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Care Assistance

Inspection report

Unit 13, Moorgate Croft Business Centre
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Tel: 01709543361

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Care Assistance is a domiciliary care agency providing support for people in their own homes. The service was supporting around 60 people at the time of the inspection.

People's experience of using this service and what we found
People's relatives mostly described the care in positive terms, using descriptions such as "a Godsend" and "delightful." They praised the registered person, who they described as highly visible and accessible.
The registered person and care staff were approachable, and most people told us they felt able to raise any concerns directly with them.

Staff said they felt supported and received the training they needed for their role, although staff gave us feedback about aspects of the service being disorganised. For example, they often received their rotas late or care visits had net been scheduled in a way that gave them time to get from one call to another. One staff member described the registered person as needing "an extra pair of hands." Staff were safely recruited.

Care plans and risk assessments were in place to identify the support people wanted. People and relatives were involved in agreeing and reviewing their care plans.

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

The registered person had oversight of the service through regular contact with people, their families and staff to gain feedback on the service. Care plans were reviewed regularly to ensure they met people's needs, and spot checks were formally recorded with staff. Daily records were reviewed by the management team and an external auditor.

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

Rating at last inspection
The last rating for this service was Requires Improvement (published 16 November 2018.)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well led. Details are in our well led findings below.	**Requires Improvement**

Care Assistance

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one 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.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.
Notice of the inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 7 November 2019 and ended on 18 November 2019. We visited the office location on 15 November and made telephone calls to people using the service, their relatives and staff from 7 November to 18 November.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered person and four members of staff
We spoke with 13 relatives of people using the service.
We reviewed a range of records. This included six people's care records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection, we identified shortfalls in the way medicines were managed within the service. At this inspection we identified considerable improvements had been made.
- Staff told us they had received training in medicines management, and records we checked confirmed this.
- The provider had effective systems in place to monitor how medicines were managed within the service; this included monitoring of records, and carrying out spot checks of care visits which included looking at home medicines were managed and administered.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems in place for safeguarding people.
- People's relatives told us they had no concerns in relation to safety, and the provider's own surveys also confirmed this.
- Staff knew the procedures for reporting any concerns they had and had completed training in safeguarding.

Assessing risk, safety monitoring and management

- There were appropriate arrangements in place for managing risks which people were vulnerable to or may present.
- Risks, such as choking, moving and handling and infection control, were identified during the initial assessment of a person's needs. Guidance was provided for staff to manage the identified risk.
- An assessment of the environmental risks staff may face when supporting people in their own home was completed. This considered whether staff may be at risk from issues such as poor access or poorly maintained premises.

Staffing and recruitment

- Staff continued to be safely recruited. References and identity checks were carried out, and Disclosure and Barring Service (DBS) checks been completed. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

- Everyone we spoke with said care calls were rarely missed and said staff usually stayed for the full length of their calls. Records we checked confirmed this. Some people told us care calls were not always at the agreed times, although predominantly they said this was when the care staff had been delayed due to the needs of other people. They told us staff always let them know if they were running late.

Preventing and controlling infection

● Staff received training in health and safety and food hygiene, although we noted only a small number of staff, according to the provider's own records, had undertaken training in infection control. Staff we spoke with told us their training was useful.

● Personal protective equipment (PPE) was available for staff to use and most staff confirmed it was plentiful. One staff member told us PPE was not always available in people's houses and said instead they had to call into the office to collect it.

● During spot checks of care visits, the use of PPE was monitored to ensure care was provided safely. One person's relative told us they raised concerns when the observed a staff member failed to use PPE, and said the provider addressed this immediately.

Learning lessons when things go wrong

● Staff told us they would report any incidents or accidents directly to the registered person

● Records showed that when incidents and accidents happened, analysis took place to reduce the risk of recurrence.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated good. At this inspection it remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were undertaken before they began to receive care. People's physical, mental and social needs were assessed so that the provider, and staff providing care, understood the care people needed.
- There was an electronic visit monitoring system which enabled the provider to ensure care was provided in a timely manner and ensure calls were not missed. The provider contracted an external auditor to monitor this.

Staff support: induction, training, skills and experience

- Records showed staff received a good standard of induction before they commenced work, and most staff told us they felt it had been useful to them. The majority of staff told us they shadowed other, more experienced staff before commencing working alone.
- The provider's records showed that staff received relevant training. One staff member said: "The training is a good way of reminding you about good care and what to do."
- People's relatives told us they thought staff were well trained, although one relative raised concerns about their relative not receiving a certain care task which they described as "shocking." We flagged this up to the provider who confirmed this person would not consent to specific aspects of care; external professionals were involved and this was detailed in the person's care plan.

Supporting people to eat and drink enough to maintain a balanced diet

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed. These assessments were regularly reviewed.
- People's care records showed where staff were required to provide them with food and drink, their personal preferences were offered.
- People's relatives confirmed staff assisted appropriately with food and drink, preparing meals and helping people to eat.

