

Care Assured Limited

Care Assured Limited

Inspection report

Bearly House
67 Liverpool Road
St Helens
Merseyside
WA10 1PQ

Tel: 01744615054

Date of inspection visit:
19 April 2018
27 April 2018
04 May 2018

Date of publication:
30 July 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was announced and took place on the 19 and 27 April and 4 May 2018.

The service is registered to provide personal care to people in their own homes and operates around the St Helens and Newton-le-Willows area. At the time of our inspection there were 160 people receiving support.

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.

When we conducted a previous inspection on September 2016 we rated the service requires improvement and found the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality monitoring systems were not robust and policies and procedures did not contain enough detail. We asked the provider to complete an action plan telling us how they would address the issues. We found that whilst some improvements had been made, there were still issues in relation to quality monitoring and documentation.

There were individual risk assessments in areas such as manual handling and environmental risks. Risks such as nutrition, pressure sores and falls had not been separately documented however where risks in these areas had been identified they were recorded within the manual handling risk assessments or within care plans. The registered manager took action to address this to ensure that individual risks were assessed and recorded appropriately.

There were sufficient numbers of staff in place to meet people's needs, however visits were not always at the allocated times; this was seen within people's care plans and daily logs.

Quality assurance audits were in place to monitor the quality and safety of the service however not all audits were effective in identifying issues/errors.

Care records contained information regarding people's individual care and support needs; each file provided a detailed time table which documented the support required. However, care records were not person centred and lacked information to assist staff to know the person they were supporting.

Care records detailed where a person required support with medication and staff had received training in the safe administration of medication. However medicine administration records were not always completed correctly.

We have made a recommendation about the management of medicines.

People were supported with their nutritional needs and had access to other health and social care professionals to help maintain their health and well-being.

Consent for care was being obtained in line with the principals of the Mental Capacity Act 2005 (MCA); the registered manager showed a good understanding of their roles and responsibilities regarding the MCA legislation.

People and their relatives spoke positively about the care and support being provided by Care Assured; people told us staff were kind, caring, and respectful of people's dignity.

Staff had completed training in relation to safeguarding and provided a good understanding of how to identify and report safeguarding concerns. The registered manager kept a record of any safeguarding concerns reported.

The service had a robust recruitment process in place to ensure newly recruited staff were suitable to work with vulnerable people.

Staff had received training in areas such as manual handling, first aid, MCA and infection control. Staff were supported in their role through supervision and appraisals.

Care and support plans were based on individual needs and had been reviewed regularly. However, care plans lacked detailed information for staff to get to know the people they were supporting and reviews lacked information regarding any identified changes in needs.

We have made a recommendation about the recording of information within care plans.

People and their relatives spoke positively about the registered manager; they were described as approachable and always willing to listen and help.

People and their relatives were provided with details on how to make a complaint and how it would be dealt with. There were no complaints recorded for the last 12 months.

There were systems in place to gather feedback from people and their relatives; feedback from the most recent surveys was positive.

This is the second consecutive time the service has been rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not always safe.

Individual risk assessments were not in place where specific risks had been identified.

People's medicine administration records were not always completed to show staff had supported them with medication as required.

Safe recruitment policies and procedures were being followed.

Requires Improvement ●

Is the service effective?

This service was effective.

The registered manager showed a good understanding of their role and responsibility in relation to the Mental Capacity Act 2005. People confirmed they were offered choice over their care.

People's care records showed evidence of additional support from health and social care professionals. Staff regularly supported people to attend health appointments when needed.

Good ●

Is the service caring?

This service was caring.

People confirmed staff were kind and caring and had developed a good relationship; staff took time to get to know the people they supported.

People told us their privacy and dignity was maintained by staff during personal care.

Good ●

Is the service responsive?

This service was not always responsive.

Care records were based on individual needs and reviewed

Requires Improvement ●

regularly however they lacked detailed information for staff to know the people they were supporting.

There was a complaints procedure in place; people told us they felt confident raising issues when needed.

Is the service well-led?

This service was not always well-led.

There were a number of quality assurance audits/checks in place to monitor the quality and safety of the service however not all audits were effective in identifying issues/errors.

There was a process in place to gather the feedback of people using the service.

Requires Improvement 

Care Assured 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 checked 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.

