

Caritas Care Limited

Caritas Care Limited - 218 Tulketh Road

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

Caritas Care is a domiciliary care agency, which provides personal care and treatment of disease, disorder or injury to people in the local community. At the time of our inspection, the service supported 43 people in their own homes. Additionally, they supported 17 people across eight supported living houses. The service is available to people of all ages whose needs range from mild, moderate or complex learning disabilities and associated medical conditions. The agency is situated in the Ashton area of Preston.

At our last inspection in March 2016, we rated the service as good overall. Under safe and effective we rated the service as requires improvement because we found breaches of legal requirements. This was because the provider had not fully ensured staff were aware of procedures to report safeguarding concerns. The contact details of the appropriate agencies were not up-to-date and we could not determine if restrictive practice procedures had been followed lawfully. Additionally, there was limited evidence to show why people did or did not consent with their full understanding. After the comprehensive inspection in March 2016, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. The provider also demonstrated they had implemented and embedded good practice and were meeting the requirements of the regulations. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

During this inspection, we found the provider had updated safeguarding and other relevant policies and the contact details of responsible authorities. Staff had relevant training and we found the management team reviewed any lessons learnt to maintain everyone's safety and welfare.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. We found the management team had obtained each person's consent to care, or their representatives where this was applicable. A relative of a person who lived at one of the supported living houses told us, "It's a democratic house where the staff help people to make decisions. They act as their advocates, which is very important to me."

People who received support in their own homes or a supported living house told us they felt safe using Caritas Care. A relative said, "My [relative] is very safe." The registered manager reinforced this by guiding staff to support each person safely when they used the service. We also saw good systems to manage, review and mitigate accidents and incidents within the service.

The management team had implemented and completed audits to improve the quality and safety of their medicines procedures. We observed staff administered medication with a safe and patient approach.

People told us they received their medicines on time and as required.

The registered manager followed safe recruitment procedures to reduce the risk of employing unsuitable personnel. Staff told us teams they worked in were sufficient to meet people's needs with a timely approach. A relative commented, "There is excellent continuity of care. Having the same carers and being able to build up that trust in familiarity is a huge thing." The registered manager had a training programme staff were required to complete and refresh themselves with.

Where applicable, we saw care plans evidenced staff worked with people to develop a healthy lifestyle. They were supported with their cooking skills by helping to make meals of their choice.

We observed staff and the management team had a kind and caring approach to people they supported. A relative stated, "It's been a very tough time recently, but [the registered manager] and staff really care and are looking after us all as a family." Relatives told us they and their family members worked collaboratively with staff in the planning and implementation of their care.

Care plan information focused on a person-centred method of supporting people. When we discussed staff responsiveness to people's needs, a relative told us, "The service they provide for [my relative] to go out has been a Godsend. In the time Caritas have been working with him he has started going out, so that's been a great change."

People and their relatives talked positively about the service leadership and management of their care packages. Staff said they had access to the management team at any time and felt they were supportive. The registered manager addressed identified concerns and implemented change to improve the quality of service delivery.

Further information is in the detailed findings below.

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 ●

We found action had been taken to improve the safety of the home.

Staff received training and demonstrated good levels of awareness about protecting people from unsafe care or abuse.

We found the provider had reviewed and improved their medication procedures.

The registered manager obtained required checks to assess the suitability of potential staff.

People who used the service and relatives stated there were sufficient levels of staff to deliver their care packages.

Is the service effective?

Good ●

We found action had been taken to improve the effectiveness of the home.

The management team had improved their systems to assist people and their representatives to make informed decisions.

We noted staff had training in relation to the Mental Capacity Act.

The registered manager completed assessments to assist staff to reduce the risk of malnutrition or obesity.

Staff had completed recognised health and social care qualifications.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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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.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people of all ages. Caritas Care also provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. The service had eight such locations, the largest of which housed up to four individuals who used Caritas Care. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The inspection visit at Caritas Care was undertaken on 18 July 2018 and was announced. We gave 48 hours' notice of the inspection to ensure people who used the service, staff and visitors were available to talk with us. The inspection team consisted of two adult social care inspectors.

