

Constantia Care Limited

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Inspection report

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23 March 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

The inspection took place on 15 and 23 March 2017. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet with us. This service has not been inspected since its registration on 21 October 2015.

Constantia Care Limited is a domiciliary care service run by Constantia Care Limited. The service provides live-in care service to people with dementia and older people in their own homes. At the time of inspection 60 people were receiving personal care and live-in care services.

The service had a registered manager 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.

People using the service and their relatives were happy with the service and found staff compassionate, caring and helpful. The service was 'companionship-led' and delivered person-centred care that met people's individual health and care needs. Staff interacted with people and engaged with them in a meaningful manner.

Staff followed appropriate procedures to safeguard people from harm. They had the understanding of protecting people against abuse and their role in promptly reporting poor care and abuse. Risk assessments provided adequate information and instructions to staff on the safe management of identified risks. People were supported well with medicines management.

Staff were skilled, well-trained and demonstrated good understanding of people's individual needs and preferences. They received regular supervision and support from the management. The service followed appropriate recruitment practices. We found references missing for one staff member which were provided to us on the second day of inspection visit.

Staff asked people's consent before providing care, gave them choices and provided appropriate support to people that lacked capacity to make decisions.

People's nutrition and hydration needs were met. People were very happy with staff's cooking skills and abilities. They found the service reliable and staff trustworthy. Staff daily emailed the care coordinators people's daily care records, these records included information on how people were supported.

Care plans were detailed and regularly reviewed; they recorded people's individual needs, likes and dislikes. They included instructions for staff on how to support people to meet their needs and wishes.

The management maintained good systems and procedures to monitor and assess the quality and safety of the service delivery. They regularly visited people's homes to observe staff supporting people with their care needs, and addressed any concerns raised immediately. The service regularly asked people and their relatives how they found the service via feedback survey forms and six weekly visits. Any areas identified as needing improvement was addressed immediately. People and their relatives told us the service was well led and were happy with the service and the staff team.

The service worked with health and care professionals in improving emotional and physical wellbeing of people and their relatives. They supported local organisations by carrying out fundraising activities.

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. People and their relatives told us they felt safe. People were given medicines on time by trained staff. Staff were provided with sufficient information on risks involved in supporting people.

Staff were able to identify abuse and knew how and when to report poor care, abuse or neglect.

The service carried out timely recruitment checks to ensure people using services were supplied with safe and suitable staff.

Is the service effective?

Good ●

The service was effective. People's health and care needs were met by well trained and experienced staff. Staff received regular supervision and told us they were well supported.

Staff understood people's right to make choices about their care and asked their consent before supporting them.

People were referred to health and social care professionals and supported where necessary to their appointments.

Is the service caring?

Good ●

The service was caring. People found staff caring, compassionate and kind. The service was companionship-led. People were mainly supported by the same staff team and shared positive working relationships. People's cultural and religious needs were identified and supported with when requested.

People were involved in their care planning and were supported to remain as independent as possible. Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive. Staff were aware of people's likes and dislikes. Care plans were detailed and individualised, and gave adequate information to provide personalised care. People were involved in care planning and received regular care reviews.

The service responded effectively to people's changing needs. People were supported with various activities and staff provided companionship.

The service encouraged people to raise concerns and complaints, and kept clear records of them. People and their relatives told us their concerns and complaints were listened to and addressed in a timely manner.

Is the service well-led?

Good ●

The service was well-led. People, their relatives and staff told us they found the management team approachable and supportive. Staff worked well as a team. The service effectively carried out audits and checks to monitor the quality of care.

The service worked collaboratively with various local organisations and health and care professionals to improve the quality of people's lives.

Constantia Care Limited

Detailed findings

Background to this inspection

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

The inspection took place on 15 and 23 March 2017. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet with us.

The inspection was carried out by one adult social care inspector and one 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. They phoned people using the service and their relatives to ask them their views on service quality.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We contacted local authority and healthcare professionals about their views of the quality of care delivered by the service. During inspection we looked at the information sent to us by the provider in the Provider Information Return, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

There were 60 people receiving personal care support from the service, and 64 staff, at the time of our inspection. During our visit to the office we spoke with the registered manager, an assistant manager, deputy and compliance manager, training coordinator, three care coordinators, and looked at six people's care plans and care delivery records, and six staff personnel files including recruitment, training and supervision records, and staff rosters. We also reviewed the service's policies and procedures, accidents / incidents and complaints records, medication administration record charts, medication audits, feedback surveys and improvement action plan.

