

Careville Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Careville Limited is a domiciliary care agency providing personal care to people living in their own homes or flats. At the time of the inspection, the service provided support to two people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were not supported in a consistently safe manner. Risk assessments did not provide clear guidance for staff to reduce identified risks. The registered manager had supplied an action plan after the previous inspection. However they had failed to make the necessary improvements to ensure that care was delivered in a safe and effective manner.

Medication administration records (MAR) and daily records were not always completed accurately. This meant it was not clear if people had received the required level of care to keep them safe.

Staff pre-employment checks had not been completed. This meant the provider had not checked staff suitability to support people. This was an area requiring improvement which the provider had previously been told to take action but had failed to do so.

There was a lack of provider oversight and management at the service. The registered manager had failed to recognise their responsibility to ensure the delivery of care was of a high quality and safe. The quality assurance processes in place were not robust and did not drive improvements in the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however the policies and systems in the service did not support this practice. Care records did not clearly detail if people had capacity or how staff should support them in making decisions.

Staff had received COVID-19 training. Relatives told us they felt assured by staff who were observed wearing appropriate personal protective equipment (PPE). This included facemasks, gloves, aprons and face visors.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 8 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. This service has been rated as requires improvement for the last two

consecutive inspections.

At this inspection we found the provider had not made improvements and was still in breach of regulation.

Why we inspected

We carried out an announced comprehensive inspection of this service on 20 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve management of safety risks and recruitment processes.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Careville Limited on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment; fit and proper persons employed and good governance.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective..

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Careville 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

This inspection was announced. We gave the service 72 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 April 2021 and ended on 5 May 2021. We visited the office location on 26 April 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We looked at all the information which we hold about the service including notifications. This information helps support our inspections. We used all this information to help plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one relative about their experience of the care provided. We spoke with four members of staff including the registered manager and care staff.

We reviewed a range of records. This included one person's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management:

At our last inspection the provider did not have robust systems in place to show safety was managed effectively and people were safe from harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 12.

- Although the provider had made improvements to risk assessments since our last inspection, these did not consistently provide guidance for staff to follow to reduce risk. For example, one person's records identified a risk to skin integrity but they did not have an associated risk assessment in place. This meant there was a lack of information available to guide and direct staff to provide safe and effective care.
- Another record identified a risk of physically harming others but did not have an associated risk assessment in place. The lack of information placed people at risk of harm.
- Care plans contained information regarding medical conditions. For example, dementia, however these did not detail the specific care and support required for people who lived with these or other medical conditions, and the risks that may be presented to people or staff.

We found no evidence that people had been harmed. However, the provider did not have either effective or robust systems in place to demonstrate that risk was managed, and people were safe from harm. This was a continued breach of Regulation 12 (Safe, care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- We looked at one person's Medicine administration records (MAR). This record had not been fully completed and contained gaps and missing entries with no rationale provided.
- There were no records in place for prescribed cream to confirm creams had been applied as directed by the prescriber
- There were gaps in people's MAR charts and daily care records. This meant there was not consistent evidence of the support provided and that people's needs had been met.

We found no evidence that people had been harmed. However, the provider did not have either effective or robust systems in place to demonstrate that medicines had been administered as prescribed. This was a

further breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to complete robust pre-employment checks. This placed people at risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 19.

- One staff file contained significant gaps in employment history which had not been explored by the registered manager. Within another staff file there were discrepancies of dates within references. These had not been identified or explored by the registered manager.
- The lack of robust recruitment checks meant the registered manager could not be assured of staff's suitability to work in the role for which they had applied. This placed people that used the service at risk of harm.
- This issue had been found at our last inspection. The registered manager had failed to make the necessary improvements.

We found no evidence that people had been harmed however systems in place were not robust and failed to ensure staff were recruited safely. This was a continued breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2004 (Regulated Activities) Regulations 2014.

- A relative told us that staffing was consistent.
- Staffing levels were safe. Rotas reviewed demonstrated no missed or late calls.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had policies and procedures in place to safeguard people from harm and abuse.
- Staff told us they had completed training on how to prevent and recognise signs of abuse and felt confident in reporting concerns to the registered manager and relevant external organisations.
- One staff member told us the company app on their phone contained the contact details of the local authority and Care Quality Commission (CQC) to enable them to raise concerns about abuse should they have any.

Preventing and controlling infection

- A relative told us that staff wore appropriate personal protective equipment (PPE) at all times.
- Staff told us they had received training about infection control. This included COVID-19 and the safe and correct use of PPE.
- Staff told us they had access to PPE and were able to request additional supplies when required.

