

Community Care Worker Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We completed an unannounced inspection of Community Care Worker Limited on 9 August 2017. At our last inspection in November 2016, the service was rated, 'requires improvement'. No Regulatory breaches were identified at that inspection.

At this inspection, we identified Regulatory Breaches. You can see what action we told the provider to take at the back of the full version of the report.

The service is registered to provide personal care to people in their own homes. At the time of our inspection eight people were in receipt of personal care from the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

Safe recruitment systems were not in place to ensure that staff were suitable to work at the service.

Incidents of potential abuse and neglect were not always reported to the local safeguarding team in accordance with local and national guidance.

Action was not always taken in response to safety incidents to reduce the risk of further incidents occurring. Health and medical advice was not always sought in response to significant safety incidents.

People did not always receive their care at the agreed time as travel time between calls was not always accurately planned for.

The systems used to assess and monitor the quality of care were not always effective in identifying improvements needed.

People received their medicines as prescribed. However, improvements were needed to the way that medicines administration was recorded.

People's ability to consent to their care was assessed and consent to care was gained. Staff knew how to meet the requirements of the Mental Capacity Act 2005 in the event that a person could no longer make decisions about their care.

Staff were trained to provide care and support and staff were supported by the registered manager to carry out their roles.

People were involved in the assessment, planning and review of their care and staff supported people in accordance with their care preferences. This included the support they received to eat and drink.

Staff promoted people's privacy and dignity and people told us they were treated with kindness and respect.

Complaints were managed effectively to improve people's care experiences.

People's feedback about their care was regular sought to help assess the quality of care.

The registered manager and provider displayed their last inspection rating as required.

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 not consistently safe. Safe recruitment systems were not in place and local and national safeguarding guidance was not followed to ensure people were protected from the risk of potential abuse and neglect.

Risks to people's health and wellbeing were mostly assessed and planned for. However, safety incidents did not always trigger reviews of people's risks to prevent future harm from occurring.

People did not experience missed calls. However, sometimes people did not receive their agreed care at the agreed time because rotas were not planned effectively.

People told us they received their medicines as prescribed. However, improvements were still required to ensure accurate medicines administration records were maintained.

Requires Improvement ●

Is the service effective?

The service was not always effective. Health and medical advice was not always sought in response to significant incidents that may have affected people's health and wellbeing.

Staff were trained to provide care and support.

People were supported to consent to their care.

People were supported to eat meals that met their individual preferences.

Requires Improvement ●

Is the service caring?

The service was caring. People were treated with kindness, dignity and respect. People's right to privacy was promoted and respected.

Staff understood people's communication needs and people were enabled to make decisions about their care.

Good ●

Is the service responsive?

Good ●

The service was responsive. People were involved in the planning and review of their care.

Staff knew how to meet people's individual care needs and preferences.

Complaints were managed effectively to improve people's care experiences.

Is the service well-led?

The service was not consistently well-led. The systems in place to assess, monitor and improve the quality of care were not always effective.

Feedback about the quality of care was sought from people and staff.

Staff felt supported and enjoyed working at the service.

Requires Improvement ●

Community Care Worker Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

We undertook an unannounced inspection of Community Care Worker Limited on 9 August 2017. This inspection was completed in response to information of concern that we received from the public. Our inspection team consisted of two inspectors.

We checked the information we held about the service and provider. This included the information we had received from the public and local authority. Before the inspection, the provider completed 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. We used this information to formulate our inspection plan.

With their consent, we spoke with three people who used the service and the representatives of two other people who used the service. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with six members of care staff and the registered manager who was also the registered provider.

We looked at the care records of four people who used the service to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included staff files, rotas and training records.

Is the service safe?

Our findings

People were not protected from the risk of abuse and avoidable harm because systems were not in place to ensure staff were of suitable character to work with the vulnerable people who used the service. We looked at seven staff files and found that safe recruitment systems were not used for four of the seven staff members. For example, references had not been sought for three staff members to check they were of suitable character to work at the service. Records showed that two staff had started to provide care and support to people before a criminal history check had been requested and completed. No risk assessments were in place to manage the potential risks that this posed to people who used the service whilst these checks were not in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us how they identified, recorded and reported potential abuse. However we identified an incident of potential abuse/neglect that had not been reported to the local safeguarding team as required. This incident related to a person who had sustained an injury whilst they received personal care. Local and national safeguarding guidance states that incidents of alleged abuse should be immediately reported in order to safeguard people from further potential abuse. The registered manager told us they had not reported this incident as they felt it was, "A one off minor incident". This showed that the registered manager did not follow safeguarding procedures to report all incidents of alleged abuse as required. This left people at risk of harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, we told the provider that improvements were needed to ensure that risks to people's health, safety and wellbeing were assessed and managed effectively to promote people's safety. At this inspection, we found that further improvements were still required. Care records showed that some risks to people's health, safety and wellbeing were assessed and planned for and the staff we spoke with had an understanding of how to meet people's basic needs safely. However, we found that the registered manager did not always formally review and record people's risks following safety incidents. For example, one person's care records showed that the risks associated with the receipt of personal care were not reassessed after they sustained an injury during personal care. Also, no changes had been made to this person's care plan to guide staff on how they could prevent a future incident from occurring. This meant appropriate action had not been taken to reassess and review this person's risks to promote their health, safety and wellbeing.

