

Contract Care Agency Limited

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Inspection report

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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

We inspected this service on 20 June 2017. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. The service provides care in people's homes to older people and people with debilitating illness and long term conditions such as dementia. The service is available in the Nottingham area. At the time of the inspection 33 people were being supported by the service. Our last inspection took place in July 2014 and at that time we asked the provider to make improvements in the management of medicines. At this inspection we found the required improvements had been made promptly.

There was a registered manager 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.

People felt safe and received care that had been risk assessed to ensure measures were taken to reduce any risks. When people received support with their meals they were given choices and guidance to ensure they received nutritional meals. When people required assistance with medicines this was risk assessed and the administration was completed safely.

The provider had a range of audits to monitor the service provided and had made improvements where needed. For example, new documentation to make information clearer and safer medicines management processes.

Staff felt supported and received training for their role. Care plans were completed with the person so their preferences and choices could be included. People received a review of their care and they had the opportunity to comment on the service they received. There was a complaints policy, however no one we spoke with had felt they needed to complain and the provider had not received any complaints.

There was sufficient staff and people received care from a consistent team of care staff. People made decisions about their care and when they lacked capacity an assessment was completed to support decision in their best interest. Referrals had been made to health care professionals as required to support the person with their wellbeing.

People received care from staff who respected them. When they contacted the office with any changes or additional support this was supported. The manager understood their responsibilities and notified us of any concerns or incidents. The service had displayed their rating conspicuously in the office and on the website.

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 received their medicines as prescribed and staff had been trained to know how to manage them safely. Staff understood their responsibilities to keep people safe from harm. Risk assessments had been completed and provided guidance to reduce any risk. There were enough staff to provide the level of support required to maintain a consistent service for people. The recruitment practices in place checked staff's suitability to work with people.

Is the service effective?

Good ●

The service was effective.

Staff received training which provided them with knowledge for their role. When people lacked capacity an assessment had been completed and decisions made with support from the people most relevant to that decision. People were encouraged to make choices about their food. Support was provided by health professionals when needed.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and treated people respectfully. Staff supported people to maintain their dignity and privacy. People were encouraged to be independent and respected for their preferred way of receiving their care

Is the service responsive?

Good ●

The service was responsive.

People's preferences had been considered so that they received the care they required and in the way they wished to receive it. The service was flexible to people's changing needs and provided support to ensure people could still have access to things of interest. People felt able to raise a complaint and the provider had a policy which was accessible.

Is the service well-led?

Good ●

The service was well led.

People had an opportunity to comment on the service. The provider had a range of systems to maintain and make improvements to the quality of the service they delivered. The provider had invested in new systems to support the management of the service. Staff felt supported and there was a positive atmosphere about the service.

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Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). 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. However, we offered the provider the opportunity to share information they felt relevant with us at the inspection visit.

We used a range of different methods to help us understand people's experiences. We visited two people in their homes and made telephone calls to two relatives and one person who visited the office of the service.

We also spoke with three members of care staff, the office staff and the registered manager. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for four people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

Our previous inspection in July 2014 found whilst the provider was not in breach of any regulations there were aspects of care in relation to medicines management that could be improved. We reported on these in our last report. During this inspection we found that the required improvements had been made promptly.

People were supported to take their medicines and have creams applied. People we visited were able to show us how their medicine was kept secure and for some people this involved the use of a safe with a security number code. One relative said, "The medicines are safe, they're stored in a medicine cupboard, which is locked and only the people who need the number have it, like the staff and the pharmacy." The code was only shared with the staff supporting the person and kept securely on the computer records at the office. Staff told us they had undertaken medicine training and had their competence checked to ensure they supported people safely. They told us the provider carried out spot checks by observing their practice and monitoring the medicines administration records (MAR). One staff member said, "The manager just turns up. I like it as I can be assured I am doing my job properly." When the MARS were completed we saw these recorded when medicine has been given, or if not given the reason why.

People told us they felt safe when they received care. One person said, "I feel so safe, they're in the flat whilst I have my shower which gives me peace of mind in case I fall." One relative said, "Hand on heart I can now go on holiday and know they will be safe and cared for." We saw all the staff had received training and knew how to raise a concern if required to keep people from harm. One staff member said, "We know to raise any concerns and have done. It's important we keep people safe. Sometimes we are the only other person who goes into that person's home." This meant people were supported to be safe.

One person told us, "I have a pendant I can press if needed." We saw for some people this provided additional safety in the event of an emergency such as a fall. We saw that all records were kept securely and where people had a number code to enable staff to enter the property, we saw there was a system in place to maintain people's safety.

