Care UK Limited

Peterborough Community Care Services DCA

Inspection Report

The Old Bakery
31 Huntley Grove
Peterborough
Cambridgeshire
PE1 4DJ
Tel: 01733 344116
Website: www.careuk.com

Date of inspection visit: 01/05/2014
Date of publication: 13/08/2014

Contents

Summary of findings

Overall summary

Peterborough Community Care Service is a domiciliary care agency that provides support and personal care to approximately 120 people living in their own homes in Peterborough, March, Ely, Spalding and surrounding areas.

19 of the 20 of the people and relatives that responded to our survey told us they were happy with the care and support they received from their particular care staff, but only half of them said they would recommend the service to others. People said the service had not always been reliable, but they had seen some recent improvements.

There was no registered manager, but a new manager had been appointed and had started to make improvements to the service.

There was a history of complaints about the service and people did not feel they had received satisfactory responses to their complaints. Records showed that some investigations into complaints had not been completed by the manager or the provider.

Staff felt unsupported, as they had not had regular meetings, but they told us that they had got to know the people they supported and wanted to do the best for them. People were satisfied, overall, that their individual care staff responded to their needs. A typical comment from a person using the service was, “The carers are good. They do everything just as I need them to.”

We saw that the service had assessed people’s needs and agreed with them a care plan which set out when and how they were assisted by staff. We found the new manager was making sure these plans were reviewed and improvements were being made in the way care was coordinated so that everyone received their care at the time it was planned.

We have told the provider to make improvements to the service to ensure all Regulations of the Health and Social Care Act (2008) are being met. The regulations that were breached relate to managing people’s complaints and supporting workers.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who used the service told us they felt safe from abuse from staff at the service. Staff had been trained and understood action they needed to take should there be allegations or suspicions of abuse.

Action had been taken to ensure people's care calls were not missed, so that no one was neglected.

The service followed clear staff disciplinary procedures when unsafe practice was identified and the staff recruitment process helped to ensure staff were of good character and suitable to work with vulnerable people.

Risk assessments had been carried out to reduce risks to people and staff were trained to move people safely. We were told, "The staff are always very careful with me. I feel very safe."

Are services effective?

The service provided was effective in meeting people's needs. People told us they were grateful for the help the care staff gave them and that they depended on the service.

All the people we spoke with told us they had been asked about their needs, choices and preferences and said they agreed with how their support was provided.

Staff told us about training courses they had attended and that they had received the training they needed to enable them to meet people's needs, choices and preferences.

Are services caring?

The service was not always caring, but had made some improvements in coordinating people's care. Further improvement was needed to ensure all people received their care on time and knew who to expect.

All the people we spoke with expressed a view that the staff were kind and caring in their approach, but half the people we contacted told us that their care calls had been late. Some people were never sure who would arrive to provide their care.

People said the care staff always respected their privacy and dignity.

Summary of findings

Are services responsive to people's needs?

The service was not responsive to people's needs because some didn't think the managers of the service had listened to them. Other people had not had satisfactory outcome to their written complaints.

Staff read people's support plans and checked with them how they wished to be supported in order to respond to their diverse needs. One person told us, "I'm losing my sight and they are very understanding."

Are services well-led?

The service was not well-led, but action was being taken to improve the service. There was no registered manager, however a new manager had been appointed four weeks prior to this inspection.

Staff did not feel supported and people using the service were aware of communication problems between care staff and the office staff. Staff supervision and team meetings had not taken place within recent months.

The provider had a quality monitoring team and checks of the quality of the service were being made. Some people had received visits to check on the quality of the care they received.

Summary of findings

What people who use the service and those that matter to them say

We received information from people who used the service through their replies to our questionnaire and by contacting people by telephone. We also had received information from a relative of a person using the service.

People told us that they felt safe using the service and they had phone numbers to call if they were concerned about aspects of their care. One person said, "everything is safe I have no worries", another told us, "I feel safe in all aspects. The staff are very good" and a third said, "I have the phone number and would call the office if I have any concerns".

People told us they had been consulted about their care needs and they had a care plan, setting out what tasks they needed staff to do or support them with. Most said they had a copy of the care plan and the staff read it each day. One said, "The carers are good. They do everything just as I need them to."

