

Care 77 Limited

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Inspection report

Unit 11, Dana Trading Estate
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14 June 2021

15 June 2021

17 June 2021

18 June 2021

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19 August 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Care 77 Limited is a domiciliary care agency which provides personal care to people in their own homes. At the time of the inspection 58 people were receiving a personal care service. People had a variety of health needs and some people had physical disabilities. 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

Some improvements were needed to the care plans and risk assessments for complex needs such as diabetes and catheter care, to ensure appropriate guidance was available. We found no evidence that people were harmed, and staff were able to tell us how to care for people with these needs.

Improvements had been made to recruitment processes. Staff had received all relevant checks before starting at the service and a new audit system helped the management team to monitor this. People and their relatives felt there were enough staff and were on time for care calls, anytime a call was late, they were kept informed. People told us they felt safe with the care they receive and knew who to go to if they had any concerns. Staff were able to identify potential signs of abuse and how to report any concerns.

Shortfalls were found at our last inspection in relation to checks and audits. We found similar concerns on this inspection, where audits completed did not identify issues related to diabetes and catheter care. Staff were positive about the management team and felt supported in their roles. People and their relatives felt the service was managed well and knew how to contact the manager if they needed too. The registered manager worked with others to provide joined up care for people. New quality assurance systems have just been introduced to help the management team have better oversight of the care provided. The registered manager had plans to improve the service and worked on a service improvement plan.

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 26 February 2020. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We carried out an announced comprehensive inspection of this service on 17 December 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check they had followed their action plan and to confirm whether they met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 has remained the same. 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 Care 77 on our website at 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.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Care 77 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

The inspection was carried out by two inspectors.

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

We gave a short period notice of the inspection because we wanted to speak to some people who use the service before we attended the registered office. It also meant we were able to review a variety of documents off site. We visited the office location on 14 June 2021.

What we did before the 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 spoke to six people who use the service to gain some feedback about the care they receive. We contacted the local commissioners who work with the service to gain feedback of their experience. We used all of this information to plan our inspection.

During the inspection

We spoke with another eight people or their relatives who used the service about their experience of the

care provided. We spoke with nine members of staff including the nominated individual, registered manager, senior care workers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including quality assurance documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at new quality assurance processes and risk assessments that had been introduced following the site visit.

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 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; Learning lessons when things go wrong

- At our last inspection we identified robust guidance had not been available in care plans for people living with diabetes or catheter care. We found similar issues on this inspection where risk assessments did not include guidance for these complex health needs. Staff were able to tell us how they looked after people and we found no evidence that people had been harmed. This has been reported on further in the Well led section of this report. Following our inspection, the registered manager had put in place more in-depth risk assessments for these complex health needs.
- Risk assessments were in place for people which included general health risks. These were reviewed when changes occurred or when someone had been in hospital.
- Staff had access to people's risk assessments which helped them care for people. A staff member told us, "Yes they have risk assessments in place, they helped me especially when someone is new." Another staff member said, "They all have risk assessments in place, it is good for the new carers, or when we have been on holiday to keep us up to date."
- Risks to staff were considered and managed. Environment such as access and pathways were included in risk assessments. This gave staff information about safely accessing the building, especially in the dark.
- Accidents and incidents were looked at to ensure measures could be put in place to prevent reoccurrence. For example, an accident had occurred when a member of the care team tripped on a paving slab on the way into someone's house. They were not harmed but the management team informed the family of the issue and advised all staff to use a torch to prevent reoccurrence. Any accidents or incidents are recorded on forms and audited by the provider to ensure appropriate action had been taken.

Staffing and recruitment

At our last inspection the provider had failed to ensure an effective and safe recruitment process. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Improvements were made to recruitment and safe processes were followed. At our last inspection we identified shortfalls where staff had started employment without relevant pre-employment checks being carried out. On this inspection all pre-employment checks were complete before staff began working at the service. These checks included a current Disclosure and Barring Service criminal records check (DBS). New

management audits were in place to oversee recruitment checks to ensure all checks had been completed appropriately.

- People and their relatives felt there were enough staff and were on time to calls. One person told us, "Oh yes there are enough staff, there are occasions where they have been held up, but I've done the same thing. Generally, they are always here." A relative told us, "Yes they are pretty good at timings, I usually get a call if they are going to be late, but they haven't for a while as they have been on time."
- Staff felt they were given enough time to complete their care calls and were enough staff available. A staff member told us, "I think the staffing levels are good at the moment, I have plenty of time to do what I need, if I need to stay longer I just call the office and they will let my next person know." Another staff member said, "We are not rushed or anything like that, our clients are understanding."