We saw that risks to people's safety had been assessed. One person said, "They check everything to make sure it's safe." The assessments covered all aspects of the person's care. Where the person required equipment to support their mobility within the home, a separate assessment had been completed which provided guidance on how to support the person safely. Staff told us they felt able to raise any concerns when supporting people. One staff member said, "We are currently introducing equipment for someone as they are not as able as they have been." The manager told us, "It's important they don't carry on placing themselves and the person at risk. The staff know to call." We saw that risk assessments had been updated when areas of concern had been raised. Risk assessments also included the environment. This was to ensure the home was safe for the person and for the staff to work there. These assessments covered access and the areas of the home to be used by staff. For example, kitchen appliances and the bathroom.

People told us the carers came at the set time. One person said, "If any reason they are late or delayed we

get a call." Staff we spoke to told us they supported a regular group of people. One staff member said, "We have regular calls, however if we have a new person then the office brief us about them." The manager told us, "I don't take on any additional work I don't have the staff to support people, the continuity is really important for people."

There was also an on call system for people to ring in the event of an emergency out of office hours. One person said, "I have the number set into my phone if I need to call." The on call system was managed by senior staff and management. One staff member said, "The system works well, we have staff available to step in if someone goes off sick and all the information we need about people."

We saw that when staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. This included a DBS check and references. A DBS provides a check relating to any previous criminal records. There had been no new staff members to the service however we checked the records of staff currently employed and saw the relevant checks had been completed.

People told us protective equipment was used. One person said, "They always use their aprons and gloves." We saw that supplies were available and staff were able to collect the amount they required. One staff member said, "You can have as many as you need. At one call I used seven pairs of gloves, and the manager just said that's fine. I would rather you use them it's an added protection." This showed the service managed the control of infection and protected staff in maintaining standards of hygiene and cleanliness.

Is the service effective?

Our findings

The staff received training relevant to support people. One relative said, "There is always someone who knows [Name] and understands the situation and equipment." They added, "This gives me a lot of reassurance." Staff told us they were provided with training that was specific to the needs of people they supported. One staff member said, "The office tell us when training is due and then it is placed on the rota and highlighted." We saw records which confirmed people's training were up to date.

There had been no new staff member employed recently; however we saw the provider had a structured induction for new employees which involved training, shadowing with experienced staff and observations by senior staff to check their progress. The manager told us, "All new staff received training in the care certificate." The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. □

We checked whether the provider was working within the principles of the MCA. Where people lacked capacity an assessment had been completed. We saw that people who are important to the person, health professionals and advocates had been consulted to ensure any decision was made in the person's best interest.

Staff had received training and knew about people's individual capacity to make decisions. They also understood their responsibilities to support people to make their own decisions. One staff member said, "It's about freedom of choice. People are still capable of making decisions about their daily life." We observed that staff explained to people what they wanted to do and sought their consent before providing personal care. We saw that one person's mental health had deteriorated. The manager confirmed this and told us they would revisit their capacity assessment. This showed the staff and manager understood their responsibilities to comply with the Act.

People who received support with mealtime visits told us staff offered them choice and encouraged them to eat and drink enough to maintain good health. One person said, "I always get a choice, the food is lovely." The staff member told us, "We have a daily choice and I encourage the people to help with the menu planning." We discussed mealtime calls with the manager. They told us, "It's an important part of the work we do to ensure people get a balanced diet. Where possible we make the meals fresh and incorporate fresh fruit and vegetables." We reviewed some records which contained the support provided at meal times and

saw this had happened. We saw during the very hot weather staff had encouraged people to have more fluids to ensure they remained hydrated. This meant people were supported to maintain their nutritional needs to keep them well.

People retained responsibility for managing their health care, but staff told us they had provided support when requested by people. One person said, "If I need them to call the doctor they do, nothing is too much trouble." A relative told us, "They have contacted the GP when we needed more cream, I don't have to worry." Care plans provided details of the immediate contacts which may be required, for any other concerns staff contact the office. One staff member told us, "I just contact the office when I require additional support, like the pharmacy when someone's medicine was not correct." This meant people's wellbeing was supported.

Is the service caring?

Our findings

People told us they had positive relationships with the staff. One person said, "The staff are wonderful. We tease each other and have a laugh. There is nobody I don't like." A relative said, "The staff are in everyday, so have built up a relationship." One staff member said, "These people are not service users, it is a friendship. I love spending them with them."

People felt relaxed with the staff. One person said, "I only have to ask and they do it, like the other day peeling me a potato." Another person said, "They don't hurry me." A relative told us, "They are like an extended family. They are a godsend to me." One staff member told us about a person they have only recently been supporting, they said, "It is about ensuring the person still feels they are in control of their life. We need to ensure they feel able to make their choices and decisions." The manager told us they were supporting many people who are live with dementia. They said, "The important thing is consistency of staff and respecting the person and their needs."