Some people told us they had to contact the office when no one turned up, but that this had improved recently. Other people said that care staff were still often late. One person said, "I don't have late or missed calls anymore and things are generally better just now". But others told us, "'They've been late once or twice in the last day or two when they've had to do double ups but they ring and tell me." And, "when staff have been late they do try to let me know."

One person told us, "The care staff are very good. I have no complaints about them, but the organisation by the office staff is sometimes questionable. They often don't know the local area and don't give staff enough time to get between visits so they arrive on time." Another person told us that office staff had not always passed on messages when care staff were going to be late.

Some people had not experienced any problems and told us, "They are always on time." And, "I've no problems with the time. They always come when they should."

All the people we spoke with by telephone expressed a view that the staff they had at the present time were kind and caring in their approach. One person said "I have a small group of carers and they're very kind and helpful".

Another said, "I'm happy with how they treat me they come three times a day the staff do seem to have got better over the last couple of months and I just want to keep the staff I have now."

One person included the following comment on their questionnaire, "I never receive a schedule, so have no idea when and what time the carer is due." A relative told us, "Carers, who X (person who used the service) has never met before, just turn up and let themselves in."

There were positive comments from people who wanted to tell us how well the care staff helped them. One said "I have regular carers and they know just what I need. We get on very well together I've had the service for just over a year now." A second person told us, "I'm blind and they have to hoist me, but they are always very good and tell me just what they're going to do and what I need to do."

Some people had made complaints and told us that they didn't think the managers of the service had listened to them and it had not been easy to get a satisfactory outcome to their complaints. One person said, "I made a complaint to the office once and they didn't listen to me, in the end I had to get the GP involved, the managers don't always seem to be in full control of what's happening." Another told us, "We've had to make several complaints and never been entirely satisfied with how they've dealt with things they seem to brush over things."

Some people commented about the management of the service. One told us, "The carers are all very good, but the company don't treat them right they're too big and not very well organised." Another said, "I think they've had six managers in the past year and I get the impression that the office are the cause of many of the problems if we try to contact them we can't always get through on the phone at times." A third person told us, "The communications are the main problem the rotas are very haphazard and I've got three phone numbers for them but I can only usually get through on the number that's supposed to be for the weekends." A fourth person said, "My regular girl keeps phoning the office for me about my times but they don't listen."

People acknowledged that there had been some recent improvements and one person told us, "The new

Summary of findings

manager came to see me last week and she's coming again next week she seemed very nice." Another person said, "I think things do seem to have improved over the last couple of months" A third person also told us, "The new manager has been out to see me she read through the book and asked about how things were."

Peterborough Community Care Services DCA

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process.

We conducted a survey of people that used the service in April 2014 and then visited the office on 1 May 2014. Our inspection was announced the day before our visit which meant the provider and staff at the office knew we were coming and were available to provide information. We spoke with 20 per cent of people that used the service. The inspection team consisted of an inspector and an Expert by Experience who had experience of using care services. The Expert by Experience spoke by telephone with people who used the service, but did not attend the office.

Before the inspection visit we reviewed all the information we held about the service. This included the results of questionnaires. This information helped us to decide which lines of enquiry to focus on during our inspection.

During the inspection we checked a sample of people's care records, staff records and records from 2013 and 2014 in relation to the outcomes of complaints. We interviewed some staff in the office, including the new manager and a quality manager to clarify how they ensured people received their planned care.

Following the visit to the office we contacted some staff and people who used the service by telephone to gather their views about the service.

Are services safe?

Our findings

All 19 of the people using the service who completed our questionnaire and the 14 people we spoke with told us they felt safe from abuse from staff at the service. The relative who completed a questionnaire also stated that they felt people were safe. People we spoke with told us that they had been given phone numbers to call if they were concerned about aspects of their care. One person said they had once been in a situation where they had needed to contact the office regarding concerns about the attitude of a carer towards them. They told us, "I just told the office and they didn't send them again." We saw information at the office that showed us that the service followed clear staff disciplinary procedures when unsafe practice was identified.

Staff recruitment records demonstrated that appropriate pre-employment checks had been carried out on new staff to ensure they were suitable to work with vulnerable adults. For example, two satisfactory references and a Disclosure and Barring Service (criminal record) check were obtained. A sample of these records was checked by a quality manager each month to ensure they were complete. Some staff had been recruited by another company and transferred into this service under employment arrangements. Recruitment records for these staff were not immediately available and the quality manager was pursuing this. We spoke with two of these staff who confirmed the checks had been carried out by their previous employer and they could provide evidence of these themselves if requested. They told us they had been subject to a very strict recruitment process to ensure they were of good character and "the right people for care work."

