

Constant Healthcare Ltd

Constant Healthcare Ltd

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

The inspection of Constant Healthcare Ltd took place on 9 and 22 January 2018.

This was the service's first inspection since their registration with the Care Quality Commission on 15 September 2016.

Constant Healthcare Ltd is a domiciliary care agency that provides personal care for adults. People who use this service have a wide range of needs including younger and older people who are living with a diagnosis of dementia, mental health needs and physical disabilities. At the time of our inspection eight people were receiving support from this provider.

The service had a registered manager in place. 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.

We recommended the provider takes steps to meet the Accessible Information Standard.

We found the service was safe. Staff had received safeguarding training and knew how to recognise the signs of abuse. Risk assessments and risk reduction plans were in place to support staff and minimise the risk of avoidable harm.

Safe processes were in place for the recruitment of staff. Risk assessments were in place and people were protected from the risks associated with infection control.

Staff had received training and were assessed as competent to administer medication. Medicine supporting documents were retained with the medicine administration record (MAR) for audit purposes and were audited on a regular basis.

People received effective support and care. People and their relatives felt staff had the right skills to do their job effectively. Staff received induction and appropriate training.

People were actively supported to remain independent and have control of their lives. People were supported to maintain their interests and activities.

Staff demonstrated an understanding of the principles of the MCA and how this related to their daily duties.

Staff treated people with kindness and compassion.

Care plans were person centred and detailed. Care plans took into account people's religious, ethnic and

cultural needs. People and relatives were involved in their care planning. People's privacy and dignity was respected.

Care plans were reviewed and updated when necessary. Care plans were securely stored.

The service had a complaints policy in place and relatives knew how to make a complaint.

Relatives told us the service was well led.

Regular audits were undertaken to review and improve the service provided.

Staff told us there was an open culture and felt supported by the managers.

Relatives and staff were asked to provide feedback on the service. We found the nominated individual and registered manager were committed to listen and learn from experiences and to continue to develop the service for the benefit of the people they supported.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Relatives told us they felt people were safe.

Medicine administration records were audited effectively.

Risks to people were considered and risk assessments were in place.

Is the service effective?

Good ●

The service was effective.

Staff received induction and mandatory training.

Staff supervisions and appraisals were carried out in line with organisational policy.

People were supported with their hydration and nutritional needs.

Is the service caring?

Good ●

The service was caring.

Relatives felt staff were very caring to the people they supported.

People were supported to live independently and in a way which was important to them.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People were supported to maintain their interests and activities.

Care plans were person centred and people were involved in planning their support requirements.

People were supported to maintain life skills.

Is the service well-led?

The service was well-led.

Relatives told us they thought the service was well-led.

People who used the service and staff were asked to provide regular feedback.

Staff felt supported and spoke positively about the registered manager.

Good ●

Constant Healthcare Ltd

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 inspection took place on 9 January and 22 January 2018 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be able to support us with our inspection. The service provides personal care to people living in their own houses and flats in the community.

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. The expert by experience on this occasion had experience in caring for older people and people who use regulated services.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire and police service, environmental health, the clinical commissioning group, and Healthwatch to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to the nominated individual, the registered manager and three members of staff. A nominated individual is a person who is responsible for supervising the management of the regulated activity provided. Following the inspection we spoke on the telephone with five relatives of people who used the service as the people receiving care were unable to speak to us and received feedback

regarding the service from one healthcare professional.

Is the service safe?

Our findings

We asked the relatives of people who used the service whether they felt safe with the care their relative received from Constant Healthcare Ltd. One relative told us, "Yes, we feel very safe" and "Carers are very cautious and safety aware." Another relative said, "Carers announce they're here." A third relative told us, "Carers are always very polite and respectful towards us and our home."

Staff told us they felt safe working for the registered provider. One staff member said, "I always look at the care plan to see if anything has changed before I carry out my work."

The registered provider had safeguarding and whistleblowing policies in place and staff had received safeguarding and whistleblowing training. Staff we spoke with could describe signs of abuse and knew to report concerns to the manager to keep people safe. We inspected the registered provider's policies and procedures and saw measures in place to protect people from discrimination based on the protected characteristics. We saw processes were in place to record safeguarding concerns appropriately and details of how to refer to the local safeguarding team.

The nominated individual was aware of the requirement to protect the identity of a whistle blower and told us they encouraged staff to speak out and raise any concerns they might have. All staff we spoke with told us they would have no hesitation in raising concerns with the managers. This showed us there were systems in place to protect people who used the service from the risks associated with abuse and staff knew how to keep people safe.

We saw specific risk assessments relating to people in the care plans we looked at, for example, risks relating to moving and handling, hot water and home assessments. We saw one person had been identified as having a risk from falling and the care plan contained a detailed risk assessment addressing potential fall risks. This meant the person was protected from the risks associated with falling.

Each care plan we looked at contained a home environment risk assessment detailing access, steps, lighting and the location of service meters. This showed the risks relating to staff providing care in people's homes had been incorporated in the overall care plan and staff were made aware of these risks.

We looked at a care plan and saw a person required the support of a hoist to move safely. We saw the care plan contained a risk assessment and a detailed manual handling assessment to support the person to be moved safely. We noted the hoist had a safety check record and had been inspected and serviced in November 2017 by a competent person. This demonstrated measures were in place to enable people to be supported by staff to move safely and appropriately.

People's confidential information was securely stored. We saw care plans were kept in a locked cabinet. This meant people's confidentiality was safe and maintained.

We checked staff had been recruited in a safe way. We reviewed the recruitment files for two members of

staff. We found application forms had been completed, references taken and Disclosure and Barring Service (DBS) checks obtained. DBS checks return information from the Police national database about any cautions, convictions, warnings or reprimands and help employers make safer recruitment decisions to help prevent unsuitable people from working with vulnerable groups. This helped show staff were recruited in a safe way.

We looked at staff rotas and saw these showed the consistency of staff providing support to people. A relative told us "We have the same carers and have developed a positive relationship with them." A staff member told us "I have a regular rota and am familiar with the needs of the people I support." This meant people received their support from carers they were familiar with and who knew their individual needs.

Relatives of people who used the service we spoke with had different experiences about staff's reliability and punctuality. One relative told us "Carers are always more or less on time, give or take 10 minutes or so." Another relative told us "They don't arrive on time; They are usually half an hour to three quarters of an hour later; They never let us know they're running late." We raised this feedback with the nominated individual after our inspection who was aware of these concerns and told us they had already spoken with the family. They further said carers struggled to arrive at the set time due to the increase in traffic on certain days and had assured the family that the carers would do their utmost to arrive within the agreed timeframe.

We asked the nominated individual how late and missed calls were monitored. They said the registered provider had commenced a pilot to install a workforce scheduling solution to manage the schedule of home care workers. They further told us they currently relied on people to tell them if carers did not turn up on time or missed a call but the new system would show how the service was performing in real time and enable immediate action to be taken. At the time of inspection, the system was being installed and we therefore are unable to comment on the effectiveness.

The registered provider had an employment disciplinary procedure in place. A relative we spoke with described a concern they had raised direct with the registered manager relating to a member of staff. They told us, "It was dealt with very quickly; I was kept updated throughout." This demonstrated the service had appropriate / effective disciplinary processes and procedures in place to manage staff concerns.

Medicine administration records (MARs) were used to record the administration of medicines. We inspected a sample of MARs that had been returned to the administration office and saw these had been completed appropriately.

We looked at one MAR and saw a person's medicines were supplied in a monitored dosage system (MDS). A MDS is the method whereby medicines for a person for each time of day are dispensed by the pharmacist into individual trays in separate compartments. We saw the MAR had supporting documentation regarding what medicines were contained in each tray in line with NICE guidelines Managing medicines for adults receiving social care in the community March 2017.

None of the people of relatives we spoke with received support to receive medicines. One staff member we spoke with described how they supported a person with their medicines, for example, they told us they would ensure the number of tablets matched the information within the MAR. They further told us they would write the date and time of the medicine given and sign to say whether the person had taken. This meant people were supported appropriately to receive their medicine.

We found PRN (as required) protocols were in place for the administration of medicines which were prescribed on an 'as required' basis for example, paracetamol. This helped demonstrate as required

medicines were administered safely.

Personal protection equipment was available to protect people from the risks of infection. Staff we spoke with told us they wore gloves and aprons when providing personal care. This meant people would be protected from the risks associated with infection.