Following our inspection visit, we spoke with nine people, five relatives and three care staff. We reviewed the documents that were provided by the registered manager (on our request) after the inspection. These included reviewed staff meeting minute and supervision records.

Is the service safe?

Our findings

People using the service told us they felt safe with staff. The relatives said the service was safe. People's comments included, "I have a live-in carer...I feel safe that I have someone to care for me in my home" and "She keeps me safe in not falling over." One relative said, "My parents are safe, I am the main carer also so I am around and I would know if my parents were scared of anything." Another relative commented, "My wife is perfectly safe."

Staff had a good understanding of safeguarding procedures and their role in identifying and reporting abuse. They were able to describe signs types and signs of abuse. Staff told us they would contact the office during office hours or on-call telephone service during evening and weekend hours if they suspected abuse or poor care. The registered manager told us they had 24 hours emergency telephone help line to ensure people and staff's calls were answered in a timely manner. People and staff told us when they needed help they were always able to speak to someone on the phone. Staff received training on abuse and how to report abuse before they began working with people and annual refresher training. Records seen confirmed this.

The registered manager told us they haven't had any safeguarding concerns. The service maintained clear procedures around reporting and acting on accidents and incidents. The accident and incident records were completed by the staff and kept at people's homes and a copy sent to the office to be checked by the registered manager. The accident and incident form included incident details, actions taken, to be taken, when, by whom and were signed by the staff member and the care coordinator. In the past year the service experienced two accidents where two people had a fall and sustained fractures. We looked at the accident forms and they were appropriately completed.

Staff we spoke to had a good understanding of people's health and care needs, the risks involved in supporting them, and how they managed those risks to provide safe care. The risk assessments were completed by the registered manager following initial needs assessment. Risk assessments were for areas such as moving and handling, premises, falls, nutrition and medication. We found risk assessments met people's individualised needs and provided detailed information on safe management of risks. For example, there was a choking risk assessment for a person who was at a risk of choking, where the risks to the person were identified and the care plan for this person provided detailed information and instructions for staff to ensure controls were in place to minimise risk of choking. We spoke to the staff member supporting this person and they were able to describe how they supported the person in assisting with their nutrition and hydration needs. The registered manager told us that the risk assessments were reviewed every year and during the year if people's needs changed. Most of the risk assessments that we checked were up-to-date and recently reviewed. However, there were some risk assessments that had not been reviewed. Following the inspection we were provided with copies of reviewed risk assessments.

The service provided live-in care service where staff lived with people in their homes. People and their relatives told us staff were very attentive, reliable and always available. The registered manager told us staff took regular breaks during the day and at that time family members or other domiciliary care agency staff

supported people. Staff we spoke to told us they had regular breaks during the day which they found helpful.

The registered manager told us staff rosters were scheduled for staff to work for four months at a time followed by anything between two weeks to two months break. Staff rosters seen confirm this.

The service recruited staff from this country and internationally. They hired a recruitment agency to carry out staff recruitment and the agency would arrange interviews and reference checks. We viewed six staff personnel files and they contained application forms, copies of identity documents to confirm right to work, Disclosure and Barring Service (DBS) criminal record checks and reference checks. However, one staff personnel file did not have appropriate reference checks. One the second day of inspection we were provided with the copies of the reference checks. The service carried out risk assessments for staff members who had commenced employment prior to receiving two reference checks. Records seen confirm this was as per their recruitment procedure.

The registered manager told us they encouraged staff to have their own carer insurance policy and we saw records of this. The service had up-to-date employer's liability insurance in place.

People told us they were happy with the medicines support. One person commented, "She sees to my medication, I am happy with this support." Another person said, "Yes, I have a dossett box with my tablets and the carers give them to me." One relative told us, "Yes, the carer makes sure my parents take their medicines as they have dementia so they need to have made sure their medicines are taken." Staff we spoke with demonstrated a good understanding of medicines management. They were able to explain what the medicines were for and how and when they administered them.

The service provided information to staff on people's needs and risks related to medicines including how to support people with medicines, any known allergies, where the medicines were stored in people's homes such as in blister packs or the original manufacturing boxes and ordering and collection of medicines. The medicines were mainly ordered and delivered by people's relatives and pharmacies. Staff signed a copy of delivery note on receiving medicines. The registered manager told us they were going to ask staff to start keeping a copy of medicines delivery note. The service kept logs of medicines administration in medicines administration records (MAR) charts. MAR charts seen were mainly accurate however, we found a few gaps. We looked at daily care records for the dates where MAR charts had gaps and it confirmed the person had received medicines but the MAR charts were not completed. The registered manager told us the gaps were identified and the staff member was spoken to and put on refresher medication administration training.

