained by staff before tasks were undertaken. People said "I suppose my carer does ask me if I'm ready for my wash when she first comes in" and "Everything just gets

done so automatically, because my carer has been coming for a long time, so I don't ever think about it. We're usually too busy chatting." A member of staff said when they first arrived at the person's home they introduced themselves to the person. This member of staff stated "we ask people if they wish (us) to carry out personal care. (The staff) persuade people but if they refuse they were not forced."

We asked people about who helped them make decisions. People made the following comments. They said "My family these days. I don't think they trust me to make decisions on my own anymore" and "I always involve my family these days." The relative we asked said "yes, I have power of attorney so I am involved with everything to do with mum's life and decisions made about it" and "I don't have power of attorney, but I make sure I'm there with dad whenever there are important decisions to be made."

People signed consent to forms to share information with other professionals. However, people's records lacked information about their capacity to make specific decisions and the staff we spoke with were not clear on the principles of the Mental Capacity Act (MCA). MCA assessments to determine people's ability to make specific decisions, such as the administration of medicines were not in place. A member of staff said where there were concerns about people's capacity to make specific decisions their GP was contacted to carry out these assessments. The staff had not shown an understanding of the most appropriate professionals or staff to make decisions about people's capacity or to make best interest decisions.

The people we asked about the arrangements for their meals made the following comments "I have XX foods, so my carer tells me what I've got and then she'll microwave whatever I fancy having," "while I'm eating my meal, my carer will make me a sandwich and leave it in the fridge ready for my tea" and "my carers always make sure I have plenty of cold drink to hand for the morning once they have gone."

Where people had eating and drinking care needs care plans were devised. For one person their care plan gave staff guidance on the foods that were acceptable and those the person was not able to tolerate because of their health condition. We also noted that staff's task schedule specified to staff that assistance was needed with meals. However, care plans lacked detail on people's preferences and the assistance needed from the staff. We found staff had documented "meals prepared" in daily reports

Staff told us there were good working partnerships with social and healthcare professionals. They said GP, optician and dental visits were arranged where appropriate. Some people and their relatives told us they arranged their health care visits. A member of staff told us changes in peoples' health was recorded in people's files. They also told us "sometimes we are texted by the office of a change, but I'm not sure that this is often enough".

Is the service caring?

Our findings

People told us the staff cared for them with kindness and were made to feel their views mattered to the staff. Comments from people about the staff included "They are lovely. They never mind doing extra jobs for me. They are like family," "they put up with me, even when I'm feeling a bit under the weather" and "they are much more patient than I would be doing their job."

People we spoke with were not able to recall whether staff gathered information about their life stories. Their comments included "I think I was (asked) when the care plan was written" and "I think so, but I haven't looked at my care plan since it was written."

When we asked if their views about the service were gathered people said "I don't think I've ever been asked for them" and "I had a meeting, well over a year ago, where I was asked about my views, but I can't recall being asked since." A relative told us "yes, I attend all his review meetings. I am usually asked for my views of the service."

A member of staff told us "I have known most people (using the agency) since I was 18 when I started working (at the agency). They said it's about "what people want and what they want for their lives. It's about fun and making people feel special". Another member of staff said their body language towards people was "open and receptive". They stated they "made people feel comfortable and made them aware of the nature of the visit."

Staff told us they promoted people's rights. A member of staff described the way people rights to privacy and dignity was respected. They said "doors and curtains were closed (when personal care was delivered). A "dignity" towel was used and explained they supported people to undertake personal hygiene. For example, "we do the top half first then their bottom half. This prevents people from feeling vulnerable."

Is the service responsive?

Our findings

People's background history was not part of their care plan. This meant background information needed for staff to view people as individuals was not provided. A member of staff said they asked people about their likes and dislikes when visits took place. The people we spoke with made the following comments "what is that? No one's ever contacted me about that sort of thing." A member of staff said "I ensure that a client's care plan is person centred, by getting to know them and finding out from them more information (if they are able to share)."

The people we spoke made the following comments about their care plans "I know there's a care plan in my folder, but I don't think my carers look at it much," "I know my care plan is quite lengthy and that it lives here in my folder for the carers if they need it," "My carer fills the records in every time she is here," "My carer always makes sure she has time to fill in the records before she leaves".

Care records for people were organised into "at a glance" information, initial assessments, terms and conditions and correspondence. Initial assessments gave an overview of the person's needs and the support needed from staff with their daily living needs. Tasks schedules were in place which told staff the personal care they were to deliver. However, schedules of tasks and care plans lacked detail and were not always person centred. For example, the care plan for one person with mental health care needs did not provide guidance to staff on how to identify triggers and deterioration of mental health. The schedule of tasks for this person stated assist with wash back and front and apply cream.

For another person who self-administered their own medicines and was diagnosed with additional medical conditions. The care plan did not give staff guidance on how these conditions impact on the person's health and their care needs. The personal care to be provided was brief and did not give any information on the persons' preferences. For example, the personal tasks to be completed stated the person needed assistance with washing their hair, legs and feet. This person also needed support with preparing meals and with medicines.

The personal care plan for another person stated "requires full strip wash" and staff were to check for pressure areas. The care plans did not give staff specific guidance on how they were to support this person with their personal care and how they liked to be helped with their hygiene routines. Care plans on how staff were to support the person with the risk of pressure ulcers was not also in place.

A local authority comprehensive care plan for one person detailed the assessed needs and gave staff detailed guidance on how to meet this person's needs. However, the guidance provided was not used to draw the information gathered into a detailed care plan for this person.

We asked people about the arrangements for reviewing their care needs and the people we spoke with made the following comments "what is that?" and "no one's ever contacted me about that sort of thing." Relatives we spoke with said "what reviews? I didn't know we were supposed to have any," "I don't think anyone from the agency has told me anything about review meetings," "we haven't really had anything to

say as we've always been very happy with everything," "I can't say as I have ever had any suggestions to make" and "since first meeting a manager, we haven't had any other meetings with anybody for well over a year."

We recommend the provider follow current guidance on care planning which includes reviewing and involvement of people in the development of their plan of care.

A care coordinator told us the care plans were developed by the registered manager and carers were expected to read them. Another care coordinator told us when visits were made to people's homes they read the care plan before offering support. Members of staff documented their visits. However, the reports lacked detail. We found recorded "all fine, nice chat."

People told us they would approach the office staff with their concerns. The people we spoke with made the following comments "actually, at my age, I don't like to complain, so if I had a problem, I'd ask my daughter to speak to someone in the office" and "I'd pick up the phone, call the office and ask to speak to the manager." The relatives we asked said "I know there's a leaflet about complaints in the folder" and "I've got a leaflet here that tells me how to complain."

The registered manager received feedback about the service. The staff received nine letters of compliments about the service they delivered to people. There were no complaints received. The project manager said attempts were made to resolve issues as they arose. These issues were dealt with promptly before they escalated and stated "there is good communication (with the people who use the agency and their relatives)."

Is the service well-led?

Our findings

Audits were used to assess the effectiveness of the agency and how standards were met. The project manager said these audits were target specific for example, medicine records. They said where there were shortfalls such as medicine errors, one to one meetings were held with the member of staff involved.

System and processes for assessing and monitoring the quality of the service were not effective. We found that care plans lacked a person centred approach. People's likes and preferences were not part of their care plans. Life stories that ensured staff's view of people were as individuals were not included within the care plans. People and their relatives were not aware of the process for reviewing their needs. Consent for care and treatment was not sought and people's capacity to make specific decisions was not documented. Risk assessments lacked detail and where people refused the risk assessment was not reviewed. For example, people refusing to use moving and handling equipment. A corresponding record that lists the medicines contained in the 'blister pack' (as documented on the MAR chart) were not in place. Staff were not given clear guidance on the medicines that were prescribed and were being administered to the person at any one time. These meant systems were not fully assessed and monitored to where appropriate, improve the services offered to people using the agency.

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

The project manager said views of people were to be sought annually. We asked people about the contact they had with the office staff and the following comments were made "I don't think I've seen anyone called a manager at all," "I've been having care for nearly two years, but I don't remember ever seeing a manager since the start." Relatives told us "I have a telephone number for the manager we met when mum first started with the agency. I haven't seen her since or needed to call her either" "I have met XX (care coordinator) twice when we've had review meetings about their care. If I had any problems, I'd contact her about it."

Team meetings were held regularly to share information and to discuss issues of working at the agency. We saw from documents that during the team meeting held in October 2016 training and pay and conditions were discussed. A member of staff said the team meetings were chaired by the registered manager.

A registered manager was in post. A member of staff said the team worked well together. They said senior staff were supportive and worked well towards problem solving. Another member of staff said "I love working here. Brilliant if I need anything they are here."

The staff had an understanding of the agency's values. A member of staff said the agency's values represents "caring for people" and another member of staff said it was to make people feel they "matter". The project manager said the principles of the agency included providing "quality of service" and they were persistent with improving the communication with healthcare professionals. There was ongoing recruitment to ensure people received consistent care and treatment. They also told us the move had allowed for training to be

held at the offices and expansion of the agency was possible.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments lacked detail on how staff were to minimise the risks identified.</p> <p>Medication profiles were not in place telling staff the purpose of the medicines and side effects. Records of topical ointments and creams prescribed were not maintained.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not fully assessed and monitored to where appropriate, improve the services offered to people using the agency.</p>