Staff we spoke with understood their responsibilities to raise concerns and told us this would be done direct with the registered manager. The registered manager told us they encouraged staff to speak with them directly or at the monthly staff meetings so that concerns could be investigated and reviewed. Lessons learnt would be shared back to staff individually and at the staff meeting. We looked at accident and incidents and saw these had been reviewed and managed appropriately. This helped demonstrate an open culture and willingness to learn from mistakes.

Is the service effective?

Our findings

Relatives of people who used the service told us staff had the skills to enable them to do their job effectively. One relative told us, "Staff are so respectful and polite; They must be well trained to cope with it all and maintain their professionalism." Another relative told us, "Carers are always very respectful towards [Name]." A further relative said, "They always do what [Name] or I ask them to do."

In each of the care plans we reviewed we saw a contract for the care package being provided signed by the person or their authorised representative. The nominated individual told us all people new to the service were given a copy of the Service User Guide which outlined what people could expect and other relevant information relating to the registered provider. We looked at the Service User Guide and saw this was written in plain English.

We asked the nominated individual how they ensured care was delivered in line with current standards, legislation and best practice. They said the service used evidence-based guidance for anyone who had communication difficulties or lived with dementia to achieve effective outcomes for people. We saw 'My life before you knew me' document that provided an easy and practical way of recording people's life history, preferences, their routines and likes / dislikes in the care plans we looked at.

The nominated individual described how they supported a person who wore a care-phone pendant. A care-phone pendant is a two way speech pendant alarm caller than is normally worn around the neck, similar to a necklace. They described how carers must ensure the person was wearing the pendant before they left the person's home and we saw this requirement documented within the care plan. This meant people's individual needs were supported in a way appropriate to them.

Staff received induction and mandatory training. Staff new to the organisation were required to complete the Care Certificate, shadow experienced staff on care visits and undertake mandatory training. The Care Certificate is a standardised programme of knowledge designed to ensure staff have a good knowledge of all the essential standards for their daily caring role. Staff we spoke with and records we inspected confirmed staff had completed the Care Certificate. This demonstrated staff received training appropriate to help deliver effective support and care.

We looked at the staff training matrix and saw staff had completed training in accordance with the registered provider's mandatory training requirements. We saw copies of training certificates were included in staff files. This meant staff received appropriate training to enable them to carry out their roles effectively.

Staff had received training in respecting people's human rights and diversity. We saw care plans recorded a person's cultural, ethnic and religious beliefs. For example, one care plan detailed a person's previous involvement in a place of worship and how religion was an important factor throughout the person's life. This showed people's cultural and religious beliefs were respected when making care and support decisions.

The staff we spoke with told us they received regular supervisions and unannounced spot checks. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. A spot check is an observation and review of staff working practices by a manager without prior warning. We looked at the supervision matrix and saw staff had received supervision and spot checks. The registered manager told us they telephoned the person and/or their relative beforehand to inform that they would be carrying out a spot check so that they would know to expect them. Staff we spoke with confirmed spot checks were carried out and that they received verbal feedback on the manager's observations. This demonstrated staff received supervisions and spot checks in line with organisational policy.

The registered provider had an annual appraisal policy in place. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. At the time of our inspection no staff had been employed by the service for over a year and as such no annual appraisals had been carried out. We saw there was a process in place for annual staff appraisals to be carried out when due and the date recorded within the supervision matrix.

Some people who used the service needed support from staff in relation to their nutrition and hydration needs. One care plan we looked at noted the person wished to have warm milk with two sugars before bedtime. We looked at the daily care logs for that person and saw staff had prepared the drink as requested. A relative told us, "Carers make [Name] breakfast and always ask what [Name] would like." This showed people were supported in their food choices and personal reference.

Each of the care plans we looked at recorded details of the person's doctor and other relevant healthcare professionals. The nominated individual told us they would have no hesitation in contacting a person's doctor if the person was unwell and unable to do so themselves. This helped demonstrate people would receive support to access help from healthcare professionals if required.

The registered manager told us they would refer a person to another service if they felt the person's needs had changed and other organisations needed to be involved. They described an instance when they had liaised with a social worker regarding a change to a person's need and we saw details recorded within the care plan. This demonstrated effective working with other organisations.