Prior to our announced inspection on 18 July 2018, we reviewed information we held about Caritas Care. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who received support in their own homes.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. 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.

We spoke with a range of people about this service. They included four people who used Caritas Care, four relatives, five staff and two members of the management team. We did this to gain an overview of what people experienced whilst using the service.

We also spent time looking at records. We checked documents in relation to five people who had received support from Caritas Care. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We also reviewed records about staff recruitment, training and support, as well as those related to the management and safety of the service.

Is the service safe?

Our findings

At our last inspection in March 2016, we found the provider did not establish systems to manage potential safeguarding concerns. This included the assessment and lawful use of restrictive practice. Additionally, they did not update the contact details of appropriate agencies and fully ensure staff were aware of reporting safeguarding concerns.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.

During this inspection, we found the provider had updated safeguarding and other relevant policies and the contact details of responsible authorities. Staff received training and demonstrated good levels of awareness about their responsibilities. A staff member commented, "I would have no hesitation to report any concerns straight away." Following a recent safeguarding incident, the registered manager reviewed the security of their supported living houses. They took action, such as replacing door locks, to improve people's safety. This showed the management team reviewed any lessons learnt in order to maintain everyone's welfare.

Following our last inspection in March 2016, we made a recommendation the provider reviewed medication procedures. This included defining a consistent approach to auditing to ensure procedures were followed.

During this inspection, we found the provider had reviewed and improved their medication procedures. They implemented and completed audits to assess the quality and safety of medicines administration. We sampled monitoring documents and saw they were completed weekly to check, for example, records and stock control. Staff fully completed Medicines Administration Records (MARs) we looked at and the charts held clear instructions to guide them. Separate 'when required' records evidenced the frequency of administration and provided good oversight of medication effectiveness. In addition to relevant training, the registered manager provided medicines information and national guidelines to staff to strengthen their skills.

We observed staff administered medication with a safe and patient approach. For example, the staff member sat with the person who used the service and explained the purpose of their medicines. A person who used Caritas Care told us, "They always give my medication on time." Care records we reviewed evidenced support for people's related needs were agreed and care planned. The management team developed risk assessments to help staff to reduce associated hazards, such as where a person wished to self-administer their medication.

People said they felt safe and comfortable when staff supported them in their own homes or in the supported living houses. One person told us, "I feel safe here, it's lovely." A relative commented, "[My relative] is safe with Caritas staff." A second family member said, "They look after my relative and keep him safe."

Care records held risk assessments to guide staff about how to support people safely when they used the service. They covered, for instance, medical conditions, diet, behaviours that challenged, medication and mobility. The registered manager also developed good systems to manage, review and mitigate accidents within the service. Staff were required to log a variety of incidents, such as behaviours that challenge, medical emergencies and accidents. They documented interventions deployed, body maps of any injuries and further action taken. The registered manager checked all procedures were completed, including reporting of incidents to appropriate authorities.

We saw staff had access to personal protective equipment, such as disposable gloves and aprons. We noted, for example, they used the gloves when administering people's medication to reduce the risk of cross-infection. People we spoke with said staff maintained good infection control measures when they entered their own homes.

The registered manager followed safe recruitment procedures to reduce the risk of employing unsuitable personnel. Staff files we saw had information about the employee's full work history, qualifications, references and criminal record checks. These documents were in place before the staff member started. The management team followed this up with detailed induction training. A newly recruited staff member commented, "The induction training was very good. I had to go through everything and I was supported by a colleague for two weeks before being on my own."

Staff told us teams they worked in were sufficient to meet people's needs with a timely approach. A staff member said, "The house I work at has a good, strong core team that service users know and trust. We have the right level of staff to help people feel settled and enjoy their day." People who used the service and relatives stated there were sufficient levels of staff to deliver their care packages. One person told us, "They are never late. I think the service is fantastic." They said there was good consistency of care staff, which helped them to build relationships and feel reassured. One person told us, "I feel safe knowing the same people (staff) are coming."

Is the service effective?

Our findings

At our last inspection in March 2016, we found the provider had not always acquired written consent when it was required, including for restrictive practice. Where consent was obtained it was not always with an appropriate person who was able to give their informed consent.