The provider had taken steps to minimise the risks to people of abuse and neglect during induction training for new staff. There was training on safeguarding vulnerable adults which was completed before new staff visited people in their own homes. Staff we spoke with were knowledgeable about the signs of abuse and neglect. They were aware of the service's adult safeguarding policies and procedures and knew how to put them into practice. For example, they understood how to raise a safeguarding alert to protect a person from abuse and the role of the local authority and the police in relation to investigating incidents.

The provider had reminded staff of their duty to report any concerns about how the service was safeguarding people by use of the 'whistleblowing procedure'. Staff we spoke with were aware of this procedure and how to put into practice. They told us they would not hesitate to raise concerns outside the service when necessary, as they understood the importance of protecting people.

We saw risk assessments had been carried out and action staff needed to take to reduce risks to themselves as well as people using the service was clear in the care plans. People's health and mobility needs were assessed in order to identify and reduce risks. For example, when a person needed a hoist to move, there was detailed information about how the person was to be assisted and positioned to receive their personal care safely. Risk assessments included how to support the person to carry out some tasks independently with some prompting from care staff. This meant that people were supported to maximise their independence and risks to their health were reduced. One person told us, "I'm in a wheelchair and the staff are always very careful with me. I feel very safe."

Staff told us they received training in moving and positioning people safely and that new staff shadowed more experienced staff so they knew how to assist particular people. These measures reduced the risk of people being accidentally harmed whilst being assisted by staff. However, two people that used the service thought new staff should have more training in this as they often had to show them how to use the equipment themselves.

Records at the service's office showed that not all risk assessments had been reviewed within the last year, but when we spoke with staff they told us they always informed the office if the person's circumstances changed. The reviews we saw showed this had happened. For example, one person's records showed that when their needs had increased, risks to their welfare had been reassessed. A revised plan had then been put into place to ensure they were safe. The new manager told us that people's safety was the highest priority and they had concentrated on visiting people at home to reassess their needs and any risks to make sure the plans were still appropriate. There was a plan to visit all others within the next few weeks that had not been reviewed within the last year. The manager realised when starting in this role that this was an area for improvement and was tackling it.

Are services safe?

Another area that the new manager had identified as in need of improvement was in the way staff were allocated to ensure people received the service as planned. We found from our own records there had been a history of missed calls, which meant people had been at risk of neglect. People had told us they had complained in the past about time keeping and missed calls. There was a new computer based system in place to ensure that people received all their planned support visits. Office staff were using this system during our visit to plan for care and support visits for the following week and schedules were being sent out by first class post so that people would know which care staff to expect. The manager told us there had been no missed calls for the previous four weeks.

One of the care co-ordinators told us the service had improved recently as they had become more organised. They had been able to cover all calls in emergency situations so that no one was missed and left at risk. For example, when one staff member could not attend a person due to a transport problem they were able to arrange another carer to attend within an hour.

The provider ensured that staff understood the key principles of the Mental Capacity Act 2005. We saw records to show they received training on this subject and on working with people who might lack mental capacity due to dementia. Care staff told us they were aware of which people lacked the mental capacity to sign their care notes and did not ask them to. They followed the care plans in people's best interests and reported any changes in behaviour or any other concerns.

Are services effective?

(for example, treatment is effective)

Our findings

16 of the 19 people who completed the questionnaire about the service strongly agreed that they received support and care that helped them to be as independent as possible and their care worker completed all the care and support that they should on each visit. One person told us "My carers try to help me in many ways. I look forward to seeing them."

One person we spoke with by telephone said, "They're helping me improve. They help me wash and dress and do the things I can't do. I am getting much better thanks to their help and support."

People's needs were assessed during a home visit when they first started to use the service. All the people we spoke with told us they had been asked about their needs, choices and preferences. From this information the service had developed a support plan. This specified exactly what support the service would undertake and when and how people's support would be provided. For example, for one person, who had an early morning call each day, there were details of how they should be reminded to take their medicines and what food and drink should be prepared and left for them. For another person, we saw details of how they should be assisted to get up and dress prior to being asked their preference for breakfast.