Staff used gloves, aprons and disposable wipes to safely assist people with their personal care.

Is the service effective?

Our findings

People and their relatives told us staff were experienced and knew what they were doing. They told us the service was effective. People's health and care needs were met. One person said, "Yes, she is aware of what I need, she knows about my complex medical needs." One relative commented, "The carer has a good understanding and knowledge; she knows what she is doing." Staff were able to explain people's health and care needs and their abilities.

Most staff acquired the level two national vocational qualification and were aspiring for level three. Staff that were recruited had previous care work experience. Staff told us they were provided with on-going training opportunities and felt confident in their role and had received sufficient training to do their job effectively.

New staff had to complete an induction course that covered mandatory training including safeguarding, moving and handling, health and safety, nutrition and hydration, dementia, infection control and medicines administration. Following induction staff were matched to people and undertook a day long handover before supporting people on their own. On completion of the induction course, staff were enrolled on Care Certificate course which they were expected to complete within their probationary period. The Care Certificate is a set of standards for social care and health workers. It is the minimum standards that should be covered as part of induction training of new staff.

Staff also received additional training in areas such as end of life and diabetes management. All staff went on mandatory yearly refresher courses. The assistant manager and the training coordinator were qualified 'train-the-trainer' and were able to deliver courses which allowed flexibility. The assistant manager was also a qualified assessor and the training coordinator was working towards becoming an assessor thereby enabling them to provide staff with onsite assessment whilst undergoing national vocational qualification. Records of their certificates confirmed this. We saw the staff training matrix that detailed staff names, training courses staff had finished, ones they were undergoing and future training dates.

Staff told us they enjoyed their jobs and were well supported. They told us the job can be isolating as they did not always meet other staff on a regular basis as they were living at people's homes. However, care coordinators visited them every six weeks and emailed and called them on a regular basis. They received regular one-to-one supervision and the care coordinators carried out observational supervision, records seen confirm this. We also saw records of staff appraisals.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The service maintained clear records on people's capacity and how and when to support them to make decisions. The service kept copies of people's lasting power of attorney applications. The care plan stated who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care and treatment.

People and their relatives told us staff always asked permission before supporting them and gave them choices. One person said, "They always ask what I need and what I want." One relative commented, "He [family member] is always asked his choices." Staff understood people's right to make choices about their care. They were able to demonstrate how they encouraged and supported people to make decisions. For example, one staff member said, "I ask him before supporting him. I ask things such as if he would like me to draw open curtains." Staff told us they had received training on the MCA. Records showed that staff received training on the MCA and it was part of the induction course. Staff knew who to contact when necessary.

People relied on staff to cook for them. They told us their nutrition and hydration needs were met. People and their relatives told us staff were aware of their food preferences, allergies and supported well with their needs. One person said, "Yes, she cooks my meals, she is very good, she can actually cook, some say they can but they can't. She cooks properly such as all kinds of things really." Another person said, "I get all my meals, the carer is good, she will make me what I want. Toast or cereal, soups, properly cooked food." One relative commented, "Yes, she does the meals. I am very happy, she is a fabulous cook, does all the meals. It helps me a lot."

The care plans made reference to people's food preferences, likes and dislikes and included where necessary nutritional assessments. Staff were able to describe people's food likes and dislikes. For example, one staff said, "She loves fish, I offer her all sorts of choices but likes fish and vegetables, prefers soft food due to her dentures." We looked at this person's nutrition and hydration care plan and it mentioned the person wore dentures and liked to eat soft food, had a small appetite and liked small light meals. The care plan mentioned "enjoys fish, this must be well cooked, tender and very soft."

We looked at people's daily care records, they included information on how people were supported and most staff recorded what people ate and drank. The care coordinator told us they had reminded staff the importance of recording what people had eaten or drank. And since then they had seen an improvement. Where agreed, staff recorded in people's daily care logs their elimination and bowel movements. This information was then fed back to people's doctors as when and required.

Staff supported people to their health and care appointments, and liaised with the health and care professionals when required for people's health updates and check-ups. GP and other health and care professionals' visits were recorded in people's daily care logs in red colour font for a quick access for the care coordinators. Records seen confirmed this.

Is the service caring?

Our findings

People using the service and their relatives told us staff were caring and helpful. One person commented, "The carer is very caring...very kind and gentle." Another person said, "...her personality is good, she [staff member] is compassionate...it is easy to speak with her, our backgrounds are similar, we have lived very unusual lives...she loves my dogs and drives too which is very important for me." Relatives' comments included, "Yes, they are caring, the carer is lovely" and "We couldn't do without her, she is like one of the family. My wife relies on her a lot; we are not worried about anything. She really understands her, she is very good indeed, we couldn't wish for anyone better."