This inspection was announced and took place on the 19 and 27 April and 4 May 2018. The registered provider was given a short period of notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector and an expert by experience. An 'expert by experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke to the registered manager, six members of care staff, 10 people who receive support and 14 relatives. We looked at the care files for 10 people receiving support, six recruitment files and medicine administration charts and other records relevant to the quality monitoring of the service. We visited four people in their home who were receiving support and observed the care being provided by staff.

Is the service safe?

Our findings

When we carried out a previous inspection in September 2016 we found that risk assessments were not always in place to address people's identified risks. The registered manager told us they would review all care plans to address this. During this inspection we found risk assessments in relation to manual handling and environmental risks but other risk assessments were absent.

The care plans we viewed had identified risks such as pressure sores or a risk of falls but there were no pressure care risk assessment or falls risk assessments in place. For instance one person's manual handling risk assessment documented they were at risk of pressure sores and advised staff how to manage this. However, there was no separate risk assessment to advise staff how to minimise the risk from a pressure sore occurring. Another person who was at risk of malnutrition had a nutrition care plan but no associated risk assessment for staff to know the level of risk posed to the person.

We checked other care records such as daily logs and found that staff were minimising and managing risks and whilst the service did not have separate risk assessments in place, identified risks were being managed appropriately. We did not find evidence that people were being placed at harm as a result of the issues identified. We discussed this with the registered manager who told us since the previous inspection they had looked at risk assessments and made amendments to their manual handling and environment risk assessments to allow for additional risks to be recorded. Whilst the service had worked to address this issue, there was still room for further improvements. We have reported on this further within the 'well-led' domain.

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

Where people required support with their medicines, it was clearly recorded within their care plans. All staff had received training in relation to safe administration of medication and had their competency assessed on a regular basis. Records were in place to show where staff had supported people with taking their medicines however staff had not always accurately completed the medicine administration records (MAR). For instance, some people received medication in blister packets and in separate boxes. Where this was the case, their MAR sheet contained a separate section referring to 'extra' medication. We found that staff had appropriately signed the MAR sheet to say when blister pack medication had been administered but had not always done so for the 'extra' medication. This meant it would not always be possible for the registered manager to identify whether people had received their medication or not.

We recommended the registered manager seek guidance in relation to the correct recording of medicine administration.

The registered manager told us many of the people receiving support have an alert system in place to allow them to contact outside agencies in an emergency; this service is called Careline. The registered manager also told us they provide an on call service during the weekend period between 7am and 11pm for people if there were any issues/problems.

People receiving support told us they felt the service was safe; they were able to tell us about the 24 hour phone number (Careline) available to them should they need support. Comments included "Yes I feel safe, if I have any worries I can press my pendant and I know someone will come", "I feel safe knowing I have a 24 hour service I can rely on" and "Yes I feel safe, the staff look after me well".

The registered manager had a system in place of recording accidents and incidents that had occurred in people's homes. The records provided detailed information regarding the incident and any action taken by staff to keep people safe. For instance one person had fallen in their home due to their step being too high; the accident record detailed what action the registered manager had taken to address the issue and prevent this happening in the future. Other examples showed that where necessary, medical advice had been sought at the time and appropriate action and support provided by staff.

There were sufficient numbers of staff in place to keep people safe and where required two staff were deployed to provide support. Staff told us that on the whole they were given enough time to complete the calls on their rota but during weekends when staffing levels were lower it would sometimes result in them rushing to fit the extra calls in. Comments included "I am getting used to my rota now, it has been better in the last 12 months but sometimes I am rushing because at weekends", "Yes, we have enough staff most of the time, weekends can cause a problem which means we are given extra calls to make" and "I feel I get plenty of travel time between calls, sometimes people have needed more support than usual which can put us behind but if this becomes a problem we contact the office and they review the person's care to get extra time". We discussed the issue of staffing levels during weekends and the registered manager told us weekends were sometimes an issue with staff being ill or taking time off. They told us they would look at their staffing levels to address this issue.

Staff files reflected safe recruitment practice in line with the provider's recruitment policy. Each file contained an application form with a detailed employment history, photographic identification, references and evidence of Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable adults or children. This ensures the provider has robust recruitment procedures in place. Where positive disclosures had been made, the registered manager had appropriately assessed and mitigated any risk to people receiving support.

