

Team Carita DCS Limited

Surrey

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Surrey is a domiciliary care agency providing care and support to nine people living in their own homes. At the time of the inspection nine people using the service were receiving personal care. Not everyone who used the service received personal care. The Care Quality Commission (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

At the last inspection the agency did not always provide a service that was safe for people to use and staff to work in. This was because recruitment procedures were not robust, and we were not assured that staff were recruited in a safe way to keep people as safe as possible. Staff files were not fully completed and were missing some pre-employment key documents.

At this inspection staff files were fully completed including pre-employment key documents.

The agency provided a safe service for people to use and staff to work in with sufficient staff to meet people's needs and support them appropriately. This meant people could live in a safe way and enjoy their lives. There were enough staff who were appropriately recruited with required checks carried out. People using the service and staff had risks to them assessed, monitored and updated as required. The agency reported, investigated and recorded accidents, incidents and safeguarding concerns. Medicines were safely administered. The agency met shielding and social distancing rules, used Personal Protection Equipment (PPE) safely and effectively and the infection prevention and control policy was up to date.

The agency culture was open, honest and positive with transparent management and leadership. The statement of purpose clearly defined the agency vision and values, that staff understood and followed. Staff were aware of their responsibilities and accountability and they were willing to take responsibility and report any concerns they may have. Service quality was regularly reviewed, and changes made to improve the care and support people received. This was in a way that best suited people. The agency had well-established working partnerships that promoted people's needs being met outside its remit to reduce social isolation. Registration requirements were met.

### Rating at last inspection

The last rating for this service was requires improvement (published 20 August 2019) and there was one breach of regulation. The agency completed an action plan after the last inspection to show what they would do to improve and by when. At this inspection we found improvements had been made and the agency was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check the agency had followed their action plan and to confirm

they now met legal requirements. At the last inspection staff recruitment files were incomplete. A decision was made for us to inspect and examine the risks associated with this issue.

CQC has introduced focused/targeted inspections to follow up on previous breaches and to check specific concerns. We undertook a focused inspection approach to review the key questions of Safe, Effective and Well-led where we had specific outlined above.

As no concerns were identified in relation to the key questions is the service Effective, Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. 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 Surrey on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Surrey

## 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 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 inspection was announced and took place on 16 February 2022. The service was given 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke in person with the registered manager. We contacted four people and their relatives, four staff and one health care professional, to get their experience and views about the care provided. We reviewed a

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included training information, and audits. We received the information which was used as part of our inspection.

# 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 now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were suitable numbers of staff who were appropriately recruited.
- At our last inspection we were not assured that all the necessary recruitment procedures were being followed to ensure appropriate staff were employed. 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 we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- The service had a recruitment procedure in place and records showed that it was followed. There was an interview process that contained scenario-based questions identifying prospective staff's reasons for wanting to work in health and social care, skills, experience and knowledge. Before being employed, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. The DBS helps employers make safer recruitment decisions. There was also a probationary period with reviews and an introduction to people using the service for new staff, before commencing work. People and their relatives confirmed that needs were flexibly met by suitable numbers of staff and the staff rotas and way they were managed, demonstrated this. One person said, "Happy with the service, staff seem well-trained."
- Staff files confirmed the recruitment process and training had been completed. Staff were provided with a handbook.
- People were supported by staff in small hubs, to promote continuity of care and reduce footfall. During handovers the agency facilitated discussions that identified best outcomes for each person, including things that didn't work. Staff received quarterly supervision and an annual appraisal.

### Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- Staff were enabled to support people by using risk assessments and care plans. This meant people could take acceptable risks and enjoy their lives safely. One person said, "We were involved in the care planning."
- Aspects of people's lives covered by risk assessments included health, activities and daily living. They were regularly reviewed and updated as people's needs changed. Staff knew people's routines, preferences and identified situations in which people may be at risk. They acted to minimise those risks. One person told us, "The carer [staff] does what is needed, when it is needed."
- There were policies and procedures that explained how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were aware of the lone working policy to keep them safe.

- People who displayed behaviours that others may find challenging at times, had clear records of incidents, plans in place to reduce those incidences and staff were trained in de-escalation techniques. Records showed that action was taken, as required and the advice of specialist professionals sought when necessary.

