

Care Associates (Coventry) 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

About the service:

Care Associates Ltd is a domiciliary care agency. It is registered to provide personal care to people in their own homes, including, older people, people with mental health problems, and people living with dementia. At the time of this inspection the service supported 80 people.

People's experience of using this service:

- People's needs were assessed to ensure they could be met by the service.
- People felt safe and were protected from avoidable harm.
- Staff knew about the risks associated with people's care and understood how to keep people safe.
- Staff supported people to take their medicines safely and followed best practice guidance to prevent and control the spread of infection.
- Most people received care calls at consistent times, from staff they knew, who stayed for the length of time agreed.
- People made their own decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005.
- Staff were recruited safely and received the support and training they needed to be effective in their roles.
- Staff respected people's rights to privacy and dignity and promoted their independence.
- Where needed people were supported to meet their nutritional needs and to maintain their health and well-being.
- People received information about the service in a way they could understand.
- People were involved in planning and agreeing their care. Care plans contained the information staff needed to provide personalised care.
- People, and their relatives were regularly consulted about the care provided.
- The managers had developed good relationships with health and social care professionals which improved outcomes for people.
- Systems were in place to manage and respond to any complaints or concerns raised.
- The provider had effective and responsive processes for assessing and monitoring the quality of the service. But these had not always been implemented consistently.

Rating at last inspection: Requires Improvement overall with a breach of Regulation 18, Notifications. The last inspection report was published on 14 March 2018.

This was a planned inspection based on the date and the rating of the previous inspection. The overall rating for the service has changed to Good. Improvements had been made since the last inspection and the provider was no longer in breach of the regulations. Quality assurance processes required further improvement and the 'well led' key question remains 'Requires Improvement'.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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 safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Care Associates (Coventry) Limited

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: Care Associates is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people, people with mental health problems, and people living with dementia. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This comprehensive inspection took place on 27 February 2019. The inspection was announced. We gave the provider 48 hours' notice of the inspection because we needed to be sure the registered manager and other staff would be available to speak with us.

We visited the office location on 27 February 2019 to see the registered manager, speak with staff; and to review care records and policies and procedures.

What we did: Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. This included information the provider must notify us about, such as allegations of abuse. We reviewed the Provider Information Return (PIR). This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority commissioners for the service, they had no information to share with us.

We spoke with the registered manager, the deputy manager, a care co-ordinator, a training and finance officer and three members of care staff. We also spoke with 12 people, and three relatives of people who used the service by telephone.

We reviewed a range of records. That included, four people's care records, including risk assessments and medicine records. Three staff personnel files, including recruitment, induction and training records. Staff work programmes and allocation sheets. Records of accidents, incidents and complaints. Management audits and checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: At our last inspection we rated 'safe' as Requires Improvement. At this inspection people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people at risk of abuse.

- People felt safe with the staff that visited them and staff understood how to protect people from the risk of abuse.
- Care staff had completed training and knew how to recognise abuse and understood their responsibilities to report concerns to the managers.
- The registered manager knew the procedure for reporting concerns to the local authority and to us (CQC). They had shared information, when required to ensure any allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management.

- People had an assessment of their care needs completed at the start of the service. This identified any potential risks to providing their care and support. For example, where people required support to move around, information was available, so staff knew how to do this safely.
- Staff knew about risks associated with people's care and had completed training to manage people's risks and keep them safe. This included, helping people to move, and administration of medicines.
 - People confirmed staff knew how to manage risks. Some people used equipment to help them move. A relative told us, "[Name] seems perfectly relaxed with them [care staff] using a hoist, they talk to her all the time and reassure her." A staff member told us about their training to use a hoist, they said, "It was a bit scary being hoisted but it helped to know how people feel so you can reassure them."
 - Some people required their skin to be checked to make sure it remained in good condition. Care plans reminded staff to check people's skin on each visit and apply prescribed creams to prevent deterioration. A staff member told us, "One of the people I visit is at high risk of pressure sores. They don't have any but we ensure they are wearing pressure relieving boots as a prevention." Records confirmed staff checked people's skin as required and referred any changes to the family, district nurse or GP.

Staffing and recruitment.

- There were sufficient staff to ensure people received all their care calls, at the times agreed and from staff they knew.
- Most people told us staff arrived when expected. One said, "Always. I did have a hold up once, they rang me and said they'd be with me in 10 to 15 minutes, and they were." Two of the 15 people we spoke with said their calls were not as consistent as they would prefer. We spoke with the managers and co-ordinator about these people's calls. They were aware of this and explained the reason why this had happened. The managers were keeping this under review.
- Staff had enough time to provide all the support people required which ensured people received the

service they expected. One staff member told us, "We never have to rush, we can take our time and do things properly." People confirmed staff stayed long enough to do everything required. Comments included, "Yes, they stay long enough and before they go they always ask if there is anything else you need doing."

- The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Staff recruitment files showed Disclosure and Barring Service (DBS) checks and references had been obtained before staff started work.

Using medicines safely.

- Where people were supported to take their medicines this was recorded in their care plan.
- Staff had been trained to administer medicines and completed competency assessments to make sure they understood how to manage medicines safely.
- Staff signed a medicine administration record (MAR) to confirm that medicines had been given.

Preventing and controlling infection.

- Staff understood their responsibilities in relation to infection control and hygiene.
- People confirmed staff washed their hands and wore disposable gloves and aprons when required. One staff member told us, "We always wash our hands and wear gloves and aprons that we throw away so we don't spread infection from one person to another."

Learning lessons when things go wrong.

- Staff understood the importance of reporting and recording accidents and incidents so planned care could be adjusted and people remained safe.
- The management team reviewed accidents and incidents to prevent reoccurrence and to identify any learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to ensure their needs could be met.
- Information from assessments was used to develop care plans which were shared with staff to help them understand people's needs.
- People were involved in their assessments. One person told us about their assessment, "Two people came, one was a supervisor and the other a care worker. We talked about what I needed ... it was very supportive."
- Care records documented the support people required.
- People's needs were kept under review to make sure they continued to be met.

Staff support: induction, training, skills and experience

- People received effective support from a small team of trained staff who knew them well. One person told us, "I think they are [well trained] they know how to move me, ... they have been trained in how to use the rotunda. I feel very secure with them."
- Staff felt supported in their role; they received an induction when they first started to work for Care Associates, which for staff new to care included the Care Certificate. The Care Certificate is the nationally recognised induction standard.
- Staff completed ongoing training, and received one to one meetings to support and guide them with their work. Training courses included specific training to meet people's individual needs.
- Staff spoke positively about the training they completed. A staff member told us about their dementia care training, "This was face to face and it was really good. It teaches you how to provide person centred care and how dementia affects people in different ways. It is all about putting people first."

Supporting people to eat and drink enough to maintain a balanced diet.

- Staff made sure people who required support with their nutritional needs had sufficient amounts to drink to remain hydrated. People told us staff made them drinks during their visits and left them with a drink before leaving. One person said, "They always make me a cup of tea when they arrive, and they leave another cup when they go and some water."
- Risks associated with people's eating and drinking were assessed. Guidance on how to manage identified risks was recorded in care plans for staff to follow.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care.

- Most people we spoke with made their own health care appointments or had family who supported them to arrange these. One person told us, "I make my appointments, but I know the carers [staff] would help me if I asked."
- Staff monitored people's wellbeing, such as their general health, and informed families or referred people to health care professionals if they identified concerns. One person told us, "I have a sore on my leg and one of my carers said it didn't look so good. She said I should have someone look at it and reported it to the office. I saw a doctor following this and the nurses come twice a week now to dress it. It was the carer who pushed for it, so that I did something about it."
- Staff knew what action to take in an emergency to keep people safe. One staff told us, "If someone is poorly we always ring the office, so they can let the family know and write it down in the book. If serious we call an ambulance. We always wait with the person until the ambulance comes. We have to give details to paramedics, so it is important we are there especially if the person is on their own."
- The management team and staff worked in partnership with health and social care professionals to improve outcomes for people. Such as SALT (Speech and language therapists), GP's and district nurses.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

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

- The registered manager understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
- People using the service made daily decisions for themselves, or with the support from relatives and staff.
- Staff understood the principles of the MCA. One told us, "MCA is about a person's ability to make decisions, I always offer choice. All my clients have capacity and can tell me their choices and preferences."
- People confirmed staff sought their consent before they provided support. One person said, "We chat about what I want when they get here. We agree it between us, then we get on."
- Records demonstrated people's consent to care was sought and people's rights with regards to consent and making decisions were respected by staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity.