In four plans we saw at the service's office, we saw that people had signed their support plan to indicate they agreed with how their support was provided. People told us that they had a care plan or book, which was kept in their home and they had signed and agreed with the plan. They confirmed staff followed the plan and then wrote a record of the care they provided at each visit.

Staff told us about training courses they had attended and that they had received the training they needed to enable them to meet people's needs, choices and preferences. In the service's office we saw records and certificates of training dated 2013, including emergency first aid, health and safety, fire safety awareness and infection control. Some staff had gained vocational qualifications in care and told us they had level 2 and level 3 in these.

We checked the service's arrangements in relation to protecting people from the risks associated with nutrition and hydration. People told us they were asked about their needs in relation to this when they started to use the service. Some people said they needed help with meal preparation and the provision of drinks and that they could not manage without the help they received. One person commented, "They get my food ready just as I like it and leave it so I can manage it" The care plans showed that staff were directed to "ensure a soft diet", "leave a flask of coffee" and "an evening call is needed to provide a drink". Records of care given showed that people had received help with meals and drinks in accordance with their care plan.

Are services caring?

Our findings

18 of the 19 people who completed the questionnaire about the service told us their care and support workers were caring and kind. Additionally, a relative told us they also found the care staff to be caring and kind to their family member. Responses showed that people had not always found the service to be caring, for example, one person commented, “Several Saturdays they have forgotten me and I have had to phone them.”

The quality manager told us they were aware from complaints they had received that some calls had been missed during the last year and people had not been informed when their regular carer was running late or there had been a change of carer. A local authority commissioning team had also told us that people had reported missed calls. They had met with the provider and set an action plan for improvement. The new manager and care coordinators had been recruited and started in post in March 2014 with the aim of improving the service.

All the people we spoke with by telephone expressed a view that the staff they had at the present time were kind and caring in their approach. One person said “I have a small group of carers and they’re very kind and helpful”. Another said, “I’m happy with how they treat me they come three times a day the staff do seem to have got better over the last couple of months and I just want to keep the staff I have now.”

Although people acknowledged the improvements that had been made, some told us that they had not received their schedules and did not always know who would be attending or what time. One person included the following comment on their questionnaire, “I never receive a schedule, so have no idea when and what time the carer is due.” A relative told us, “Carers, who (person) has never met before, just turn up and let themselves in.” Our survey showed that, 25 per cent of the time, staff were not introduced to people before working unsupervised with them. A care coordinator told us they had been working hard to get the rotas out to people in the last two weeks. They realised people needed to know who was going to provide their care, but they said there was still some improvements to make to ensure all people received the information in time.

Half the people we contacted told us that their care calls had been late in the past and two people had late calls within the last two weeks. Where calls had been late most people were very accepting and understood how difficult it could be for the care staff to get to them on time due to the geographical area. One person said, said, “They are occasionally late but they’ve always got a good reason.” Three people told us that the punctuality of their visits had improved recently, but others said the problems had continued, because the office staff, “often don't know the local area and don't give staff enough time to get between visits so they arrive on time.” We were also told, “Communication is a problem, as carers ask staff at the office to let customers know if they are running late, but we don’t get the message.”

Care staff told us that they had got to know the people they supported and wanted to do the best for them. One care worker said, “When the office is closed, the on-call person has not always had the information available and we as care staff have had to arrange cover between us.”

Another staff member told us, “We look after people the best way we can, but we need the support of the office staff. Last week was the first time in ages that people on my list had got a letter to say who was coming.” The manager told us there had been a lot of changes in staffing in the office and the new staff team were trying to work together with the care staff and people using the service to improve communication. They were having new systems to do this, but staff would have to learn how to use them.

All of the people we contacted that used the service said the care staff respected their privacy and dignity and treated them as individuals and responded to their individual needs. One person said, “I’m often incontinent and they never make a fuss they just get on with sorting me out and they’re so kind.”

Staff told us their training had covered how to treat people with respect and how to ensure their privacy. Two of the staff explained to us how they made sure people received help with their personal care in a way which promoted their dignity and privacy. For example, they ensured that no one else was able to see such care taking place by closing blinds or curtains.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People had full information about how to contact the service and told us they knew how to do so. Some people told us that they had made complaints and didn't think the managers of the service had listened to them. Also, two people said it had not been easy to get a satisfactory outcome to their written complaints. One told us, "I made a complaint to the office once and they didn't listen to me, in the end I had to get the GP involved. The managers don't always seem to be in full control of what's happening". Another person said, "We've had to make several complaints and never been entirely satisfied with how they've dealt with things. They seem to brush over things." A third person told us, "My regular girl keeps phoning the office for me about my times but they don't listen."

