

Courage Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 27 March 2018 and was announced.

This service is a domiciliary care agency, it provides personal care to people living in their own homes in the community. Courage Limited is registered to provide a service for people living with dementia, older people, people living with physical disabilities, sensory impairments and learning disabilities.

Not everyone using Courage Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection Courage Limited supported seven people with personal care.

When we last inspected Courage Limited in August 2017 we found breaches of regulations 11, 12, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to maintain robust governance of the service, record keeping was poor, management of medicines was not safe, risks to people's safety and wellbeing were not appropriately assessed or managed, staff lacked training, their competencies were not assessed and there was a lack of engagement and involvement of people who used the service. This was the first time the service had been rated as 'Requires Improvement'.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well-led to at least good.

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 2008 and associated Regulations about how the service is run.

The registered manager had made significant improvements to how the service operated since the previous inspection in August 2017. However there were some areas that needed further development and embedding into daily practice. A training plan had been developed for the staff team however, this needed to be further developed so the registered manager could assure themselves that people's needs were met safely. Record keeping had improved, however some further development was needed to promote a personalised service in terms of details included in care plans and risk assessments. People told us that they felt the service was well managed. Staff told us that they were confident of support should they need it out of office hours. The registered manager had a system of routine audits and checks to help drive the quality of the service provision forward. The registered manager kept themselves up to date with changes in the care sector and changes in legislation by being a member of care provider associations and communications from CQC.

Recruitment processes had been made more robust since the previous inspection and there were enough staff available to meet people's needs safely. Risks to people's safety and wellbeing were assessed and mitigated where possible. Staff had received training to enable them to support people to transfer safely by means of a mechanical hoist and their competency to do so was assessed. Staff had attended training to enable them to protect vulnerable people from abuse. People received their medicines from staff who had been trained to administer them safely. People felt safe using the services of Courage Limited. The registered manager had arrangements in place to manage and monitor infection control practices.

The staff team had the basic knowledge and skills necessary to meet people's personal care needs and promote their health and wellbeing. Staff received support and supervision from the management team to help them provide people with effective care. The service worked in line with the principles of the Mental Capacity Act 2005. People were supported to access healthcare professionals promptly when needed.

People told us the staff team were kind and caring. People were encouraged to make choices about their care and staff helped to support people's independence and wellbeing. People or their relatives, where appropriate, had been involved in making decisions about their care. People were positive about the relationships they had formed with staff and the care they received. People told us that staff were respectful and protected and maintained their privacy and dignity when delivering care and support. Records were stored securely in a locked office and staff understood the importance of respecting confidential information.

Staff provided individualised care for people. People's care needs and preferences had been assessed and were being met whilst staff encouraged and promoted their independence. The service was responsive to people's changing needs and wishes. People's opinions were gathered about the care and support they were provided with. People received their care and support from a stable staff team. People told us they had not made a complaint but would know to call and speak to the registered manager if they did.

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:

People felt safe using the service.

Potential risks to people's health, well-being or safety had been identified and controls were in place in place to mitigate risk.

There were sufficient staff deployed to meet people's needs and promote their safety.

The provider's recruitment processes helped to make sure that staff were of good character and suitable for the roles they performed.

Staff had received training to enable them to support people to transfer safely and their competency to do so was assessed.

People's safety was promoted by staff who understood the potential risks and signs of abuse.

People received their medicines from staff who had been trained to administer them safely.

The registered manager had arrangements in place to manage and monitor infection control practices.

Is the service effective?

Good ●

The service was effective.

Staff had the basic knowledge and skills needed to meet people's personal care needs and promote their health and wellbeing.

Staff received support and supervision from line management to help them provide effective care.

The service worked in line with the principles of the Mental Capacity Act 2005.

People were supported to access healthcare professionals

promptly when needed.

Is the service caring?

Good ●

The service was caring.

People who used the service were positive about the relationships they had formed with staff and the care they received. Staff told us that working with the same people consistently helped them to build up relationships and get to know people as individuals.

People were encouraged to make choices about how their care was delivered and staff helped to support people's independence and wellbeing.

People or their relatives had been involved with making decisions about their care plans.

People and their relatives told us staff were respectful and protected and maintained people's privacy and dignity when offering care and support.