- People spoke positively about their care and described staff as kind and friendly. Comments from people included, "They are excellent, very kind." "They are friendly, it's lovely to have sunny faces coming in every day."
- Staff understood how to treat people well and this was reflected in their practice. For example, a relative told us, "They're lovable, it's the way they approach her with smiles. They say, 'hello sweetheart', it's like family."
- People felt valued because staff took an interest in them and demonstrated they cared about them. One person told us how staff had supported them when they were unwell. "My [family member] couldn't get me on the phone. So, they contacted the office and they sent a carer to check. The carer came out, she found me and got the paramedics to me straight away."
- Staff enjoyed their work. One told us, "I really enjoy my job, I enjoy the people I visit, they are lovely people and I love caring for them."
- Staff told us they had time to sit and talk with people. One told us, "We have time to sit with people and have a chat. You can't rush in and be like right let's go and just get on with the job. You need to build up trust with the person and have a relationship, make them feel at ease which is important when providing personal care to people." People confirmed staff had time to talk with them, "We talk all the time, sometimes we sit and talk when she arrives, I enjoy that." And, "They do chat all the while, we have some lovely conversations, it makes my day."
- People's individual life style choices and values were respected. One staff member told us, "It is important that you do things how people want them done. We all have our little quirks and things that are important to us."
- Staff respected people's diversity. One staff member told us about one person they visited, "You must take your shoes off due to their religion, I respect that."

Supporting people to express their views and be involved in making decisions about their care.

- People felt involved in their care. One person told us, "I would say I'm involved I make the decisions." Another said, "I've got to be (involved). I've got to be in control, it's my life, my home, my health and they respect this."
- Staff took time to listen to people. One person told us, "I tell them (care staff) every morning what I want doing first, they are very good at listening. They do everything I ask."
- Staff understood how people communicated. A relative told us, "Staff talk to [name] who is deaf and can't speak. You can tell by the smile on her face and facial expressions she's okay with them."

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity and respected their privacy. One person told us, "They [staff] are very kind and patient when they talk to me. They treat my home well too, they don't assume they can do what they want." Another said, "The first thing they do is close the door and pull the blinds down. I never feel embarrassed, we get on with it, they are very good."
- People were supported to maintain their independence and to continue to do things for themselves. One person told us, "It's important that I do as much as I can myself, I need to feel I can still do things. They help me to dress and shower. I do everything else."
- Staff knew how to promote people's privacy and independence. One told us, "I always cover people with a towel when helping with a strip wash. With one person I use two towels as he likes to be warm as he really feels the cold." Another said, "I always ask [name] what help he needs and I encourage him to do what he can otherwise he will lose the skills."
- People's confidential information was securely stored.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care and support was planned with them when they started using the service. Each person had a care plan in their home for staff to follow.
- Care plans provided staff with information about how to support people in a way that met their likes, needs and preferences. A staff member told us, "There is a care plan in people's home, it tells you what to do and how to care for people and what their routines are. There is a communication book where we record everything that we do. It is so important as it helps the next carer know, as we can't call each other after every visit."
- Care records supported staff to provide the care people required to keep them safe and well. For example, plans explained how to move people safely and reminded staff to check pressure areas where people were of risk of skin breakdown.
- In one plan the information about pressure area management lacked detail to ensure this was consistently managed by staff. The registered manager said they would amend this.
- Most people said they received their care calls at the time expected, by staff they knew. Comments from people included, "It's the same ones who come, it's nice getting to know them."
- Staff knew people well, and each person had a standard rota that showed their calls were allocated to consistent staff at regular times. People understood the times staff arrived at could vary depending on the previous call or traffic hold ups.
- Staff reported any changes or concerns about people's care to the office staff, so they could take action. One staff member told us, "If we see someone is struggling we report it to [care co-ordinator] and they arrange for the person to be assessed." They went on to tell us about one person where they had raised concerns about how the person was moved. "We reported this to the office and action was taken. [Person] now has a hoist and is a lot safer."
- The management team regularly visited people to discuss their care. Where changes had been made information had been shared with staff and people's care records updated.
- Staff knew how to support people's diverse needs. For example, one person was supported to attend a place of worship to practice their faith. Some staff spoke people's first language which was not English.
- Information was available in different formats, such as large print or other languages if required. This was in line with the 'Accessible Information Standard' which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

Improving care quality in response to complaints or concerns.

- Systems were in place to manage and respond to any complaints or concerns raised.
- People knew how to raise complaints and had been provided with complaints information when they started to use the service.