The registered manager told us it was very important for them to match right staff to people as one of the main aspects of this service was providing companionship. They told us when matching staff with people, the care coordinators carried out a personality test to ensure people were matched with staff that had similar interests and personality traits. One of the care coordinators we spoke to confirmed this, they said "I match care staff with people based on if they want continuity, use one page profile of staff detailing their interests, hobbies, professional and cultural background. For example, if a person who is creative and likes knitting and going out in the garden watching birds, I need to look for a staff member who would stimulate her creativity." We looked at staff's one page profile and they detailed their hobbies and interests.

The service aspired to provide a small team of staff to support people in order to ensure continuity. This was helpful as staff understood people's needs, wishes and preferences. People told us they mainly had the same staff team support them. Their comments included, "I have had the same live-in carer for three months now", "Yes, the same live-in carer but of course it can't stay like that for a long time, they go back home and I understand that." One relative told us, "Yes, dad has the same carer." Another relative said, "We have had the carer since November. She will be here until June. She will go on holiday then. We will have stand in carers then."

Staff told us they enjoyed their job and had good working relationship with people they cared for. They were able to describe the individual wishes and preferences of people they cared for. The registered manager told us at the time of the initial referral they engaged with people and their relatives to have a complete understanding of people's background history, wishes and preferences. We saw care plans made reference to people's history, spiritual needs, culture, wishes and social aspects. Staff were provided with sufficient information on people's cultural beliefs and practices to enable them to provide person-centred care. For example, one person's care plan mentioned the person to be of a certain religion but did not practice it. Another person's care plan specified "[Name of the person] is Church of England, she is a practicing Christian, the local Vicar comes to the house and administers communion and the carer must facilitate this." We spoke to the staff member supporting this person and they confirmed the support they provided with person's spiritual needs.

People and their relatives told us staff treated them with dignity and respect. They said staff were always respectful of their privacy and provided companionship. One person said, "My carer is absolutely wonderful, understands me and treat me with dignity and respect. She is more of a companion than a carer."

Staff that we spoke to told us they supported people in a way people preferred, did not rush them, closed bathroom and bedroom doors and cover people when assisting them with showering and personal care. Staff understood importance of confidentiality and supported people to remain as independent as they could. One staff member said, "I do not disclose sensitive and confidential information [only to relevant people], when [assisting] with showering / personal care as it is sensitive I am considerate. Always ask consent before supporting, encourage her to do things by herself as independence is important to her." One person told us, "She [staff] is very careful of what I look like, she is very intuitive. I do as much as I can by myself but when I can't she is there to help me."

People told us they were involved in their care planning and their relatives told us they were included during care reviews.

Is the service responsive?

Our findings

People and their relatives told us the service was responsive. They told us staff knew and understood their needs, were fully aware of their likes and dislikes and wishes and preferences. They said staff were quick to respond to their requests and changing needs and abilities.

The registered manager told us they carried out initial assessment where they engaged with people, their relatives and all the professionals involved in their care to identify their needs, abilities, wishes and preferences, and aspirations. This information was then used to create people's care plans. The care plans gave information to staff on people's health and care needs and how they wished to be supported. Staff told us they found care plans "useful" and told us they provided "sufficient information". One staff member said, "Care plans are good...are personalised and individualised and easy to understand."

We viewed people's care plans, they were detailed, easy to follow, person-centred and regularly reviewed. The care plans provided comprehensive information on people's needs, abilities, wishes, likes and dislikes. They had information on people's medical history, personal care preference, communication method, nutrition and hydration and social aspects of life. For example, one care plan under the communication section mentioned staff to "ensure [name of the person] gets messages and is able to take and make phone calls as far as practicable. The carers will need to hold the phone for [name of the person] as she has lost the strength in her arms. [Name of the person] also likes to have moments of quiet."

We looked at people's daily care records and they mentioned how people were supported. Staff sent records to the care coordinators electronically on a daily basis. This enabled care coordinators to know if people were engaging in activities and being supported as per their care plans.

People and their relatives told us they were involved in their care reviews. They said office staff visited them to review their care plan. One person said, "Yes...there is a care plan. Someone does come from the office now and then." One relative commented, "There is a very comprehensive care plan, it is reviewed regularly. I can be involved in this, I could ask, they are always monitoring his care needs."