Records were stored securely in a locked office and staff understood the importance of respecting confidential information.

Is the service responsive?

Good ●

The service was responsive.

Staff provided individualised care for people.

People's care needs and preferences had been assessed and were met whilst staff encouraged and promoted independence.

The service was responsive to people's changing needs and wishes.

People's opinions were sought about the care and support they received.

People received their care and support from a stable staff team.

People told us they had not made a complaint but would know to call and speak to the registered manager if they did.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The registered manager had made significant improvements to how the service operated since the previous inspection in August 2017. However there were some areas that needed further development and embedding into daily practice.

The registered manager had developed a training plan for the staff team however, this needed to be further developed so the registered manager could assure themselves that people's needs were met safely.

Record keeping had improved, some further development was needed to promote a personalised service in terms of details included in care plans and risk assessments.

The registered manager had a system of routine audits and checks to help drive the quality of the service provision forward.

People told us that they felt the service was well managed.

Staff told us that they were confident of support should they need it out of office hours.

The registered manager kept themselves up to date with changes in the care sector and changes in legislation by being a member of care provider associations and communications from CQC.

Courage 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 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 27 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in the office to support us with our inspection.

The inspection was undertaken by one inspector. Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

We also reviewed the provider information return (PIR) submitted to us 06 July 2017 prior to the previous inspection of this service. (We did not ask the provider to submit updated information prior to this inspection.) This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Inspection activity started on 27 March 2018 and ended on 04 April 2018. We visited the office location on 27 March 2018 to meet with the registered manager and nominated individual to review care records and documents central to people's health and well-being. These included care records relating to two people, recruitment records for two staff members, staff training records and quality audits.

Subsequent to the visit to the office location we spoke with two people who used the service and relatives of three people who used the service by telephone to obtain their feedback on how people were supported to live their lives. We also spoke with three staff members to confirm the training and support they received.

Is the service safe?

Our findings

At the previous inspection in August 2017 risks relating to people's health and wellbeing had not been properly assessed or managed effectively. At this inspection we found that risk assessments had been developed to be more personalised to individuals and to include more detail. For example, for a person at risk of developing pressure ulcers there was guidance for staff to encourage the person to get up and exercise and to encourage them to increase their fluid intake to promote their skin integrity. A risk assessment for a person who required support to move from bed to chair by means of a mechanical hoist was detailed providing staff with step by step guidance to help them support the person safely. This showed that risks to people's safety and wellbeing had been assessed and that management plans had been developed to help guide staff in how to mitigate the identified risks.

At the inspection in August 2017 the provider's recruitment processes had not been followed. At this inspection we reviewed recruitment documents for two staff members and found that some improvements had been made however, some further improvements were necessary to enable the provider to be confident that the right people were safely employed to care for vulnerable people. For example, the registered manager had obtained copies of identification documents but these had not been signed and dated to indicate when the copies had been made and by whom. At the previous inspection we had found that references had not always been sought, at this inspection we noted that references had been received. However there was no evidence to show that these had been verified upon receipt to confirm they were genuine. The registered manager had recruited an administrator since the previous inspection, and undertook to ensure the administrator was aware of robust processes to follow.

At the previous inspection in August 2017 the registered manager had not been able to demonstrate that the staff team had received training in moving and handling to help support people to move safely. At this inspection we found that external face to face training had been provided for the staff team in this area together with practical training undertaken with people in their homes. At the previous inspection in August 2017 the registered manager was not able to demonstrate that staff had their knowledge assessed or their competencies checked in relation to safe moving and handling. At this inspection we found that competencies of the staff team were checked quarterly and additional training was provided where shortfalls in staff knowledge had been identified.

At the previous inspection in August 2017 staff did not fully understand their responsibility to protect people from harm. At this inspection we found that staff had attended training in the protection of vulnerable adults from abuse in December 2017 and the subject was a standing agenda item at staff meetings. We found staff were clear that they would report any concerns, one staff member told us, "I would report any concerns to my manager or to social services." However, another staff member said, "We have to protect people, I would report to my manager and then to the police."