Systems and processes to safeguard people from the risk of abuse

- People who use the service told us they felt safe with the care they receive. One person told us, "I feel safe and reassured that the carers are coming, especially as I live on my own." Another person said, "Oh very much so, I feel very safe."
- Staff knew how to recognise and report signs of abuse. One staff member told us, "I would look out for behavioural changes or even bruising. I would report straight to the manager if I had concerns."
- Systems and processes were in place to protect people from abuse. Policies were in place to guide staff and the provider acted and reported allegations of abuse to the local authority. Investigations were carried out where necessary and recorded in a safeguarding log.

Using medicines safely

- Some people using the service received support with their medicines from care staff. Staff were able to tell us how they supported people and the process they followed.
- The service held medication administration records (MAR) for each person. These were used to record when a person has been assisted with their medicines. We reviewed a selection of MARs and staff were using these appropriately to record when medicines had been administered.
- The service had a policy and procedure in place for staff to follow. The registered manager monitored staff competency on administering medicines through regular spot checks. A log for medicine errors was in place and appropriate action had been taken where necessary.

Preventing and controlling infection

- Staff had been trained and understood the importance of using personal protective equipment (PPE) especially in the current pandemic. Staff we spoke with told us what PPE they used which was following current guidance, this included face masks. Staff said they were able to get more PPE from the office if they run out.
- People and relatives, we spoke to told us staff were using PPE consistently. A person told us, "Yes they always wear the right PPE, they've always been pretty good at that." A relative said, "Yes we have never had any concerns."
- The provider had issued 'COVID-19' questionnaires to people and their relatives. This was to gather feedback from people on how they felt supported during the pandemic. A question around staff wearing appropriate PPE on care calls was included to help with management oversight.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At our inspection in December 2019 checks and audits had not been effective in identifying shortfalls in recruitment processes and guidance for diabetes and catheter care. Though improvements had been made in the recruitment process there continued to be shortfalls in the guidance for staff relating to diabetes and catheter care. Checks and audits remained ineffective at identifying these shortfalls identified on inspection which enabled some risks to remain unaddressed until we highlighted them.

The registered persons had failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us details of a new quality assurance system to enable a more in-depth oversight of the service. New audits for people's care plans, care notes and medicine records had been introduced. This is to help the management make improvements and ensure people are receiving effective care. We will check this when we next inspect.

- The manager understood their role and regulatory responsibility. They understood that important events such as death had to be reported to the Care Quality Commission (CQC). Notifications had been made appropriately.

- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the agency can be informed of our judgements. We found the registered manager had clearly displayed their rating within the registered office.

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

- People and their relatives felt the service was managed well and knew where to go if they had concerns. One person told us, "[Registered manager] is the manager, I know how to get in contact if I had concerns, but I haven't so far. As far as I'm concerned, I believe the service is well managed." A relative told us, "Yes I really do think the service is well managed, I can't praise [registered manager] enough to be honest."

- Staff we spoke to were positive about the management team. A staff member told us, "I think they are absolutely doing a good job." Another staff member said, "They are very kind. I feel really supported, they move things around to help accommodate you as well."

- The management team found ways to boost morale and praise staff for the work they do. Staff were recognised when they had gone above and beyond and received vouchers to say thank you for their hard work during the pandemic. All staff receive a gift card to spend for their birthday.
- The registered manager was clear of their responsibilities under the duty of candour. They were open and transparent when things went wrong and had an internal system for recording incidents. Lessons were learnt and staff were always informed when changes were made.

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

- We reviewed various ways in which the service gained feedback from people who use the service. A recent analysis of people's feedback identified people were happy with the care they received. Where scores were slightly lower, calls were made to people to see where they could improve.
- Staff meetings were held regularly to ensure staff were kept up to date. Any changes to people's care needs were communicated and staff had an opportunity to feedback concerns. Management used the meetings to praise staff for their hard work.
- We contacted local commissioners that work with the service to feedback on their experience. Feedback was positive and comments included, "I have found the service very helpful and supportive, the care staff have a kind, caring approach." And, "I can always depend on their full co-operation when I need to gain information from agency workers and office staff. I have also been impressed how care staff interact with people and have a 'person centred' approach."
- The registered manager told us about how they worked with another local agency to provide effective care for a person. The managers at both services liaise with each other to ensure positive outcomes are achieved.

Continuous learning and improving care

- The management team are always looking at ways to improve care they deliver. They work on an improvement plan which includes areas for improvement and how they plan to do it. For example, communications, what areas are not working so well and what action they plan on taking.
- The registered manager told us about plans to introduce fish and chip Fridays. The service is planning to provide a free service where they deliver fresh fish and chips for people on a quarterly basis.