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# Care Assistance

## Inspection report

Unit 13, Moorgate Croft Business Centre  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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 over the period of 16 October to 22 October 2018, with the provider being given short notice of the visit to the office on 16 October in line with our current methodology for inspecting domiciliary care agencies. The service was last inspected in February 2018, and was given an overall rating of "inadequate." Six breaches of regulations were identified at that inspection, relating to; how the service was managed and the governance arrangements; how medicines were managed; how consent was obtained and acted upon; how complaints were managed; and how people were safeguarded from the risk of abuse. In response to this we took enforcement action against the provider.

We also placed the service into special measures. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults in the Rotherham and Sheffield areas. At the time of the inspection they were providing support to approximately 80 people.

The provider was registered as an individual, meaning that there was no requirement for a registered manager.

People's care files showed that their care needs had been thoroughly assessed, and they received care in accordance with their assessed needs.

People told us that they experienced a good standard of care and that they found staff to be warm, friendly and caring. Staff told us that providing a caring service was the most important aspect of their role.

Staff were provided with a comprehensive training programme which they told us they found useful. This helped them meet the needs of the people they supported.

Records demonstrated people's capacity to make decisions had been considered as part of their care assessment, and where people lacked the capacity to make decisions about their care and welfare the provider ensured decisions were made lawfully.

People's care was reviewed to ensure it met their needs, and care was tailored towards each person's individual preferences and care needs.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they felt confident to make a complaint and were assured it would be dealt with appropriately.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Risk assessments were up to date and detailed.

We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff.

The way that medicines were managed by the service required improvement, as adequate records of the administration of some medicines were not kept.

The registered provider had a clear oversight of the service, and of the people who had used or were using it, and the standard and quality of care visits was regularly monitored. Other audits had been introduced, although they were not particularly comprehensive.

A supervision and appraisal programme had been introduced, but had still to be embedded into day to day practice within the service.

## 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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Risk assessments were up to date and detailed.

We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff.

The way that medicines were managed by the service required improvement, as adequate records of the administration of some medicines were not kept.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff were provided with a comprehensive training programme which they told us they found useful. This helped them meet the needs of the people they supported.

Records demonstrated people's capacity to make decisions had been considered as part of their care assessment, and where people lacked the capacity to make decisions about their care and welfare the provider ensured decisions were made lawfully.

**Good** ●

### Is the service caring?

The service was caring.

People's care files showed that their care needs had been thoroughly assessed, and they received care in accordance with their assessed needs.

People told us that they experienced a good standard of care and that they found staff to be warm, friendly and caring. Staff told us that providing a caring service was the most important aspect of their role.

**Good** ●

### Is the service responsive?

**Good** ●

The service was responsive.

People's care was reviewed to ensure it met their needs, and care was tailored towards each person's individual preferences and care needs.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they felt confident to make a complaint and were assured it would be dealt with appropriately.

### **Is the service well-led?**

The service was not always well led

The registered provider had a clear oversight of the service, and of the people who had used or were using it, and the standard and quality of care visits was regularly monitored. Other audits had been introduced, although they were not particularly comprehensive.

A supervision and appraisal programme had been introduced, but had still to be embedded into day to day practice within the service.

**Requires Improvement** 

# Care Assistance

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

The inspection included a visit to the agency's office which took place on 16 October 2018. The inspection was announced, in line with CQC's guidance for domiciliary care providers. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to us by the provider, and information gained from people using the service and their relatives who had contacted CQC to share feedback about the service. We spoke with three people using the service by telephone to find out about their experience of receiving care from the provider. We also spoke with three care staff, two members of the management team and the registered provider.

During the inspection site visit we looked at documentation including seven people's care records, risk assessments, personnel and training files, complaints records and other records relating to the management of the service.

# Is the service safe?

## Our findings

At the inspection of February 2018 we rated the service "requires improvement" for this domain. At this inspection we found improvements had been made in relation to the safety of the service provided, but identified some areas for improvement in relation to medicines recording.

People we spoke with told us they felt safe when receiving care. One said: "I think they know what they are doing, so that makes you feel safe." Another said: "No problems there at all, I wouldn't let them in if I didn't think it was safe."

We checked to see whether care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at seven people's care plans, and found each one contained up to date and detailed risk assessments, setting out all the risks that people using the service may be vulnerable to, or may present. Where risk assessments required staff to take specific actions, notes showed that staff were following these instructions, so that the risks people may be exposed to were reduced.

An environmental risk assessment had been completed for each house that staff visited to carry out care duties or provide support to people. These were carried out before care commenced, and were regularly updated. This ensured that staff were able to identify any potential risks in the person's home that could have an impact on staff carrying out their duties, or on the person themselves. This included information about the steps staff should take to ensure infection risks were managed safely. We noted that one risk assessment identified that there was poor external lighting at one person's house, but we could not see whether action had been taken in relation to this.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered provider was aware of the local authority's safeguarding adults procedures which aimed to make sure incidents were reported and investigated appropriately. We looked at records of incidents and accidents which had occurred in the service, and saw that the registered provider had taken appropriate action to address such occurrences.