At our last inspection, we told the provider that improvements were needed to ensure accurate medication administration records (MAR) were maintained. At this inspection, we found that further improvements were still required. People told us and most medication administration records (MAR) showed that people received their medicines as prescribed. However, we found gaps on one person's MAR for their prescribed cream. This person's care records showed that their skin was intact, and their representative confirmed that staff did administer their cream as prescribed. This meant that although the person had received their medicines from the staff, accurate records were not maintained on their MAR to reflect this.

People told us that they never experienced missed calls, but some people told us that staff sometimes arrived later than planned. One person said, "The staff more or less arrive at their allocated time". Another person said, "The staff are usually on time, but they always ring if they are running late". Care records also showed that staff were sometimes late arriving to people's care calls. We found that this was sometimes due to the ineffective planning of rotas as accurate travel times between care calls had not always been planned for. This meant that improvements were needed to ensure rotas were planned accurately to enable people to consistently receive their care at their agreed time.

People told us they felt safe using the service. One person's representative told us this was because they knew which staff would be visiting their relative. They said, "The weekly rota is sent to me, so I always know who will be caring for [person who used the service]". Another person told us they felt safe around the staff. They said, "I feel safe just knowing the staff are there".

Is the service effective?

Our findings

Staff told us they reported any health concerns that they had identified to the registered manager. One staff member said, "I rang the office to tell them [person who used the service] might have a urine infection. The registered manager then rang the person's family and asked them to make a doctor's appointment". However, we saw that health advice was not always sought in relation to safety incidents. One person's care records showed that no action was taken to seek medical advice following an injury that they sustained during personal care. This meant that improvements were needed to ensure health and medical advice was consistently sought following significant incidents and/or changes in people's health.

People told us they had confidence in the staffs' ability to provide care and support. Comments from people included; "The staff appear well trained and they know what they are doing" and, "The staff are skilled. They know how to use [the equipment prescribed for the person who used the service]". Staff told us they received training to give them the knowledge and skills required to meet people's care needs. Comments from staff included; "The training was really useful, I learned how to use equipment, mental capacity, treating people with dignity and protecting people from harm" and, "The training helped me a lot. I feel confident now". Training records confirmed that staff received the training they needed to meet people's care needs.

People told us that staff sought their consent before providing care and support and people's care plans were signed by them to formally record their consent to care. Care records showed that people's ability to consent to their care had been formally assessed in accordance with the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Everyone who used the service had been assessed as having capacity to make decisions for themselves. However, staff demonstrated they understood the action they would need to take if a person's ability to make decisions about their care changed. For example, one staff member told us, "If someone hadn't got capacity to consent, I'd try to help them to understand and offer them choices. I would also involve the family and others and follow the care plan". This meant that the staff had the knowledge required to adhere to the principles of the MCA if this was required.

People told us that they were supported to eat and drink in accordance with their care preferences and needs. One person said, "They always offer me a choice of meals". Care records confirmed that people received support to eat and drink if this was planned for and required.

Is the service caring?

Our findings

People told us that they felt the staff were caring. One person said, "Staff take the time to sit down and ask us if we are happy". Another person said, "Staff always do what I ask which makes me feel that they care for me". People also told us that the staff were kind and friendly. Comments from people included; "All the staff are very friendly" and, "The staff are a happy lot".

People told us that their care was provided in a dignified manner that enabled people to make choices about their care. One person said, "Staff always ask me for my preferences and always respect my choices". Other people we spoke with confirmed they were involved in making choices about their care. For example, people told us that staff asked them what clothes they would like to wear and what meals they would like to eat.

People also told us that their independence was promoted. For example, one person told us that staff encouraged them to do as much for themselves as possible. People's care plans detailed the tasks that people could complete independently and/or with support and when we spoke with staff, they demonstrated they understood people's abilities and the importance of promoting and maintaining people's independence.