Care Assured had a clear safeguarding policy that provided detailed information for staff and was easily accessible. Staff had completed training in relation to safeguarding vulnerable people and were able to recognise the signs of abuse. Staff were aware of when to report concerns and who they would report to. There was a whistleblowing policy in place and staff were aware how they could report concerns about the service both within the service and outside the service without fear of reprisals.

Staff had access to personal protective equipment (PPE) to ensure infection control procedures were followed to keep people safe. People told us, and we saw through observations within people's homes, that staff wore gloves and aprons when undertaking personal care tasks.

Is the service effective?

Our findings

People and their relatives told us they felt staff had the necessary skills and experience to provide support. Comments included "Yes [staff] know what support I need, they are really good at helping me with things that I need doing", "[Staff] always seem to know what they are doing, they help with my medication", "The [staff] are really good, they know what they are doing" and "[Staff] do a really good job of looking after [relative].

There was an induction process in place for new staff members which had incorporated the standards laid out by the Care Certificate; this is a national set of standards that care staff are expected to meet and helps to ensure that staff have the knowledge and skills necessary to carry out their role effectively. Staff had completed training in a number of areas such as moving and handling, infection control, MCA and first aid; records showed that training was kept up-to-date. In addition to the essential training, staff were given the opportunity to complete nationally recognised vocational qualifications which would further their knowledge and skills.

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. In the community any restrictions need to be referred to the Court of Protection for authorisations. At the time of our inspection there was no one who required a referral to the Court of Protection.

When we conducted our previous inspection in September 2016, the registered manager told us they did not have a good understanding of the MCA and that staff had not received training in this subject. Since the previous inspection, the registered manager had worked hard to improve their knowledge and understanding of the MCA and best interest process by attending courses and implementing new procedures relating to MCA and best interest decisions. Whilst this was not something they had had to follow since the previous inspection, they were able to provide us with appropriate capacity assessments and best interest forms and were able to explain the processes they should be following.

Staff were able to tell us how they would offer people choice and control over their care. Comments included "I always ask people if they want me to support them, if they refuse and I know it is important I will try to encourage them but I would never force them to do something they didn't want to do", "We always let people do things for themselves but will ask if they want help with anything, we can't force them to do something they don't want to".

Staff told us, and records confirmed, that they received supervision and appraisal on a regular basis. Supervision allows staff the opportunity to discuss training needs and any other additional concerns/issues. It also allowed for the registered manager to raise any performance related issues and to support with any

areas of development.

People using the service were supported with access to external health care professionals to maintain their health and wellbeing, such as GP, dietician, district nurses, tissue viability services and social workers. The registered manager told us they regularly support people with appointments such as GP and hospital; the registered provider had purchased vehicles for staff to use in order for them to assist with the transport to various appointments when people were unable to attend by themselves.

Care records documented when people required support with preparing food and drinks. People told us staff helped them to prepare food and would ensure that drinks were left within their reach between calls. We saw in care records where people required additional support to maintain a healthy weight staff were requested to ensure that nutritional supplements were provided at meal times. Daily records confirmed that staff were supporting people to maintain a healthy balanced diet where required. Staff were able to explain how they supported people with meals, one staff member told us they had recently started to support someone with specific nutritional needs; their care plan clearly documented the foods they could not eat and what staff were to do to support them.

Is the service caring?

Our findings

People and their relatives spoke positively about the care and support being provided by staff. Most people were complimentary about the support being received and told us staff were caring and helpful. Comments included "I have no reason to complain, my [relative's] needs are always met", "The staff even help me to change my bed linen on my bed which is not always what they need to do", "All the staff that help me are lovely, we have a good laugh and a banter and they help me when I need it", "They laugh with [relative] which makes us feel extremely happy", "Staff have taken time to get to know [relative] and treat them with respect" and "[relative] likes all the [staff] that go to them, we are very satisfied with all services, all care staff are very friendly and [relative] really like them all".

We observed positive interactions between staff and the people they were supporting. Staff spoke in a calm and reassuring manner and demonstrated they knew people well. We observed staff laughing with people whilst providing support in a way that made them feel more at ease. People told us they felt comfortable with the staff who supported them and felt they had a good relationship with them. Comments included "I know the staff really well, they are good" and "I can have a laugh with the staff and that makes me feel relaxed".