Staff kept in contact with their families when their needs changed. One relative said, "They keep me informed, every single time. If it was not for these care staff I don't know what I would do." This showed staff involved people's families in their care.

We saw that people had been encouraged to be independent. One relative said, "Staff treat my relative like a human being, which they pick up on. The staff are able to deal with their ups and downs." Staff we spoke with said, "It's important to understand people. People are proud and wish to be independent so we need to respect that."

People told us their privacy and dignity was respected. One person said, "They are so respectful, everything is done behind closed doors." People told us staff knocked on their door or rang the bell before entering even if they had the key to the person's home.

Is the service responsive?

Our findings

We saw that people had been included in the development of their care needs. One person said, "They ask me all the time and the information is in the care plan." We saw that the care plans contained information about people's history and preferences of choices and how they wished to receive their care. Each file contained a summary sheet which identified the requirements for each call. We saw these were updated following any changes. For example, one person declined to receive their personal care during the morning call, this had been moved to the lunchtime call with their agreement and the summary sheet had been updated. We saw care plans reflected people's needs and provided a guide to the tasks identified by the person during their assessment, which were available in each care plan folder at the office and within the home. This meant that people were fully involved in making decisions about the care and support and staff listened to what they wanted.

The service was responsive to people's changing needs. For example, we saw how one person's needs had changed which required them to be cared for differently. The person was no longer able to stand independently. The manager had arranged for an occupational therapist to reassess the situation and to consider what equipment and level of support would be required for the person to still be supported. In the interim other health care professionals were consulted to ensure that the care being provided still ensured the person received the support they needed. The manager told us, "When all the equipment has been delivered, I will complete another assessment and check that the staff are competent with the equipment, before we make changes to the care plan."

People told us the staff supported them to follow their interests and daily living. One person told us, "I am supported to go shopping every week. The staff are always helpful and kind." Other people were supported to visit local attractions and some people were supported on short breaks away. When these events occurred a risk assessment had been completed to ensure all aspects of the person's safety had been considered.

People told us they felt they could raise any concerns. One person said, "I have had no cause to complain, if needed I would call the office." A relative told us, "I have had a few niggles, and these were dealt with straight away." The service had not received any complaints. We saw that the complaints procedure was included in the service guide given to all the people who used the service. We saw the service had received several letters and cards of compliments. Some extracts from these were; 'Dedicated staff, who helped to maintain our relative in the family home.' And 'Staff are caring and professional.'

Is the service well-led?

Our findings

People told us that communication from the office was positive. One person said, "Any problems the manager is straight on to it." A relative said, "They listen and respond." In one thank you card the message included, 'Staff in the office are unfailingly ready to help and were able to deal with all my questions.'

The provider had suitable systems in place to assess and monitor the safety and quality of the service people received. Each month the medicine administration sheets (MAR) were audited and changes made. For example, the MAR sheets were now typed up to avoid any hand written errors and any changes made straight away. We saw the forms provided clear guidance in relation to a description of the medicine and any risk associated, for example, 'do not give grapefruit juice'.

Other audits included reviewing the care plans. Changes had been made to these as situations occurred. For example, one section identified if the person had a legal power of attorney, however the provider had not obtained evidence for their records. The form had been changed to enable this information to be included. The manager said, "We are always making changes, the documents are live and we add things as policy changes or other aspects to make things clearer."

The provider had invested in a system to support the rostering of the work for staff. This system enables other aspects to be added. For example, the person's preference of staff or times they required their service. The staff member using the system said, "We are still adding things to the system so eventually we can use it more to support the work, training etc." The staff member had received training on the system and had access to technical advice if required.

We saw that people were asked to give feedback on the quality of the service they received. These had been completed on an impromptu basis. Those we saw had all provided positive feedback and at this time required the provider to take no action. Further positive comments from email s showed, 'It has been hard for my relative to accept care, you have enable them to remain in their home which is the thing they most desperately wished to do.' The manager had sent a photo to a relative following a person using the service had a birthday. The relative emailed expressing their thanks for the photo and the reassurance of the care the person was receiving.

Staff told us they felt supported by the manager and team colleagues. One staff member said, "I would not work for anyone else I am so supported." Another person said, "The manager cares about us we are not just a member of staff." We saw staff received supervision and appraisals to support them in their role. One staff member said, "We cover work and personal things, it's a positive thing."

The manager was response to the staffs needs. For example, several staff had commented that as it had been particularly hot it would be useful to have a uniform which they could unzip at the front in between calls. We saw the manager had ordered some new uniforms for the staff and a message had been issued to staff to call and collect one following the delivery.

We saw that the previous rating was clearly displayed in the reception of the service as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.