At the inspection in August 2017 people's medicines had not always been managed safely. At this inspection we found that the registered manager had introduced a robust system of checks to help ensure people received their medicines safely. For example, there was a weekly and monthly audit undertaken to check

that medicine administration records (MAR) were completed properly, were legible and accurately reflected the medicine and dose that had been prescribed. Staff were provided with annual refresher training in safe handling of medicines and if any concerns found with staff practice additional training was provided along with 1:1 supervision. We noted that medicine administration records (MAR) did not always accurately reflect the time that the medicines were actually given. For example, one person's medicines were documented as being given at 0900hrs when their care call was anytime between 0700 and 0830hrs. We discussed the need for more accurate recording with the registered manager who undertook to further develop the documentation to accommodate this.

People told us they felt safe using the services of Courage Limited. One person said, "When they (staff) come in here they make me feel that I am the only person they look after, they make me feel safe."

The registered manager had arrangements in place to manage and monitor infection control practices. Gloves and aprons were available in people's homes for staff to use as needed and staff received training about infection control. The registered manager assessed staff competencies in this area during shadow shifts and on-going daily practice.

The registered manager reported that there had not been any missed care calls since the previous inspection in August 2017. The registered manager told us that they were exploring having a computerised call monitoring system installed to help monitor if staff were being delayed so that the rotas could be amended if needed. They also said it would give them peace of mind as the system would also help promote the safety of the staff team.

People who used the service told us that there were enough staff to meet their needs safely. They told us that staff were seldom late and always stayed their allotted time to make sure that all aspects of care were covered. One person told us, "They do usually turn up on time unless they have been held up at an earlier call. If that is the case I get a call from the [registered] manager to tell me, most of the time they are punctual though."

The registered manager told us that there were sufficient staff members employed to meet people's needs taking into account staff annual leave and sickness. They said they were not currently looking to take on any new care packages and did not intend to until they had address the concerns we had identified in the inspection of August 2017. This showed that the registered manager was committed to providing a safe and effective service for people.

Is the service effective?

Our findings

At the previous inspection in August 2017 there were no records of staff induction or on-going training and the registered manager had been unable to provide evidence of competency checks to help ensure that staff were competent to carry out their roles safely and effectively. At this inspection the registered manager told us that an external training company had been secured to provide the staff team with the basic core training they needed to help ensure people received safe and effective care and support. Records showed that face to face training had been provided in such areas as health and safety, infection control, moving and handling, information governance, basic life support and fire safety. The registered manager told us that a system of quarterly competency checks had been introduced involving spot checks undertaken in people's homes and gathering feedback from people who used the service. Staff and people who used the service confirmed that the spot checks took place. A person who used the service told us, "Staff are skilled, they know what they are doing and are always having training."

We noted that records showed the staff team had not received training in how to support people who may live with dementia. A relative of a person who used the service told us they felt that staff may not have sufficient training to enable them to care for people living with dementia. This was because staff had not been assertive enough in encouraging a person to receive personal care, they did not get down to the person's level to speak with them and they did not make eye contact with the person. The registered manager undertook to further assess the skills of the staff team to help ensure that they were able to fulfil their roles.

At the previous inspection in August 2017 we found that staff had not received supervision or regular support. At this inspection the registered manager reported that each staff member had a one to one supervision with them or the nominated individual at least quarterly or more frequent if any incidents occurred such as a medicine administration error for example. Staff we spoke with as part of this inspection all confirmed they had regular scheduled supervisions and one staff member said that additional sessions were arranged if there was an identified need.

At the previous inspection we had also found that the registered manager had not received supervision to provide management guidance or to review any possible development they required. At this inspection we found that the nominated individual provided supervision for the registered manager quarterly where issues such as overall compliance and staff training was reviewed to help ensure it was effective. The registered manager also received external support from a care provider association.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. At the previous inspection in August 2017 we checked whether the service was working in line with the principles of the MCA and found that they were not aware of MCA requirements. The registered manager and care staff had been unable to demonstrate an understanding of consent in relation to people who may

have
fluctuating capacity or in relation to the Mental Capacity Act (MCA) 2005.

At this inspection we found that the registered manager demonstrated an improved knowledge of how to support people who lacked capacity to consent to their care. The registered manager had sought assistance from the local authority adult care services to have assessments undertaken where people appeared to lack the capacity to make important decisions relating to their care and welfare. However, at this inspection we found that some further development was necessary. For example, records stated that a person was at a potential risk of becoming lost if they accessed the community independently and their care plan stated that staff must lock the person into their home to keep them safe. The registered manager had not considered the risks associated with this action in the event of an emergency. Subsequent to the inspection the registered manager confirmed that they had requested further external support with this matter.