Staff records showed that staff had received training in relation to safeguarding. Staff we spoke with demonstrated a good knowledge of safeguarding procedures and told us they would be confident to raise issues. The registered provider demonstrated a good understanding of their responsibilities in relation to safeguarding.

We checked four staff files to look at whether staff were recruited safely and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), checks of the staff member's ID and checks of their right to work in the UK. Prior to the inspection an anonymous member of the public contacted CQC to allege that staff did not have Disclosure and Barring Service check, but we found no evidence to support this. The files we checked showed staff underwent a Disclosure and Barring Service (DBS) check before starting work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with

children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the arrangements in place for managing and administering people's medication. We identified improvements had been made since the last inspection, although there were still some shortfalls. Staff had received training in relation to medicines management, and on the whole good records were kept confirming that staff had administered medication safely. However, we found that the provider was not keeping records when staff administered topical medication, for example medicated creams. We raised this with the registered provider during the inspection and they assured us that they would take immediate action to address this.

## Is the service effective?

### Our findings

At the inspection of February 2018 we rated the service "inadequate" for this domain. At this inspection we found that the provider had made significant improvements.

People using the service said that they believed care staff had received the right training to do their job. One told us: "I expect they must have had good training because they know what they are doing. Everything I ask for they do, without a problem."

Staff training records showed that staff had training to meet the needs of the people they supported. The registered provider ensured staff undertook a range of training across a range of topics, including health and safety, first aid, food hygiene and moving and handling, amongst others. Many staff had completed a nationally recognised qualification in care.

Staff we spoke with told us they felt the training they received assisted them in undertaking their roles. One staff member said: "We have so much training, but it does help, it means I understand the legislation, how to keep people safe and so on."

We looked at how the provider complied with the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. Care records showed that people's capacity to make decisions had been assessed in considerable depth by the registered provider so that conclusions could be reached about whether people could give consent to their care and treatment. Where people did have the capacity to consent, records showed that this had been sought, and staff had taken time to ensure people understood the decisions being made. Where people lacked capacity, the registered provider had ensured that best interest decisions, in accordance with the MCA Code of Practice, had been reached. Documentation showed that the registered provider had consulted relevant people and considered other options when reaching best interest decisions.

People's care plans showed that staff frequently liaised with external healthcare professionals, such as GPs and district nurses, to enable people to experience better health, and we observed this happening during our visit to the provider's office.

There were details in people's care plans about their nutritional needs, where appropriate. For example, where part of the care package required staff to provide a cooked meal for people, there was information about their food preferences and dislikes. Care records showed that staff were adhering to these preferences, ensuring that people received meals reflecting their preferences. Where people were at risk of malnutrition or dehydration, there was specific guidance for staff in people's files, setting out what steps staff needed to take to reduce and manage such risks.

## Is the service caring?

### Our findings

At the inspection of February 2018 we rated the service "requires improvement" for this domain. We found at this inspection the registered provider had made significant improvements.

People using the service told us they found staff to have very caring approach. One person said: "They couldn't be better, lovely, every one of them." Another commented: "They are good girls, we get on well."

During the inspection an external care provider contacted the provider's office to inform them that a person using the service said they had not received a call that morning. The management team checked the system which monitored staff locations and found that a call had taken place, but they concluded that the person, who was living with dementia, may have forgotten the call. The registered provider therefore contacted a staff member who was nearby and asked them to make a quick call to the person to give them reassurance and check on their wellbeing. This showed that the provider was flexible in meeting people's needs, and demonstrated a caring approach.

We asked staff about their experience of providing care. They told us that their rotas meant they had time between care calls and so didn't feel rushed. One said: "There are times when you might get to a call late, but that's the nature of care; you sometimes have to spend more time at a call than is planned but it's about ensuring people get the care they need."

We checked to see whether people were receiving care in accordance with the way they had been assessed as requiring. Each care plan contained an assessment of people's needs set out to a high level of detail for staff to understand what care was required. When staff completed a care visit they recorded details of it in people's daily notes describing the care and support provided at each appointment. These were completed to a good level of detail and showed that care was being delivered in accordance with each person's assessed needs.

We looked at the feedback the provider had sought from people using the service, and found this was chiefly positive. One person described the care team as "well qualified, great carers and a lovely boss too." Another stated: "The service provides a lifeline." One person's relative had written to the provider to say they "had two previous care companies...I must say that neither of those companies gave anything like the excellent care service you have provided." The registered provider had received around 30 recent responses to surveys about people's experience of receiving care, and of those only four respondents said they felt improvements could be made.