Staff working with other agencies to provide consistent, effective, timely care

- People's care records showed evidence of staff contacting external healthcare providers when required to ensure people received effective care.
- Advice provided by healthcare professionals was incorporated into people's care plans, which meant staff were providing care which met people's health needs.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had good systems in place for obtaining and acting in accordance with people's consent.
- The records we checked contained, where appropriate, capacity assessments, and there was evidence that where people lacked capacity the provider had ensured decisions were made in their best interests. Where people had the mental capacity to consent to their care, there was evidence they had given informed consent.
- Where people had appointed a Lasting Power of Attorney, the provider obtained copies of this to ensure they were acting within the law.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated good. At this inspection it remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported. Respecting people's equality and diversity

- Care assessments we checked showed people's cultural needs and preferences were taken into consideration when their care packages were being developed.
- People we spoke with told us care staff consistently treated them with respect and told us they felt listened to when staff were carrying out care tasks. One person's relative said: "Yes they do care, caring and with me too."
- Through talking to people's relatives, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. Staff received training in equality and diversity and any diverse needs were identified through the pre-assessment process.

Supporting people to express their views and be involved in making decisions about their care

- People were regularly asked for their input and views about how their care was being delivered. This was via phone calls, surveys and during management spot checks of care visits
- People's views and decisions about care were incorporated when their care packages were devised.
- People's relatives told us staff involved people in their care and were aware of their care plans. One person's relative told us they were not aware of a care plan; we encouraged that person to raise this matter with the provider. We checked with the provider and saw this person did have a care plan.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us they understood the importance of treating people with dignity and respecting them. One staff member said: "We all treat everyone with respect, it's critical."
- When managers carried out monitoring of care visits, by way of unannounced spot checks, they looked at whether staff were treating people respectfully and with dignity

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated good. At this inspection it remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
- Each care plan we looked at showed the person's needs and preferences had been taken into consideration when the care plan was being developed.
- Staff records of care given demonstrated that staff checked with people about how care was being provided to ensure people had control over the care they received.
- People's relatives confirmed assessments were carried out which identified people's needs and preferences.
- One person using the service had been involved in recruitment; meeting staff before they began work and giving feedback about their suitability. The provider was planning to expand this, to promote people having control over their care.

Improving care quality in response to complaints or concerns
- The provider's policies and procedures relating to the receiving and management of complaints were clear and well managed, so that complaints improved the quality of care people received.
- The provider had not received any complaints since the last inspection, but archived records showed they had addressed complaints appropriately in the past.
- People responding to the provider's surveys said they knew how to make a complaint, although one person's relative told us they had a concern which they didn't feel comfortable raising. We encouraged this person to raise their concern with the provider.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The service was meeting the requirements of the Accessible Information Standard (AIS). People's communication needs were assessed by the service and clearly recorded to ensure that staff were aware of any specific needs.
- Some staff were undertaking training in sign language, to better communicate with people with hearing impairments.
- Documentation could be adapted, such as being made available in larger print ,should it be required.

End of life care and support
- The service provided care for people needing end of life support. The registered person described the way

care was provided to these people, working with other services so that people's needs were met and their preferences were upheld.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated requires improvement. At this inspection it remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People's relatives said there was very good communication with the care staff and the provider. They described the registered person as highly visible and very accessible. One relative described the service as "above and beyond" and said the registered person was "always brilliant."
- Some staff said they found the service to be disorganised; they told us of examples of not receiving their rota until the night before work, or concerns not being addressed. This was also reflected in the provider's own staff surveys.
- Some staff told us they did not feel they had time to complete their calls as the rotas were not organised well, for example care calls had been scheduled without travel time in between. However, when we spoke with people's relatives they did not raise any concerns which reflected this.
- The provider mostly knew most of the kind of incidents that needed to be notified to the Care Quality Commission, and appropriate notifications had been made. We identified a small number of further incidents that should have been notified to us, and provided the registered person with a reminder of notifiable incidents following the inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider carried out regular checks of the service, by way of reviews of care and surveys.
- The management team completed spot checks with staff where they attended a support visit with them to observe how they interacted with and supported people.
- There was an electronic system for monitoring care calls, which meant the management team could be assured care was being provided in accordance with people's needs, although some staff gave us examples of incidents where the monitoring system had not identified shortfalls.
- Staff made daily notes of the support they had provided. These were reviewed by the management team and, if required, care plans were reviewed.

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

- People and their relatives were involved in reviewing and agreeing their care and support plans.
- The registered person was very clear about the rights of people using the service, and promoted people's involvement in care.
- The provider had recently provided support to the management team of another local service, sharing

their systems with them to assist the other provider in improving outcomes for people.