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. Where someone is living in their own home, applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

Staff training records showed staff received training in MCA and staff we spoke to could describe what the MCA meant. One of the staff we spoke to told us about a person they supported, "I explain everything I am going to do before I start. I ask if it is alright to support to person and give choice." We asked the registered manager whether people they supported lack capacity to consent to their daily support needs. They said the service did not currently support anyone who lacked capacity to consent to their daily support needs.

Is the service caring?

Our findings

Relatives we spoke with told us they felt staff were kind and caring. Comments included, "[Name] likes the carers and we are very happy with them", "Carers are very nice and polite; they are very caring and kind", "Carers are very patient with [Name]; They always ask how [Name] feels and react accordingly." Another relative told us, "[Name] says they get on alright with the carers."

Staff treated people with kindness and compassion. One staff member described how they encouraged a person who was very reluctant to get out of bed in a morning. They told us they would let the person know they had arrived and then leave the person alone for five minutes before returning to enable the person time to wake slowly. A relative said, "Carers do vary the times they come to try to suit [Name] because [Name] won't go to bed and then doesn't want to get up when they come." This helped demonstrate people were treated with care and staff understood the people they supported.

We looked at a care plan and saw the person described their main goal was to 'remain in my own home'. We saw living in their own home was extremely important to this person and this wish was reflected throughout the care plan by the support put in place to enable the person to retain independence.

Staff we spoke with told us how they would support the people they provided personal care for and spoke in detail about different people's support needs. We saw one person had requested for carers to "Let me do things on my own and only assist when I cannot do something." One member of staff we spoke with described how they tried to promote independence by encouraging the person to brush their own teeth and to wash themselves using a soaped flannel. A social worker told us they had received positive feedback from a person who used the service and their family. They further told us "carers were very supportive and promote independence throughout their involvement with people who used the service." This meant people were supported to live as independently as possible.

Care plans we looked at were very detailed and person centred. We saw a person's preferences were recorded. In one care plan we saw a person liked to wear colourful clothing and for carers to ensure they combed the person's hair. Another care plan asked that carers always ensured the television was switched on before leaving. A staff member told us, "I know to ask if [Name] would like the television turned on as it is in their care plan." This helped show people were supported with their preferences.

Another care plan detailed a person required a hearing aid to help with their hearing capacity. A staff member described how they always checked the person was wearing the aid and the person could hear appropriately before carrying out support. They told us, "I always look to see if the [Name] is wearing the hearing aid and ask if it is switched on." This meant people were supported with their communication needs.

People who used the service were supported where necessary to access formal advocacy services. An advocate is an independent person or organisation that can speak on behalf of someone and act in their best interest.

Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. A relative told us, "Carers always make sure that the towels are ready and they always close the door whilst they're doing anything personal. They are really very respectful towards [Name]". Another relative said, "Carers chat all the time whilst carrying out tasks, this puts [Name] at ease." This meant people's privacy and dignity was respected.

People's information about them was treated confidentiality. Staff understood and knew the importance of keeping people's personal information private and gave examples of how they ensured confidentiality. This meant people's privacy was respected and maintained.

Is the service responsive?

Our findings

We asked relatives whether staff provided support to enable people to do the things that they wanted. One relative told us, "Carers vary the times they come to try to suit [Name] because [Name] will not go to bed and then does not want to get up in the morning. I cannot complain about the service at all, as I've said before they're just really good at supporting [Name]".

All organisations that provide NHS or adult social care must follow the Accessible Information Standard. The aim of the Accessible Information Standard is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. This requires them to ask, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We spoke with the registered manager who stated they were not familiar with the Accessible Information Standard, however, we found the principles of the standard were included within the care plans and Service User Guide.

We recommend the provider takes steps to meet this standard and ensure a recording of an individual's (this includes relatives/carers) information or communication support needs is 'highly visible' to relevant staff and professionals.

We looked at the care plans for three people who used the service and saw detailed pre assessments had been carried out based on people's needs and support they required. Each care plan included a person centred care plan which had been developed in line with the person requiring the support and if appropriate their relatives or advocate. A relative told us, "We both met the registered manager and nominated individual who visited us to carry out the pre assessment; They were very professional and easy to talk with." The nominated individual told us the pre assessment meeting was very important to ensure the service discussed the support required and all parties agreed how this should be provided.