We checked seven care plans to see whether there was evidence that people had been involved in their care, and contributed their opinions to the way their care was delivered. We saw that people's views had been sought at the point of assessing their needs in order to inform their care package and again at review meetings. People's care plans also contained information about their cultural backgrounds although none of the records we checked required staff to meet any specific cultural needs.

## Is the service responsive?

### Our findings

At the inspection of February 2018 we rated the service "requires improvement" for this domain. At this inspection we found the registered provider had taken steps to improve this rating.

People told us they felt involved in making decisions about their care. One said: "Yes we sit down and talk about it, it goes in my book [care plan] what I want and so on." Another said: "Anything I don't like, I can pick the phone up and talk to [the registered provider] but I've no grumbles anyway."

There was a system in place for formally reviewing people's care. This took the form of a meeting with the person concerned, members of the provider's management team and, where appropriate, people's relatives. These review meetings sought people's views about their care and assessed whether the care provided continued to meet people's needs. We did note, however, that none of the review documents we looked at were dated. This meant it was not possible to tell whether people's care was being reviewed at an appropriate frequency. The registered provider told us the review meetings had only recently been implemented, and assured us that future meeting minutes would be dated so that frequencies could be monitored.

We checked seven people's care files, and saw they contained information about all aspects of the person's needs and preferences. This included guidance for staff in relation to how people's needs should be met in accordance with their care assessments. These were set out to a good level of detail so that staff understood what was required. There was information in each person's care plan about what was important to them, including their families, their life history and hobbies and interests. A member of the management team had undertaken all of these assessments since the last inspection. They told us that following the last inspection they had sourced bespoke training to enable them to better develop care plans, and had met with each person to ensure that their care planning was completed to a good standard.

Records we checked showed that staff completed a daily log of each care visit they made to people. This included a report on the care tasks they had undertaken, as well as any changes in the person's condition, or any concerns or issues that arose. Staff completed these records to a good level of detail, so that managers checking these records could monitor what care was being provided and whether it was being provided in accordance with their assessed needs.

We checked the provider's arrangements for making complaints. Information about making a complaint was given to each person when they began receiving care in the guide they received about what to expect from the service. This told people how to make a complaint, what they could expect if they made a complaint, and how to complain externally should they be dissatisfied with the provider's internal processes. However, we saw that the provider's Statement of Purpose, which is a document that registered providers are required by law to have, and to keep regularly under review, did not contain accurate information about how complainants could raise their concerns externally. We looked at the provider's complaints records but found that no formal complaints had been received by the provider in the period since the last inspection.

## Is the service well-led?

### Our findings

At the inspection of February 2018 we rated the service "inadequate" for this domain. At this inspection we found the provider had made considerable improvements, although we identified there was still further work to do in this area.

We asked people using the service whether they could contact the registered provider if they needed to. They told us they could, and everyone we spoke with told us they knew the registered provider well. This was reflected in conversations we had with the registered provider who had an in depth knowledge of the people they provided care for.

There was a system of team meetings, staff supervision and appraisal to enable staff to understand what was happening within the organisation, as well as for managers to give feedback to staff and monitor their performance. Staff supervision records showed that staff were able to discuss performance issues, training needs and any concerns on a regular basis with line managers, although team meeting records showed that team meetings did not take place with any regularity. We noted that most supervision and appraisal sessions had taken place in the period since the last inspection. The registered provider acknowledged that a programme of improved supervision and appraisal was a relatively new piece of work and was still being embedded into day to day practice.

In addition to the above communication methods, we saw that there was a system of staff spot checks. This involved managers carrying out unannounced checks of staff undertaking their duties. These checks involved managers checking whether the care call was on time, whether staff were properly attired and using personal protective equipment (PPE) and whether the person's dignity and privacy was upheld. There was also an opportunity for people using the service to use these checks to give feedback to managers about the service they received.

There were a range of audits which looked at areas such as care records, medication records, personnel files and visit records. However, we found that these audits were relatively simplistic, often representing a "count" of how many documents had been completed as opposed to assessing the quality of them. At the inspection of February 2018 we had found that the provider was not undertaking any audits of the service, and the registered provider described that the audits they had subsequently implemented were a "starting point." They told us they planned to develop them further but said they were already proving to be useful in their current form.

There was a range of policies and procedures to support the safe and effective running of the service. They were up to date and regularly reviewed. The policies we checked reflected current legislation and best practice. These were available in the office, and policy issues were discussed, where appropriate, in team meetings and supervisions.

Prior to the inspection, we reviewed information we held about the provider, including statutory notifications submitted to us by the provider to tell us about certain incidents, as required by law. We found

that all the appropriate notifications had been submitted to CQC, and the registered provider kept clear records of these.