

Constantia Care Limited

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Inspection report

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28 March 2023

11 April 2023

17 April 2023

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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

Constantia Care is a domiciliary care agency. It provides personal care to people living in their own houses on a live-in care basis. This means that the care workers live with the person for a set period. It provides a service to older adults including those requiring end of life care and some people living with dementia. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, there were 66 people receiving personal care.

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

People were supported safely with their medicines. The service followed Infection prevention and control good practice guidance. People were supported to have maximum choice and control of their lives and care workers assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were appropriately assessed before support began. The service worked together with healthcare professionals and relatives to ensure people's needs could be met. People felt safe in the care of Constantia Care Limited.

People's care plans were detailed and kept up to date to ensure they received effective care and support. The service encouraged people to be independent and maintain a safe living environment.

Care workers supported people who used the service to be involved in maintaining their own health and wellbeing where possible. Care workers communicated with the person in a way that met their needs.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 16th Feb 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well led findings below

Constantia Care 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. 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

This 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

The inspection was announced. The provider was given 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 March 2023 ended on 17 April 2023

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a

Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 12 March 2021 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included 12 people's care records, risk assessment, recruitment records, quality audits, daily records, and training records.

We spoke with 9 care workers and 6 relatives. We also spoke with 10 people. We reviewed a variety of records relating to the management of the service, including policies and procedures, care workers rotas, accident and incident records and safeguarding records.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection on the 17 December 2018, we identified instances where references did not correspond with the care workers members employment history. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- We found that care workers were recruited safely. The provider completed, pre-employment checks which were carried out to ensure care workers were suitable for the role. This included 3 employment references, proof of identification and right to work the UK. This also included Disclosure and Barring Service (DBS) checks. A DBS check is a way for employers to check care workers criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.
- People and their relatives told us they were supported by skilled and experienced care workers and cover arrangements were in place to ensure that care workers received their rest time and people received their support as needed. One relative said, "We've engaged the agency since last year. They had a very clear brief as to what [my family member] needs are, and it's all been very positive." Another relative told us, " [My relative] is very settled with [their carer]. [The carer] is very caring. We hold the [carer] on a bit of a pedestal so it's hard when [they are on holiday] as [they are so] good."
- We found that the provider completed people's needs assessment prior to people using the service. Care workers told us they felt that the provider assessed people's support needs appropriately to ensure that people received the right care and support as required to meet the person's needs safely. Which people's needs assessment confirmed this.
- One care worker said, "Before care workers begin working with a [person] Constantia Care, will complete an in-depth assessment of the [person's] support needs and risks. This help me as a care workers member to have a good understanding of what is expected of me and what support I would be delivering."

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place that helped to reduce the risks to people of abuse. People and relatives told us people were kept safe. A relative told us that the agency addresses concerns quickly, "We've had a few incidents with carers in the past. The agency dealt with [the concerns] very promptly."
- Care workers completed safeguarding training before working with people and they understood their responsibilities and how to report any concerns. Comments included, " I feel the training is very good and provides care workers with clear guidance of what actions are required, if I had any concerns about somebody safety." "Before I started working with the person that I'm supporting, I completed safeguarding training which was classroom-based. Which is updated annually to ensure that we are updated with any

changes."

- The provider had a safeguarding and statutory notifications log to ensure referrals were made in a timely manner and lessons could be learnt from events.

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

- People's needs, and risks were assessed appropriately at the initial needs assessment that was carried out by the registered manager. Care plans were also completed to ensure that care workers were clear on how to deliver safe care to people.
- The provider completed environmental risk assessments for care workers working and living in people's homes to ensure that the environment was safe for both care workers and people. For example, those risk assessments covered, fire and trip hazards and risks for care workers using equipment.
- Systems were in place for care workers to complete accidents and incidents forms. Care workers were clear of their responsibility for reporting and completing incidents. For example, one care worker said, "as part of our induction the company goes over our responsibility regarding reporting incident and accident and how the system works."
- The registered manager told us they had processes in place for reviewing and learning from things that went wrong within the service. For example, the registered manager said, "All incidents and accidents as well as safeguarding concerns and complaints are reviewed and where required we would carry out a full investigation. Learning from them is a big part of what we do as a provider. We will meet with care workers as well as the person receiving the support to feedback on actions taken and what we have learned from the situation." At the time of our inspection there was an action plan in place with up-to-date outcomes that has been completed.
- Care workers also confirmed that they received regular updates at meetings with the registered manager on any changes as part of lessons being learned. One care worker said, "There are regular care workers meetings that take place online. Also, if we are unable to attend the meeting, we can view the recorded meeting."
- The provider had policies and procedures to guide care workers on what actions were required when things go wrong.