This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent.

During this inspection, we found the management team had obtained each person's consent to care, or their representatives where this was applicable. Both sets of care records held at the office and people's own homes or supported living houses evidenced agreement to support. We saw this was decision-specific, such as for medication, risk assessment and care planning. In addition, a new 'assessment of decision-making capacities' form had been introduced. This showed people's involvement and reviewed their ability to decide how they wished to be supported in various areas of their care. The form looked at conditions that may impact the individual's choices in all aspects of support. This was measured against the level of difficulty to make them and assistance they may require. We observed staff sought people's consent before they supported them, whilst clearly explaining the procedures or tasks about to take place.

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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection (CoP). At the time of our inspection, the registered manager told us none of those they supported were deprived of their liberty to safeguard them.

Staff demonstrated a good awareness of related procedures and had completed relevant training. When we discussed the principles of the MCA, DoLS and consent with staff, they demonstrated a good level of understanding. People and their relatives confirmed the service discussed these procedures with them and never used restrictive practice. One relative said, "The staff have worked so well with helping [my relative] to make decisions."

We found evidence the manager referenced current legislation, standards and evidence-based guidance to achieve effective outcomes. For instance, staff had access to the National Institute for Health and Care Excellence (NICE) guidelines 'Managing medicines for adults receiving social care in the community.'

Care records we looked at held information about healthcare professionals involved to maintain the person's continuity of care. Details included contact information, test results and the outcome of appointments. We found Caritas Care worked in a multidisciplinary approach with, for instance, GPs, hospital and community services, opticians, dentists and chiropody. Those who used the service and their

representatives told us they were involved in and kept up-to-date about ongoing support. A relative said, "Any issues and they keep me informed."

The registered manager completed assessments and care planning intended to assist staff to reduce the risk of malnutrition or obesity. One individual who used Caritas Care told us, "I'm trying to lose weight at the moment, the staff have been great." We saw this person's care plan, which evidenced staff were working with them to develop a healthy lifestyle plan. It included information about wholesome foods and exercise. Staff strengthened this further by monitoring people's weights regularly.

Where staff assisted people with their nutritional needs as part of their packages of care, we saw they had training to maintain food hygiene. The person was supported with their cooking skills by helping to make meals of their choice. One person told us, "I enjoy shopping and choosing what we are having to eat."

Staff had completed recognised health and social care qualifications. Additionally, the registered manager had a programme of courses staff were required to undertake and regularly refresh themselves with. Training included, for example, safeguarding, first aid, food hygiene, medication, mental capacity and manual handling. One staff member commented, "No problem with training. What I like about the company is they do a lot of refresher training." A relative of a person who used the service said, "I am very confident the staff are very expert and trained in their duties."

Staff confirmed they had regular supervision with their managers to review their skills and underpin their development. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The two-way discussions explored each employee's personal and professional development, as well as additionally identified training needs.

Is the service caring?

Our findings

People and relatives we spoke with commented staff had a caring and friendly attitude. One person told us, "It's great here. All the staff are great. We have a laugh together." Another individual said, "They're all very kind, yes very kind." A relative added, "It's fantastic. They all look after [my relative] really well. She is so happy with them."

We observed the management team respected people's human rights and obtained information to assist staff to understand them as individuals with diverse needs. For example, 'all about me' documents detailed the person's history and lifestyles. The service went to great lengths to help them to make their day-to-day decisions and documented their spiritual requirements. The registered manager provided information for people about how to access local advocacy services. This meant they had additional support, if required, to have an independent voice.

We found staff held people's dignity in high esteem and treated them with kindness and respect during care visits. For example, they knocked on doors and called out before entering their houses. Additionally, they maintained good use of eye contact and spoke in calm, soft tones. A relative told us their family member lived in one of Caritas Care's supported living houses. They commented, "The staff are surrogate mums to my [relative]. They really love the clients. It's like a big family." We discussed confidentiality with staff and the registered manager and found they had good awareness of data protection laws and relevant procedures.