- People said they had no cause to complain but were confident any issues they raised would be addressed. One told us, "I would complain if I had to, I'd probably ask my son to do it though, he remembers things better than me."
- The managers regularly checked people were happy with the service they received so any concerns could be dealt with quickly.
- Complaints were recorded and the action taken to resolve them was in line with the providers policies and procedures.

End of life care and support.

- The service provided support to people who chose to spend their final days in their own home.
- Where people had chosen to share their wishes in relation to end of life care this was recorded in their care plan.
- At the time of our inspection, no one using the service received end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires Improvement: Service management was inconsistent and did not always support the delivery of high-quality, person-centred care. Legal requirements were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- At the last inspection we rated well led as 'Requires Improvement'. The registered manager had not always submitted notifications to us in a timely manner. Record keeping required improvement and the providers quality assurance processes had not been implemented consistently. At this some inspection improvements had been made but further improvement was required.
- The registered manager had submitted notifications as required since the last inspection. However, we discussed the circumstances of one recorded incident. At the time of the incident the registered manager did not need to notify us, but on receipt of further information we should have been informed. This was an oversight by the registered manager who immediately submitted the notification.
- The procedure for auditing completed medication records was not consistently effective. There were gaps on one person's medication records because staff had not signed to confirm when medicines had been given. The registered manager checked the records and explained the reason for the gaps. However, the gaps had not been identified during the audit. There was no evidence that action had been taken to prevent reoccurrence and to support staff to ensure they followed the correct procedure.
- Daily records staff completed during people's calls were checked when returned to the office. We viewed a sample of returned daily records. Not all staff had recorded the times they had left people's home. The registered manager told us, "Timesheets are electronic, you can only see if times are consistent by checking the times recorded in the daily records." As times were not always recorded the managers were unable to check times corresponded with the electronic timesheet, to confirm staff had stayed the required time to provide the care people required.
- The provider understood their responsibilities and the requirements of their registration. For example, they understood the need to be open and honest when things went wrong so lessons could be learnt. Their latest CQC rating was displayed on their website as required.
- Staff understood their role, they enjoyed their work and felt supported by their managers. One said, "The managers support me, my line manager is [name] she listens and is a good manager. She gives good advice if I am ever unsure what to do."
- There was an 'on call' system at evenings and weekends so staff working outside office hours always had access to management support and advice. Staff told us the 'out of hours' worked well. One said, "The on-call phone line is always open and always answered, we have the mobile number and they always answer or call you back." Managers had a 'handover' each morning to discuss anything the 'on call' had received.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Care Associates Ltd had a stable, experienced management team who people and staff described as 'approachable, available and supportive'.
- People were satisfied with the service they received. Comments from people included, "I'm very happy, they're lovely to me," and, "I couldn't manage without them."
- The provider's quality assurance processes put people at the centre of their care. The management team visited people regularly to discuss their care, observed staff practice in people's homes, sent six monthly questionnaires to people, and carried out regular audits of the service.
- Some people were supported to access community activities to support their well-being and prevent social isolation. A staff member told us, "Twice a month I take someone to a social group. It is nice to involve people in their community." Other people were supported to attend community groups for people living with dementia, such as dementia cafes and 'singing for the brain."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care.

- People thought the service was well managed. They told us, "It's very good. I can't think of anything they could do better," and "I think it's being managed extremely well, it all works like clockwork for me."
- Feedback from people, relatives and staff was encouraged through meetings, reviews of care and surveys. Feedback was used to support continuous improvement.
- The provider employed an external auditor to analyse and collate survey responses and any recommendations were actioned by the registered manager.
- The management team held monthly meetings where they discussed any issues relating to people or staff and to identify if improvements were required.
- Staff attended regular individual meetings and staff meetings which gave them the opportunity to discuss any issues of concern and share their views and suggestions. One staff member said, "We have supervisions which I find very useful, I had one two weeks ago, I have them every three months. We have team meetings and share ideas."
- Staff had requested during individual meetings that they would like a newsletter to as another way of sharing news and information. The registered manager told us the first newsletter would be ready by Easter.
- People were provided with telephone numbers so they could contact the office in an emergency. One person told us, "There is always someone in the office, I get straight through. They have been helpful and if they say they'll get back to me with something, they always do."

Working in partnership with others.

- The management team had developed positive working relationships with people's families and health and social care professionals which assisted in promoting people's physical and mental health.