Learning lessons when things go wrong

- The registered manager told us there had not been any incidents or accidents. Should incidents occur they would be reviewed, and the findings used to drive improvement. The registered manager told us they had introduced a communication sheet to capture conversations held between people, relatives, professionals and the registered manager. This was shared with staff and discussed during team meetings.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

At our last inspection we recommended the provider consider current guidance on MCA and deprivation of liberty to ensure their records clearly reflected the people's current situation and that guidance was clearly documented in people's care files. At this inspection there was no evidence that this had been completed.

- Care plans and records did not contain evidence of people's capacity and had limited information regarding how to support them with decision-making. For one person, the registered manager told us they were working with professionals in making an application to the court of protection, however there was no information in their records to demonstrate this.
- People's records did not evidence consent had been sought for the provision of care and support.
- Staff members had received training in the MCA, however their knowledge on what this meant was variable and required further development.

We found no evidence that people had been harmed however records lacked information to support decision-making. There was an increased risk that people would be deprived of their rights. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2004 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider consider current guidance on staff induction, development and support to ensure staff have the right level of training to fulfil their roles and competency of their practice assessed prior to starting work. At this inspection this had not been completed.

- A staff induction process was in place and included a range of training and shadowing. This was to be followed up by senior staff completing a check of the new staff members understanding and ability to complete their role safely via a competency check.
- Induction and competency records were not consistently completed for all staff. This meant that it was not clear if staff had completed an induction process and were deemed safe and competent in their role.
- We requested copies of competency checks to be shared with us however these were not provided.

We found no evidence that people had been harmed however there was a failure to ensure systems were in place which demonstrated staff skills and training met the requirements of their role. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2004 (Regulated Activities) Regulations 2014.

- Staff told us they found the induction process provided them confidence to complete their role.
- Staff told us that refresher training was completed online.
- Staff told us the registered manager conducted spot checks of their practise at work to ensure this was safe.
- Staff told us they received regular supervision. These meetings provided opportunity for staff to discuss with the registered manager any development and training needs, well-being and any concerns or issues they may be experiencing.

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

- The registered manager met with people and their families to assess their needs prior to starting with the service. Information captured within care plans was person centred and detailed individual likes and preferences.
- Staff told us they used the information to guide them when delivering care and support

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

- People's care plans and risk assessments identified levels of support required with food and drink where necessary.
- Staff had completed training in food hygiene and were knowledgeable in applying this to their role.

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

- Staff supported people to access health professionals in a timely manner. Communication sheets detailed actions taken by staff. This included health referrals made and correspondence with relatives regarding any concerns, as well as outcomes of any health professional visits.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The quality assurance processes in place were not robust in identifying and addressing the failings of the service found during this inspection. We found care plans, risk assessments, MAR charts and staff files that were incomplete or inaccurate. These issues had not been identified by the registered manager.
- There were no robust auditing systems in place for care plans, risk assessments, staff files or MAR charts.
- The registered manager told us they were introducing a new electronic recording system to address missing information in medication administration records. However audit action plans viewed did not detail actions taken or planned to address the issues we identified within staff files or risk assessments.
- Recruitment documentation received by the provider in 2021 had been back dated to 2018 to appear to be compliant with the providers own recruitment policy. The registered manager acknowledged they had altered the documentation to appear to be compliant with their own recruitment policies. We were not assured of the registered managers knowledge of their responsibilities and requirements of their role.
- There were no formal or informal processes to gather feedback from people with view to making improvements and driving change.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate effective management oversight or support continuous improvement of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Information in care records was written with a person-centred approach and included individual likes and preferences.
- Staff spoken with were familiar with people's needs. Staff spoke with passion and motivation about the people they supported.
- Staff told us they felt supported in their role and able to approach the registered manager and management team with any concerns. One staff member told us, "The manager gives us help when we want it." Another staff member told us, "The manager is supportive, approachable and always listens."

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

- A relative told us they had been involved in the assessment and care planning process.
- Staff told us team meetings, during the COVID-19 pandemic had been held using video conferencing. These meetings provided opportunity for government guidance and updates to be shared.
- Action plans were not robust in driving change and improvement. The registered manager told us they were planning to introduce new systems to assist with improving audit tools and systems.

Working in partnership with others

- One relative told us they spoke weekly to the registered manager and felt confident they would be contacted if there were any concerns.
- The provider worked with health professionals including doctors and community teams to ensure people's health needs were met appropriately

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not safely managed and did not ensure people were protected from the risk of harm. Medicine administration charts were not completed accurately. Regulation 12 (1) (2) (a) (b) (c) (g)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured sufficient recruitment checks had been completed prior to staff starting work. Regulation 19 (1) (a) (b)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place were not robust in monitoring the quality of the service. Audits did not identify areas requiring improvement. Regulation 17 (1) (2) (a) (b) (c) (e) (f)

The enforcement action we took:

Warning notice sent to provider requesting they address breached identified within regulation 17 at this inspection.