Relatives told us they and their family members worked collaboratively with staff in the planning and implementation of their care. One relative said, "They have regular meetings I get invited to. I'm very much involved in that." Care records we reviewed focused on the involvement of people and their families in the development of their care packages. Care plans centred upon helping them to maintain their independence. For instance, we saw evidence of staff supporting one person to decide about their living arrangements. Ultimately, they achieved their aspiration to move to a new home.

Is the service responsive?

Our findings

People discussed how important their care visits were to their social wellbeing and said staff were responsive to their needs. One person talked about how staff supported them to engage more and develop their confidence. A relative said, "The staff have been great at developing an activity plan with [my relative], which has been planned well in advance so that he knows what is happening and can get prepared."

The registered manager focused on allocating staff to people with similar personalities and abilities to build strong relationships. A staff member stated, "We try and match people with staff with similar interests." This was particularly successful in supporting people with their individual activities. A person who used Caritas Care was writing a book and another individual said, "I have lots in common and have a laugh with the staff that come here." People we talked with told us they had good levels of activities and support with their social skills. They enjoyed shopping, holidays, bowling, cinema, craft groups, games nights and lunch out. Care plan information focused on a person-centred method of supporting people with their individual hobbies and interests. A relative commented, "The staff always try and do things [my relative] likes to do."

Members of the management team met with people and their relatives to discuss their needs and agree care packages. They completed support plans around various aspects of their individual requirements, such as personal care, medication, physical and mental health, safety and home skills. We saw evidence people's records were regularly reviewed with them and their families. One relative stated, "We discuss and review [my relative's] care plan." This helped staff to provide a person-centred model of care focused on each person's everchanging needs.

The registered manager gathered information about people's life histories and preferences to help staff understand the person and their backgrounds. This covered their preferred names, activities and sleep patterns. We discussed people's needs with staff and found they had a good understanding of their care plans and how they wished to be supported. Caritas Care were not providing end of life support at the time of our inspection. However, we noted documentation detailed people's related wishes and advanced directives.

Information was made available to people about how they could make a complaint and how these would be managed. A person who received support in their own home told us, "I have no complaints, but I know what to do if I did." We saw Caritas Care had received three complaints over the last year. We reviewed information related to two concerns and noted they were resolved to the complainant's satisfaction. We found the management team met with people and relatives to assure them, where applicable, they had taken action to improve the service.

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and their relatives talked positively about the service leadership and management of their care packages. One relative said, "I can ring up the managers any time about anything and they will sort it out." Another relative told us about their concerns for their family member when another person at the supported living house became ill. They explained, "The [registered manager] met with me, we discussed it together and it was very reassuring. The whole experience opened my eyes to how they all go above and beyond to support the whole house."

People and their relatives said the management team encouraged them to feed back about their experiences. Telephone monitoring was underpinned with annual satisfaction surveys to review staff attitude, respect of culture, staffing levels and the leadership model. A staff member said, "We do a formal survey and then the managers telephone people in between to check how things are going. It's a good way of capturing people's feedback." We looked at a sample of responses from the last survey and saw they were complementary about the service. Comments seen included, 'Everyone has been really nice and supportive' and, 'I can only praise them for their patience, help and support.' Also, 'I couldn't do without you, need I say anymore.'

Staff said they had access to the management team at any time and felt they were supportive. One staff member commented, "The managers are very approachable. I can go to them at any time." The management team offered staff opportunities to raise concerns or suggestions about service improvement. For example, regular meetings were held with the workforce. A staff member stated, "We have meetings every two months and I feel the managers would listen and take on board any ideas. It's good communication."

We found the management team reviewed feedback from people they supported and staff and shared the outcome of surveys. This transparent method showed they addressed concerns and implemented ideas as part of the service's quality assurance. They reinforced this with various audits to oversee everyone's safety and welfare. These covered, for instance, environmental and fire safety, infection control, medication, complaints, equipment and customer satisfaction. We saw the registered manager addressed identified issues as part of their continuous service development. For example, they were implementing training to improve person-centred care.

The registered manager worked in partnership with other organisations to make sure they were providing a quality service. These included social services, healthcare professionals and health and social care community teams. The management did this to seek and follow current good practice to enhance people's wellbeing.