We looked at the records of complaints received during the past year and saw that there had been a standard way of replying to people by letter. This did not acknowledge people's individual circumstances and letters were not dated. The majority of complaints had been about missed calls. Some were more complex, but there was no record to show each part of the complaints had been investigated. We could not see any evidence that the provider had checked that complainants were satisfied with the response to their complaints. There were no records of any complaints being received during the last two months, but investigations and responses for three dated prior to that had not been completed.

Two people told us that their early morning visit had been 6am, which was too early for them. Both people had spoken with the managers about this during the last few weeks, but felt that generally they had not been listened to and were not confident that they would not get another very early call. There were no records of these concerns being raised.

The provider had not ensured all complaints were fully investigated and resolved, as far as reasonably practicable, to the satisfaction of complainants and this was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have asked the provider to take at the end of this report.

People received personalised care that met their needs. People's records demonstrated that they had been asked about their background and preferences. Staff were able to explain to us how they read people's support plans and checked with them how they wished to be supported in order to meet their diverse needs. One person told us, "I'm losing my sight and they are very understanding and try to make things as easy as possible." Another said, "I gradually need more help and next week I'm going to start having two people coming in to help me instead of just the one."

People told us they generally received their support from regular care workers, who always consulted them about what help and support they needed even though they often had to be quick in order to get to the next person. One person told us, "The girls are lovely but they don't give them enough time they always seem rushed but they do their best for me." People were satisfied, overall, that their individual care staff responded to their needs.

Are services well-led?

Our findings

The manager had been in post for four weeks and had not yet registered with the Care Quality Commission. Office staff had regular contact with the manager, but the care and support staff we spoke with had not met the new manager. They told us there had not been any staff meetings for the last nine months. The manager told us they would be arranging staff team meetings in community centres in the different geographical areas that were covered by the service. One of the care staff said this had happened in the past, but recent meetings had been cancelled at very short notice.

The provider told us that there was a system in place that meant all staff were provided with regular, formal supervision or support. We checked records of staff supervision and found the last supervision meetings had taken place in 2013. These included performance and development reviews for some staff, but the most recent we saw of these was held in March 2013. One team leader told us the manager had held supervision meetings with them in the last few weeks, but another team leader said they had not had any supervision meetings at all. Care staff also said they had not had supervision meetings with a line manager for the last year. The care staff continued to deliver care to the best of their abilities and had attended some training courses in the past. However, they were not continuously supported and their performance and training needs were not kept under review. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have asked the provider to take at the end of this report.

Systems had been put in place to prevent missed calls and to ensure all visits were allocated to an alternative care worker if their regular care was off work. This was in response to complaints that had been made. The provider had been tackling the improvements needed in this area and the new manager had been visiting people in their own homes to review people's needs. They said this was the priority and that meetings with staff would be arranged later.

The provider had a quality monitoring team and a quality manager visited the service on a monthly basis to audit samples of files. A quality manager told us that team leaders carried out six monthly visits to ask what people thought about the service. They were aware that not everyone had received such a visit in the last six months. There was a plan to carry out quality reviews by telephone calls to people who used the service every six months in addition to visits, but no one told us they had received such calls.

When we asked about monitoring the quality of the service, one person told us, "We get occasional questionnaires to fill in that's all". Another person said, "No real quality checks, but they come and change the care plan occasionally" and a third person told us, "They come out at odd times to ask how things are for me."

Care staff told us there used to be spot visits from managers to check the quality of the service, but there had not been any of those in one geographical area for several months. The quality manager confirmed they had used a postal quality survey to gain people's views about the service in December 2013. A staff survey was also used at the same time. Results were not available of these.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints. How the regulation was not being met: People who use services and others were not assured that their complaints were fully investigated and resolved. Regulation 19 (2) (c).

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers. How the regulation was not being met: Suitable arrangements were not in place to ensure all persons employed to deliver personal care were supported with supervision and appraisal. Regulation 23 (1) (a).