Staff were able to explain in detail how they would ensure people's privacy and dignity were maintained during personal care tasks. Staff told us they make sure curtains and doors are closed, and that people are covered whilst receiving a wash. Comments included "I always make sure I knock before I go in their room or in the bathroom", "if anyone is using a commode I always make sure they are covered" and "When I am washing someone I make sure they are covered up to make them feel more comfortable". People confirmed that when staff provided personal care they do so in a way that made them feel at ease.

People felt supported to maintain their independence. Care records documented that people's main goals were to remain at home and be as independent as they could be for as long as possible. Staff routinely asked people if they wanted support to encourage independence; people told us staff asked before providing support and ensured they listened to their wishes.

People felt their confidentiality was being maintained. Care records were stored in people's own homes before being archived and stored in the main office. The registered provider is required by law to keep documentation for a certain period of time in case information is needed. Archived records were stored in a secure cabinet and staff had received training around ensuring information was treated with confidentiality. Staff told us how important it was that confidentiality was maintained at all times. One staff member told us they try, where possible to ensure that people's care records were kept in a draw so that people visiting were unable to access information they did not have a right to access.

The registered provider had policies and procedures in relation to equality, diversity and human rights (EDHR) for people receiving support. The registered manager showed a good understanding of the need to support people's EDHR rights and wishes. Whilst they did not currently support anyone with EDHR wishes, the registered manager explained they had recently supported a person who practiced a particular faith;

staff supported them to access local shops to ensure they were able to purchase particular foods related to their faith. the registered manager had also supported other people to access church where needed.

The registered manager showed an understanding around people's rights to access advocacy support where needed, however at the time of our inspection no people required access to this service.

Is the service responsive?

Our findings

Care records contained a 'service user assessment form' which detailed people's current medical conditions, next of kin details and their GP was. These assessment forms were reviewed and updated when required. Care records also contained a care plan assessment which included information around people's communication needs, any support required with medication, spiritual and religious needs and social interests. Whilst care records were based on individual needs and reviewed regularly, they lacked detailed information regarding the person. Sections related to social interests and information that would assist staff to know people had not been completed in detail. The registered manager told us they often rely on relatives and other professionals such as social workers to provide this information.

We recommended that the registered provider reviewed their processes for gathering information in order to ensure that people's care records were person centred.

Care records contained a detailed time table which clearly outlined the tasks expected of staff and the times of calls required. The registered provider had a call monitoring system in place that required staff to log in each time they attended a call. This allowed the registered manager to monitor the length of time staff spent at each call to ensure they were spending the required amount of time specified in people's care plans. Staff also completed daily logs which documented individual call times. We looked at daily logs and call monitoring records for the past month and found that whilst all calls were completed within the required times, some calls had not been conducted at the time allocated. For instance, one person's daily log showed morning and lunch time visits that had been completed only an hour apart; these call times had not reflected what was recorded in their care plan.

Some people and their relatives told us that calls were not always completed at the right times but that staff still provided the care and support they required. Comments included "[Staff] don't always arrive on time, sometimes they are late", "My [relative] should receive their night call at 9pm but sometimes staff arrive at 8pm to put them to bed" and "Sometimes [staff] are rushing are not able to stay for the full time". Staff told us that on the whole they were given enough time to complete the calls on their rota but during weekends when staffing levels were lower it would sometimes result in them rushing to fit the extra calls in. Comments included "I am getting used to my rota now, it has been better in the last 12 months but sometimes I am rushing because at weekends", "Yes, we have enough staff most of the time, weekends can cause a problem which means we are given extra calls to make" and "I feel I get plenty of travel time between calls, sometimes people have needed more support than usual which can put us behind but if this becomes a problem we contact the office and they review the person's care to get extra time".

We discussed the issue of call times with the registered manager, they were able to provide us with evidence to show that most call times were completed at the right time and for the amount of time stated within people's care plans. Where visits had not been completed at the correct times action was taken to address the issue.

Service user review forms showed that people were involved in reviews about their care package. However,

the review forms only recorded how people were feeling about the care provided and did not highlight whether any changes in needs had been identified or not. We discussed this with the registered manager and they told us that any identified changes in needs were referred directly to the local authority for a review and assessment. We discussed the importance of care records reflecting this information so as to inform staff that the information contained in care plans was the most recent and up-to-date information.