At the previous inspection in August 2017 staff spoken with did not understand when asked about the process for obtaining consent. At this inspection we asked a staff member how they would obtain consent to personal care from a person who lacked capacity. The staff member told us they encouraged people to receive personal care and if they declined staff enlisted the support of the person's relatives if this was appropriate.

People were provided with support where needed to have a healthy diet and fluid intake. People told us they were happy with this support because it was always provided with their personal preferences in mind. For example one person said, "If I say I want a specific thing to eat they ask me how I want it, they don't presume."

People told us that most of their health care appointments and health care needs were managed by themselves or their relatives. Staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people's care if their health or support needs changed. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP or district nurse as appropriate.

Is the service caring?

Our findings

At the previous inspection in August 2017 people's care plans had not been personalised or detailed enough to inform staff how to support people in an individualised way. At this inspection we found that some improvements had been made however, further detail was needed to help ensure that people continued to receive consistent care. For example, where people were able to verbally explain how they wanted to be supported with a shower the care plans simply stated, "Support me with a shower on a daily basis." We discussed with the registered manager that the detail of how the person required this support needed to be documented in the interests of maintaining consistency and in the event that a person's capacity to verbally instruct staff diminished.

People or their relatives had been involved with making decisions about their care plans. The registered manager reported that some people they supported did not wish to be involved with routine reviews of their care. We discussed with the registered manager that the need to record if people had declined to be involved.

People who used the service were positive about the relationships they had formed with staff and the care they received. One person told us, "The staff are all very caring. I believe that someone who does this job needs to really care and they do."

People and their relatives told us staff were respectful and protected and maintained people's privacy and dignity when offering care and support. The registered manager said, "Staff are trained to help people to feel that they are a person of value." One person told us, "They absolutely promote my dignity. For example, when one of them is helping me in the bathroom the door is always shut and they always wrap me in a towel before helping me back to my bedroom." This helped to demonstrate that staff were aware and mindful about protecting people's dignity and respecting their privacy.

Records were stored securely in a locked office and staff understood the importance of respecting confidential information.

Is the service responsive?

Our findings

At the previous inspection in August 2017 people's care plans did not demonstrate that their care was personalised and responsive to their needs. At this inspection we noted that care plans were individual and personalised. For example, one person's care plan included that they liked being made to laugh and they disliked cold hands touching them.

At the previous inspection in August 2017 there was no system in place for escalating changes to people's needs or requirements. At this inspection the registered manager reported that staff escalated any changes in people's needs and a review was arranged accordingly. An example was given where a person's relative had indicated their concern about a person's behaviour. The registered manager visited the person and it transpired that they were not entirely comfortable with the care worker that was providing their support. As a result of this appropriate changes had been made to good effect.

At the previous inspection in August 2017 people had not been routinely offered the opportunity to share their views about the service they received. At this inspection the registered manager was able to evidence that they undertook spot checks when care workers were at people's homes, conducted regular telephone calls with people who used the service to assess their satisfaction and distributed satisfaction questionnaires to people at regular intervals. We reviewed some survey responses and noted that most were not dated which made it impossible to assess what period of time they related to. However, one response received in February 2018 stated, "Very nice people (care staff), very caring."

People told us the service was flexible and responsive to their needs. One person told us, "I feel that the registered manager would respond to any changes I wanted. For example, staff will come in earlier if I have a hospital appointment or later should I fancy a lie in."

There were sufficient care staff available to meet people's needs. Previously the registered manager had worked full time delivering care to meet people's needs. However, nowadays there was a team of care staff specifically to deliver personal care and the registered manager was able to concentrate on their management responsibilities. People told us they received their care and support from a stable staff team. The registered manager told us, "I am very lucky to have a consistent team of staff."

People's preferred visit times were recorded, however we noted that this was not always clearly reflected. For example, one person's care plan stated that their preferred time of a 30 minute morning visit was between 0700hrs and 0800hrs. However, the registered manager stated that the person frequently changed their mind and that this could actually be anytime within a two hour timeframe. People we spoke with confirmed that the service was flexible around their individual needs. The registered manager acknowledged the need to have accurate information within the care plans especially as the intention was to grow the company and have a larger staff team to manage.