People told us their privacy was promoted. One person said, "The staff respect my privacy. The staff access a key to get in, but they always knock on the door before coming in". A person's representative said, "They always close the door when they assist [person who used the service] with care needs".

People told us that systems were in place to enable them or their relatives to communicate effectively with the staff. One person's representative said, "Some staff don't speak Urdu, but there's always one staff member who can translate to the other, so it works well". Another person's representative confirmed that staff communicated with their relative using the communication tools stated in the person's care plan. This showed that staff understood people's individual communication needs.

Is the service responsive?

Our findings

People and their representatives told us they were involved in the assessment, planning and review of their care. One person said, "Before I started to use the service an assessment was carried out to find out what support I needed". A person's representative said, "Both [person who used the service] and I were involved in care assessment and planning". Care records contained information about how people chose to receive their care and support. This also showed that people had been involved in the planning of their care. Staff confirmed they knew where this information could be located. Comments from staff included; "The care plans tell us about people's preferences and needs" and, "I read all the care plans to get to know people's needs and preferences". This meant staff knew how to meet people's individual care needs and preferences.

People and their representatives also told us that care preferences were respected and met. Comments from people included; "They listened to my views and took them on board" and, "Staff are quite flexible and will rearrange times of visits to fit in with my social life". A person's representative also told us how their relative's care preference was consistently respected and met. They said, "[Person who used the service] prefers female carers and their preference is respected".

People told us they felt able to raise complaints with the staff and registered manager. Comments from people and their representatives included; "I wouldn't hesitate to contact [the registered manager]" and, "I've got no complaints, but if I did I would tell the staff". People also told us their complaints were listened to and acted upon. For example one person's representative said, "[Person who used the service] didn't get on with one carer and we asked if someone else could come. [The registered manager] sorted it out for us straight away". Complaints records showed that complaints were managed in accordance with the provider's complaints policy.

Is the service well-led?

Our findings

At our last inspection, we told the provider that improvements were required to ensure the systems in place to assess and monitor the quality of care were effective. At this inspection, we saw further improvements were still required. Monitoring systems were in place. However, these systems were not always effective in identifying areas where improvements were required. For example, audits of daily care records had not identified that care staff were scribbling out written entries making some records illegible. Checks of call times had also not identified that one person frequently received their care late as the travel time between care calls was inaccurate. This meant that improvements were still required to ensure quality monitoring systems were consistently effective.

The registered manager had identified that people's MAR charts needed to be audited on a more frequent basis. This was because the system staff used to record medicines administration had changed and the risk of errors in relation to this had increased whilst staff got used to the new system. They said, "We are going to start weekly monitoring of this as we've gone back to paper entries". This showed the registered manager had recognised that they needed to change their monitoring system for medicines in response to a change in risk.

People and staff told us that regular spot checks were completed to ensure staff were delivering care in a dignified and responsive manner. One person said, "They do checks on the staff and they also ask me if I'm happy with the carers". A staff member said, "The manager tells me what I can improve on from the spots checks they do". This showed that the outcomes of spot checks were shared with staff so that the quality of care could be improved.

People told us and records showed that satisfaction surveys were completed to gain feedback from people about their care. Staff surveys were also completed to identify if staff were happy with the way the service was run. Feedback from the most recent completed surveys was positive. Therefore no action had been required in response to this feedback.

Staff told us they enjoyed working for Community Care Worker Limited. Comments from staff included; "I'm really enjoying the work, it's a good company to work for" and, "I think the company is well-led. I have confidence in them". Staff also told us they felt supported by the registered manager. Comments from staff included; "I can approach the manager. A few times I've felt uncomfortable and needed some support and they've sent someone to help me. They are very good" and, "They are supportive and help me to deliver good care". Staff told us they participated in regular meetings with the registered manager to ensure they were working effectively in their role. One staff member said, "I meet with the manager once a month and get feedback on how I'm doing", another staff member said, "We have meetings where they ask me if I have any concerns. They write them down, then they call me and tell me what they've done about it". This showed that staff were happy and supported in their roles.

We found that the registered manager and provider was not displaying their previous inspection rating on their website as required. We told the provider about this and they took immediate action to address this.

This meant the registered manager and provider was now displaying their inspection rating as required.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Incidents of potential or alleged abuse were not reported to the local safeguarding team as required.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were not protected from the risk of abuse and avoidable harm because systems were not in place to ensure staff were of suitable character to work with the vulnerable people who used the service.

The enforcement action we took:

We told the provider to make the require improvements by 29 September 2017.