People's interests and activities were included in their care plans. We saw one plan detailed a person was a dedicated local football team supporter and enjoyed talking about football games. A staff member described how they would chat to the person regarding football and the latest game result. Another care plan stated the person liked to listen to a religious radio station and requested carers to ask if they would like the radio turned on. A staff member told us, "I know [Name] likes to listen to a specific radio station and I ask if they would like it switched on before I leave." These examples showed people were supported to maintain their interests that were important to them.

People and their relatives were asked and involved in the care planning. The nominated individual told us care plans were updated when a person's need changed or on an annual basis. In a care plan we looked at we saw a review had been carried out in September 2017 involving the person, their family and the clinical commissioning group. We found the care plan was amended and updated to reflect the change in the person's need and how future support would be provided.

Relatives told us they would have no hesitation in raising a complaint or concern direct with Constant Healthcare Ltd and knew who to report their concerns to. One relative told us, "Apart from the timings, we've no complaints at all and we've no concerns about any of the carers." Another relative said, "I have raised a concern direct to the registered manager and it was dealt with very quickly. I was kept updated throughout."

We asked the nominated individual how incidents, complaints or compliments were logged and we inspected the files to see how these had been investigated, actioned and reviewed and saw this was carried out appropriately. They told us feedback was given to staff depending on the nature of the review, for example, on an individual basis and/or at the monthly staff team meetings. We looked at meeting minutes and our discussions with staff confirmed this. This showed learning from incidents, complaints and compliments were shared and discussed with staff.

The registered provider had an end of life policy in place. The nominated individual told us that although they did not have a contract to provide services for people whose primary need was end of life care, staff had expressed an interest for end of life support training at a staff meeting and as a result training was booked for all staff in March 2018. This showed people and their relatives were supported to receive appropriate end of life care.

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met.

Everyone we spoke with told us the service was well led. Comments included "It's an excellent service; The carers are really good, and everyone is very helpful," "I've no concerns at all with Constant Healthcare, they have been excellent" and "I have recommended the service to another family member who needed support and they now look after them as well."

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit statutory notifications to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.

As highlighted in our inspection, we are recommending the registered manager ensure all the requirements of the Accessible Information Standard are met.

We found there was an open culture with a desire to improve systems and to provide person centred care. The nominated individual told us the service had seen a significant increase in the number of referrals and as such was in the process of recruiting four additional care staff to support the team. We looked at the Service Growth Plan the registered provider had developed to help manage the development and expansion of the service. We saw a pilot had commenced to install a workforce scheduling solution to manage the schedule of home care workers. This showed there were plans in place to manage the development of the service.

There were audit systems in place to review and monitor the quality of service provided. We saw MAR charts and the recording of information in people's daily care logs were audited on a monthly basis. In the MAR charts we looked at we saw no errors had been highlighted through the audit process. The nominated individual told us audit findings were communicated to staff at the monthly staff meetings and this included whether errors were found or not. We inspected minutes and saw audit findings were discussed. This meant there was an audit process in place to highlighted areas of improvement and processes in place to share the results.

We saw staff meetings were held monthly. Records from the staff meeting in December showed four people attended and topics discussed, for example, internal audit findings, compliments/complaints and whether service improvements could be made. We asked the registered manager what would happen if a member of staff had been unable to attend the meeting and they said they would speak to the person to summarise key points from the meeting. They further told us it was policy to post a copy of the minutes to all staff and staff we spoke with confirmed this happened. This showed staff were kept informed and up to date regarding the

service.

Staff we spoke with spoke positively regarding the nominated individual and registered manager and said they were both supportive and approachable. All staff told us they felt confident to discuss concerns direct with the registered manager and felt that their concerns would be listened to and acted upon.

People and their relatives were asked to provide feedback on the service. We saw a survey had been sent to people and their relatives in December 2017. The survey asked a range of questions about the service people received. At our inspection no surveys had been returned. A relative told us, "I have just completed a feedback questionnaire for Constant Healthcare, in fact I've actually just posted it; We are very satisfied with the service." Another relative said, "I have had a feedback questionnaire this week and just posted it back." This helped demonstrate feedback was sought from people and their relatives to improve the quality of the service.

The service demonstrated they worked in partnership with other organisations. We saw evidence within care plans the registered provider liaised with the district nursing team when appropriate and sought advice from other healthcare professionals. This meant people were support to access other healthcare services were.