We recommended the provider reviewed their processes of reviewing people's care.

Staff completed daily notes for each person they provided support for. The notes we viewed contained information about the care and support they had provided and any issues or developments identified. Daily notes were left in people's homes so that staff attending the next call could access the information. This ensured that staff were kept up-to-date about people's care needs and any changes that may have occurred. Staff were proactive in contacting the office staff to inform them of any concerns or identified changes in needs so that people could receive the correct support or reviews of their care if needed.

The registered manager told us staff had access to a work phone that was used to log all calls made to people's homes. Where any issues had been identified or updates required, for instance a request for a call time to be changed at the last minute, staff could be made aware through messages on their work phone. The registered manager told us staff would have to read any messages being sent before being able to access any other information; this helped to ensure that staff were accessing the information being sent to them.

The registered manager had a complaints procedure in place to manage any complaints made about the service. People and their relatives were provided with a 'service user' handbook which provided details of how a person could make a complaint and the process that would be followed by the registered manager. There were no complaints about the service recorded for the last 12 months. The registered manager told us people would contact the office to discuss their concerns which would be dealt with immediately by either office staff or the registered manager themselves; people did not feel they needed to make a formal complaint. People and relatives told us they felt confident raising concerns and who they needed to contact if they had any issues.

Is the service well-led?

Our findings

When we conducted our previous inspection in September 2016 we found the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality monitoring systems were not effective.

During this inspection we saw audit systems in place to monitor the quality of the service being provided however, they did not always identify the issues we found during the inspection. There were audits in place for daily logs to ensure that all logs were completed at every call with the times of each visit documented. However, these audits failed to identify when calls had not been completed at the correct times. We also found that whilst there were audits in place to check documentation regarding medicine administration, these failed to identify the issues surrounding lack of recording in relation to 'extra' medication. We discussed this with the registered manager who told us this was down to staff who completed the audits not being aware of the need to record the 'extra' medication within the medicine administration record. There were other audits for things such as care plan reviews, supervision and surveys completed by people and their relatives. These audits were effective at identifying any errors or issues and clear action was taken to address them. The registered manager was aware that improvements needed to be made to address some of the issues around audits and their effectiveness.

Whilst there were no audits in place for accidents and incidents, the registered manager was able to show us how they regularly review the information recorded to assess whether there are any patterns or trends to particular incidents.

There was a clear lack of documentation regarding risk assessments; whilst risks were clearly identified and managed by staff, there were no individual assessments in place for risks such as malnutrition, falls or pressure sores. It was clear from other records that risks were being managed appropriately, but documentation around risk was limited.

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

People and their relatives spoke positively about the registered manager. Comments included "[Manager] is really nice, very approachable and always willing to help", "I can ring the office whenever there is an issue and [manager] will always ring me back", "Whenever I have had a problem [manager] has always been willing to help" and "I wasn't happy with the [staff] that were coming but I told the office and [manager] sorted it straight away".

Staff spoke positively about the registered manager and management team; staff described the manager as approachable and supportive and felt able to go to them with any issues they had. Staff told us the registered manager was fair and dealt with issues appropriately and in confidence. One staff member told us they had left Care Assured to work for another care provider but had returned as they felt it was the best service to work for. Comments from staff included "Yes, [manager] is very approachable, I can go to them

with any issues", [Manager's] door is always open, they will always make time to speak to us if we need to" and "I know that if I have a problem and I can speak to [manager] and it will be dealt with".

Staff meetings were being conducted, however some staff we spoke with told us they were not aware of any taking place. The registered manager explained it was difficult to get everyone to attend due to their availability but was able to show us that meetings were conducted with staff, for instance a recent meeting had been held to discuss some issues raised regarding some staff becoming over familiar with people they were supporting. The meeting held was to remind staff of the importance of maintaining a professional relationship.

There were systems in place to gather the feedback of both people receiving support and their relatives. The feedback provided was positive and where any issues had been identified through the surveys, the registered manager ensured that action was taken to address this. For instance one person had raised concerns regarding particular staff members that they did not have a good relationship with; the registered manager addressed this by changing the staff who provided support.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection was displayed within the reception area of the main office.

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Care Assured.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Identified risks to people were not always recorded within individual risk assessments. Quality monitoring systems were not always effective.