Using medicines safely

- People using the service were supported by trained care workers to receive their medicines safely as prescribed. The provider had an up-to-date medicines policy which provided guidance and support to care workers on what actions to take if there was a medicines error. One relative told us that there had been an error by care workers with their relatives medicines. "There was an instance last year with one of the carers administering the wrong dose." During our inspection we reviewed this incident, and we were assured that the provider took the relevant actions to ensure the person was safe and the issues were addressed appropriately with the care workers who was re-trained in administering medicines.
- There was positive feedback from people and relatives regarding the support that people received with their medicines. Comments included,, "[Name] watches me to take my medication as I want to have some degree of independence." One relative said, "I know what [my relative] is taking from the Medicines Administration Records. [It's all] good. There's a medication coordinator with the agency [who carry out spot checks]."
- The provider ensured that all care workers were appropriately assessed before they administered medicines to people, which was reviewed annually.
- There were regular medicine audits completed by the service and spot check were also carried out. These were completed to ensure errors or concerns were identified and addressed appropriately.
- We reviewed people's medicine administration records (MAR) and saw these had been correctly completed.

- The provider told us during our inspection their plans to improve their medicines systems. The plan was to implement an electronic system. This will ensure that errors were picked up more swiftly and the service was able to monitor care workers completing people's medicine administration records (MAR) externally.

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 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 checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider operated within the legal framework of MCA and had up to date policies in place for staff to follow if it was identified that a person did not have the mental capacity to consent to their care.
- People and relatives told us that staff always gained people's consent before care was delivered.
- Staff received MCA and DoLS training which supported them to develop their skill and understanding about the principles of MCA. Staff were also able to tell us the process that they would follow, if it was identified that a person lacked capacity making a decision.

Preventing and controlling infection

- The provider had effective systems in place for the prevention and control of infection. There were policies and procedures in place for care workers to follow with up-to-date guidance.
- All care workers were trained in infection prevention and control, including the correct use of PPE. Care workers training records confirmed this.
- Staff told us that they were clear on how to prevent the spread of infection. Comments included, "I have received infection control training before I was able to start supporting people, I always ensure that I wash my hands after tasks that has been completed and use PPE when supporting the personal care." "I ensure that after supporting the person that I care for the area environment has been cleaned and that all use PPE is thrown away appropriately in the correct way."

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 as good. At this inspection this key question has remained the same. This meant that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture within the organisation, which helped to achieve good outcomes for people who used the service. One care worker told us, "This is the best organisation that I have worked for. I feel supported by my manager, and I know I can call them any time."
- Most people and relatives spoke positively about the management and care workers team. For example, one relative said, "I'm really impressed with them. Their transparent communication is good." Another relative said, "Overall, I think Constantia Care provides a good service." Not all [care workers] are competent in cooking, we put together a meal plan for care workers to follow."
- The provider told us how they worked with external professionals to help achieve positive outcomes for people they supported. The registered manager said, "We work in partnership with many other professionals, such as local authorities, commissioners as well people's health professionals that GP's, hospitals and dementia specialists."

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

- The provider had a duty of candour policy and understood their responsibility to be open and honest when something goes wrong. One care worker said, "That after any incident or accident, forms are completed. The management team will arrange time to discuss the learning and actions that have been taken." Another care worker said, "All incident reports are completed by an online system which means the incident report is sent to the management team immediately and reviewed. Someone from the management team then contacts the care worker that completed the report to discuss the reported concerns and the support, and the lessons learnt."
- The provider had systems and processes for monitoring the quality of the service and these were operated effectively. These systems included surveys that were sent to people and relatives, audits, and spot checks to improve and help to develop the service.

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

- The provider's governance systems were fully embedded within the service. The registered manager and the care coordinator undertook a range of audits to assess the quality of care that was being delivered, such as supervisions, care plans, care reviews and environmental risk assessments.
- Most people and relatives were positive about the service they received and that risks were managed well,

and that they felt care workers were skilled to undertake good quality care. One relative told us, "Constantia Care provide a good service, they do address issues promptly." Another relative said, "Very good no changes needed." One person said, "They've visited twice to do a quality check's. Everything is good." "I'm extremely happy with his care. I would say that the service that we get is a gold standard. I think that's what we got." One person said, "Apparently, they do spot checks, but we haven't had any yet." During our inspection we clarified this with the registered manager who confirmed that this was due to the person being new and that their procedure is that all new people will receive a care review, then followed by a spot check between 8 and 10 weeks.

- The provider was clear of their legal responsibilities and was open and transparent. Prior to our inspection we had received notifications of safeguarding and accidents and incidents. Which we reviewed at the time of the inspection and saw that the appropriate actions were taken by the registered manager.
- The management team were very involved and led by example, they visited the services and care workers knew who to contact for advice and support. One care worker said, "My care coordinator and the management team are very approachable, and I'm confident if I had any concerns, I'm able to call them for advice and guidance."

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

- The provider had systems in place to ensure people had the opportunity to discuss things that were important to them. For example, the service held meetings with people and their relatives, also feedback forms were sent for people to complete. One person said, "We had a questionnaire, and it was all very positive, but I wouldn't wait to get a questionnaire to fill in to give feedback."
- The service held team meetings with care workers, where they were able to voice their views and ideas. For an example one care worker said, "I have attended meetings by zoom. We also receive meeting notes. I feel confident that I can discuss different topics if I wish to."
- Care workers worked in partnership with people and healthcare professionals. One care worker said, "I support [name] with making health care appointment and attending them, such as hospital and GP check-ups. I also ensure follow up appointments have been arranged."