

Townsend Jackson Limited

# The Care Worker Agency

## Inspection report

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Date of inspection visit:  
21 September 2022  
26 September 2022

Date of publication:  
10 November 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Care Worker Agency is a domiciliary care agency providing care to people living in their own homes, so they can live as independently as possible. At the time of our inspection the service was supporting 42 people with personal care. Some of the people supported had a learning disability or autism.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's risk assessments were completed in accordance with their assessed needs. Staff were happy with their rostered hours, and people told us staff mostly came on time. If staff were late, they would receive communication from the office. People received their required medications on time by staff who were trained to do this.

Quality assurance procedures were in place and had highlighted where improvement was needed. Staff told us they felt they were able to speak up to the registered manager and the provider whenever they needed to. Team meetings took place, and people were routinely asked for written and verbal feedback about their experience of The Care Worker Agency.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (report published 3 August 2018).

### Why we inspected

We received concerns in relation to risk management and closed cultures. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Care Worker Agency on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# The Care Worker Agency

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. We also wanted time to obtain contact details of people who used the service and relatives, where appropriate.

Inspection activity started on 21 September 2022 and ended on 27 September 2022. We visited the office location on 21 September 2022.

#### What we did before inspection

We reviewed information we had received about the service since our last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided and three relatives. We spoke with five members of staff including the registered manager and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's needs were safely managed. Safeguarding referrals had been appropriately made to external agencies such as the Local Authority and the police where needed. Safeguarding concerns were investigated where appropriate.
- All of the staff could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse.
- There were safeguarding policies and procedures for staff to follow.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had personalised risk assessments which were reviewed regularly and gave staff the information they needed to manage people's identified risks.
- People we spoke with said they felt safe using the service. Comments from people included, "Yes I feel very safe" and "The staff are very responsible and hard working, nothing is too much trouble."
- A clear and concise log of accidents and incidents was kept and actions to reduce the risk of further incidents were recorded. These were reviewed regularly by the registered manager and provider to identify areas of good practice and any needed improvements.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. There was no one being deprived of their liberty.

Staffing and recruitment

- Staff recruitment procedures were safely managed, including references and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff said their call times were evenly spaced, and they did not have to 'cram calls in'.

- There was an Electronic Call Monitoring system (ECM) in place to ensure staff arrived at their allotted calls on time.
- There were enough staff in post to provide a safe and consistent service and people told us they received communication from staff if they were going to be late.

#### Using medicines safely

- Medication processes and systems were in place and people received their medications safely.
- Where people needed medication as and when required, often referred to as PRN medication, there was a separate plan in place to provide information and guidance for staff to follow.
- Medication was stored in a designated area of the person's choice. We saw that if the person lacked capacity to make the decision around where their medications were stored, this was made on their behalf following a best interest process and in association with national guidance.

#### Preventing and controlling infection

- Infection control procedures were well managed and safe. Staff had received training around COVID-19 as well as other healthcare related infections.
- People told us that staff wore appropriate PPE when carrying out hygiene and personal care duties and had good hand washing techniques to minimise the spread of infection. One person told us, "They wear their masks and have their pink tunics on."
- Staff followed national guidance in relation to COVID-19 testing.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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; Continuous learning and improving care

- There was an open culture within the service. People told us the registered manager and staff were open and honest with them and they had opportunities to discuss their views and opinions.
- The registered manager and provider were honest and transparent with us regarding a recent incident at the service which was subject to further investigations, including what actions they had taken to date, reflecting on how they could be more responsive in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider had ensured people's views and opinions of the service and the support they received was sought and obtained. Staff had also been asked for their feedback regarding the leadership of the service.
- Staff told us they liked working for the provider and felt the care was a good enough standard for their own relative.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Following quality assurance checks, comprehensive action plans were put in place to ensure any improvements were made at all levels of service provision.
- Staff understood how they were expected to provide good care to people through feedback during spot checks, supervisions, and team meetings.
- The manager was aware of their regulatory requirements including what events they needed to notify CQC about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People confirmed they knew who the registered manager was, and felt the service was well led. One person said, "[Registered manager] goes out of their way to accommodate my health appointments, because she knows it's important to me."
- The service worked in partnership with social services and other local health professionals to ensure people's support needs were met.
- When referrals to other services were needed, such as the GP, we saw these referrals were made in a timely

way.