At the previous inspection records indicated that people were not supported to engage in activities or pursue hobbies or pastimes that were of interest to them and this had not been recorded as part of their

assessed needs. At this inspection the registered manager told us that some people did have 'social time' allocated and gave an example where staff supported a person to get out and about into the community as a way of managing their mental health needs.

At the previous inspection in August 2017 we had noted that the provider had a complaints policy and procedure in place however, no complaints had been recorded. At this inspection we saw that some complaints had been received and these had been documented and investigated appropriately. People told us they had not made a complaint but would know to call and speak to the registered manager if they did. One person told us, "I have not had to make a complaint but I do know who I need to talk to should the need arise." We saw that compliments had been received and were recorded in people's care records.

Is the service well-led?

Our findings

At the previous inspection of this service in August 2017 we had found that there were no appropriate systems and processes in place to monitor and manage the safety and quality of the service to enable the management to identify shortfalls and make improvements. Our findings during that inspection had demonstrated that the service had lacked management direction and oversight at that time.

At this inspection the registered manager told us they had recognised that they had previously neglected the management of the service whilst providing the hands on care and had lost sight of their management responsibilities. As a result the registered manager had accessed external support from a care provider association and had made significant improvements. The registered manager now undertook spot checks of staff practice in people's homes, conducted regular satisfaction telephone calls and distributed surveys, reviewed care plans at one monthly intervals, undertook quarterly supervision with staff members, held regular staff meetings and audited medicines held in people's homes weekly and monthly. This showed that the registered manager was responsive to the findings of the last inspection and made changes to their service to improve the quality of service people received.

At the previous inspection in August 2017 there had been no records of staff training, dates when training had been completed or details of when staff required refresher or training updates. At this inspection we were provided with a training matrix detailing what elements of training had been provided for the staff team and when refresher training was due. However, we noted that staff had undertaken twelve elements of training in one day which meant that this was not in depth training. Staff demonstrated that they had received training in safeguarding vulnerable adults however, closer monitoring was needed for management to satisfy themselves that staff were able to express what action they would take in the event of a safeguarding concern arising. Training specific to individuals needs had not been provided for all the staff team, for example dementia training. This is an area identified for improvement.

At the previous inspection we had found that record keeping had not always been accurate or records updated. At this inspection we found that records were more accurate and included more detail. Some further development was needed to promote a personalised service in terms of details included in care plans and risk assessments.

Recruitment processes had been made more robust since the previous inspection however, some further improvements were needed to confirm when copies of identification checks had been made and that references had been verified to confirm they were genuine.

At the previous inspection we had found that reviews of people's care and support had not always been completed in accordance with the provider's system. At this inspection we found that care plans were routinely reviewed and additionally so if any concerns were noted or changes made. However people's relatives told us they were not always asked for their views and opinions in this area.

People told us that they felt the service was well managed. One person said, "[Registered manager's name]

is a fantastic manager. I would recommend Courage Limited to anyone looking for care in their own home. The staff are professional, caring and friendly." However, some relatives gave us mixed views about the way the service was managed. One relative said, "[Name of registered manager] really tries her best to make sure things run smoothly but staff do not always pay attention."

At the previous inspection in August 2017 we had found that records we requested were not readily available and could not be located suggesting that the office administration was poorly managed. At this inspection we found that all records we requested were available for inspection. The registered manager had recruited an administrator to assist with the smooth running of the office.

At the previous inspection there were no records available for inspection in relation to any staff support arrangements. At this inspection evidence was available to confirm that staff supervision and staff team meetings took place. Staff confirmed to us that team meetings and supervision were routinely provided and that they felt supported.

At the previous inspection there was no evidence of how the service was managed out of hours. At this inspection we were shown that the registered manager, nominated individual and administrator were contactable by rota out of hours. Staff told us that they were confident of support should they need it out of office hours.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. This showed us that the registered manager was committed to providing a safe service.

The registered manager kept themselves up to date with changes in the care sector and changes in legislation by being a member of care provider associations and communications from CQC.