People were supported by staff with various activities and were happy with that support. They told us staff took them out for coffee, watched television together, had discussions and chats. One person said, "She has been excellent, she does my shopping. Staff described various activities people liked doing. One staff member told us they accompanied the person they were supporting to the hairdressers, day care centre, or gave her manicure, and went shopping as the person liked to go to "Marks and Spencer store as she liked their chocolates".

We looked at people's 'hospital passport' that accompanied them when being admitted in the hospital that gave vital information about people and their health and care needs. Hospital passport detailed information on people's allergies, communication needs, nutrition and hydration needs, and medical conditions.

The service encouraged people and their relatives to raise concerns and complaints. The service had not

received any formal complaints. People and their relatives told us they had not made any complaints. We saw records of concerns raised by people. The records showed the actions service had taken and demonstrated the service had addressed them in a timely manner. However, the service did not always include preventative action points in the concerns form. We spoke to the registered manager and compliance manager about this and they told us they would review the forms. We were provided with the reviewed concerns form on the second day of the inspection. People using the service and their relatives told us their concerns and wishes were always listened to and acted on in a timely manner.

People and their relatives told us they were happy with the service and had never needed to complain.

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager had previous experience of managing care home and supported living services.

Staff we spoke to told us the registered manager was approachable and easy to talk to. They said the registered manager listened to them and was available when needed help. One staff member commented, "[Name of the registered manager] is pleasant, kind and caring, great to work with, 100% approachable. Anything I was not sure of I have asked her and been helped straight away."

People and their relatives told us the service was well-led and were happy with the service and the staff. They said the service communicated well and the quality of the service was of a high standard. Their comments included, "They [the management] are very family orientated; they call my daughter in the States to tell her how I am. The organisation is very well run", "I have a high regard for their [staff] qualities; they [the service] have high standards and would not take on people who were not up to high standards" and "I will give it [the service] nine and a half out of ten. They are very friendly without being intrusive." One relative said, "It is a very good service...dad is happy with the service."

The service had an open and positive culture where people and staff were able to voice their opinions and wishes comfortably. People told us they were involved in planning their care and were not afraid in raising concerns, complaints and making suggestions to the registered manager. Staff told us they felt comfortable raising their concerns and making suggestions. The registered manager took staff's suggestions on board. For example, one staff member told us they are asked by the registered manager if the newly recruited staff were performing well and their feedback was always taken on board. The service sent out monthly newsletter to the people, their relatives and staff keeping them informed on matters related to the service and other interesting articles. We looked at the last month's newsletter.

During the inspection, we saw staff team interacting positively with each other and were sharing information and ideas to improve the service quality. Staff told us they worked well as a team and supported each other. The office staff team met every morning for 10 minutes to discuss matters related to people using the service and the service delivery. They said it was very useful. The registered manager told us they held monthly staff meetings where various matters were discussed including staff recruitment and training, recordkeeping and care plans. At these meetings the team also discussed the nominations for the 'carer of the month' award and office staff workload. The service acknowledged staff's performance on a regular basis and awarded a small monetary prize to staff that were chosen for the 'carer of the month' award.

The service had good data management systems that kept accurate records of people's health and care needs, risk assessments, daily care records and care reviews, and staff's recruitment and training updates. The information was organised well, easily available and securely stored. The service had efficient systems and processes to assess, monitor and improve the quality and safety of the care delivery and were reviewing them on a regular basis. For example, the service was modifying the system of monitoring and assessing care plans and MAR charts.

The service carried out internal audits and self-assessment. We saw records of staff personnel files and training audits, and people's care audits that kept information on people's care plans and risk assessments. We looked at an independent care review that was carried out by a consultant shortly after the service's completion of one year. We saw the service had implemented the recommendations made in the independent care review report.

The care coordinators visited staff every six weeks where they observed staff whilst supporting people to ensure they were providing care as per people's care plan, and an opportunity to ask people if they had any concerns or complaints. The deputy and compliance manager told us they formally sought people, their relatives and health and care professionals' feedback every quarter. We looked at records of this and showed people were happy with the service. The service was proactive in identifying areas needing improvement and following survey results created a report and an improvement action plan. We looked at last survey's improvement action plan and it showed the service had implemented all the planned improvement actions. The registered manager told us staff were consulted on an ongoing basis for their feedback.

The registered manager worked collaboratively with health and care professionals such as occupational therapist, physiotherapist and doctors. The service worked with local organisations such as Alzheimer's Society, North London Hospice and local authority quality team in delivering efficient care services and to improve quality of people's lives. The service had planned a fundraising activity to raise funds for Alzheimer's Society.