Systems and processes to safeguard people from the risk of abuse

- The agency had systems that safeguarded people from the risk of abuse.
- People and their relatives said they thought the service was safe. One person told us, "I feel this is a very safe service."
- Staff were given training that enabled them to identify abuse and the action required, if encountered. They were aware of how to raise a safeguarding alert and when this was needed. There was no current safeguarding activity. Staff could access the agency safeguarding, prevention and protection of people from abuse policies and procedures.
- Staff explained to people how to keep safe and specific concerns about people were recorded in their care plans.
- The agency gave staff health and safety information and training that included general responsibilities, safety in people's homes and travel and transport.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were encouraged and supported to administer their own medicine.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons.
- The agency provided COVID-19 updates for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

We have also signposted the provider to resources to develop their approach good infection, prevention and control (IPC) from the NHS.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Safeguarding concerns, accidents and incidents were reviewed to ensure themes had been identified and any necessary action taken.
- Each person had a small dedicated group of staff that where possible supported them. The agency facilitated discussions that identified best outcomes for each person, during handovers and virtual meetings including things that didn't work.



# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The agency culture was open, honest and positive. People and their relatives told us the registered manager and staff were approachable, listened to them and did their best to meet people's needs. A relative commented, "If there is a problem and someone can't get here on time, they always let us know." A staff member told us, "I can always get hold of [registered manager and the co-ordinator]."
- The services provided by the agency were explained to people and their relatives so they were clear about what they could and could not expect of the service and staff. Field staff told us they were well supported by the registered manager, office staff and each other.
- There was a clear vision and values, that staff understood, and people said were demonstrated in staff working practices. They were explained at induction training and revisited during mandatory training. The statement of purpose was regularly reviewed. One staff member said, "We understand what is expected of us."
- The lines of communication were clear and specific areas of responsibility regarding record keeping were explained.

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 agency was aware of their responsibilities regarding duty of candour.
- There was a transparent management reporting structure and the registered manager and co-ordinator were available to staff.

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

- The registered manager and staff were clear about their roles and its importance. A staff member told us, "We understand what is expected of us."
- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required.
- The agency care planning system provided appointment scheduling, rotas and people's details. This kept staff, people who use the service and their relatives updated. Data was collated to update and improve services provided. One person said, "We know who to expect and when to expect them."
- Field staff were contacted by the registered manager and co-ordinator to provide support and this enabled staff to give the service that people needed. Meetings regularly took place to discuss any issues that

had arisen and other information, such as staff who may not be able to attend calls, any tasks that were not completed and why. A staff member told us, "If there is a change they let us know."

- The agency had an active quality assurance system that contained key performance indicators which identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Areas that required improvement were then addressed. Monitoring and quality assurance audits took place at appropriate intervals. Audits included daily logbooks, support plans, risk assessments, medicine administration records, and complaints. The agency was also required to provide monthly performance monitoring reports to the local authorities it was contracted with. The staff files and data base contained recruitment, training, performance and development information.
- The agency identified areas for improvement to progress the quality of services people received, by working with them and health professional partners, to meet needs and priorities. Integrated feedback from organisations was used to ensure the support provided was what people needed including district nurses and GPs. This was with people's consent. The agency also worked with hospital discharge

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff gave their views about the service provided and the agency worked in partnership with them. Their views were sought by telephone, visits to people, spot checks and feedback questionnaires and surveys. The agency identified if the feedback was required to be confidential or non-confidential and respected confidentiality accordingly. Information was relayed to people using the service and staff that included updates from NHS England and the CQC.
- The agency had an equality and diversity policy, that gave a commitment to ensure that people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.
- Staff received annual reviews, regular supervision and there were virtual staff meetings that covered priorities such as COVID-19 and PPE training including infection control, high-risk health and risk assessments.
- The agency policy of relevant information being shared with appropriate services within the community or elsewhere maintained community-based health services links, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals.

Continuous learning and improving care

- The agency improved care through continuous learning.
- The agency kept people, their relatives and staff informed of updated practical information such as keeping safe guidance and PPE good practice.
- Audits identified performance shortfalls that required attention and progress made towards addressing them was recorded. The registered manager and co-ordinator were also in daily contact with staff.
- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed.