

Careshaw Ltd

CARESHAW LTD

Inspection report

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Tel: 01754768029

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Ratings

| | |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Overall rating for this service | Inadequate  |
| Is the service safe? | Inadequate  |
| Is the service effective? | Requires Improvement  |
| Is the service caring? | Requires Improvement  |
| Is the service responsive? | Requires Improvement  |
| Is the service well-led? | Inadequate  |

Summary of findings

Overall summary

About the service

CARESHAW LTD is a domiciliary care service which provides care and support to people living in their own homes. At the time of the inspection, there were twenty-five people receiving care and support. 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

We found evidence of ineffective systems and processes regarding how the provider delivered and monitored the quality and safety within the service. This meant there was limited oversight of the safety of the safety of people being supported.

Risks to people's safety were not always identified, assessed and managed. The provider's failure put people in the service at risk of harm. Medicines were not managed safely and in line with best practice guidance.

People were not always protected from avoidable harm or abuse. Not all staff received training relating to safeguarding and did not have good knowledge of this. People were being charged for more care hours than they received.

People were not protected from the risk of infection and some staff failed to follow the national guidance about wearing Personal Protective Equipment (PPE). People did not have COVID-19 care plans in place or risk assessments for those at higher risk of adverse effects from the virus.

There were no processes in place to monitor care calls delivered for people which were often cut back in time. The culture of the service sometimes lacked professionalism. Staff and people spoke highly of the registered manager.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People did not always have person centred care plans in place. There was a lack of evidence around people's cultural needs.

The provider had a complaints policy in place but had received no formal complaints. Some staff received

end of life care, however, there were a number of staff who had not. The service supported people who were reaching or at the end of their life.

The service worked with other agencies and communicated well with both people using the service and staff. The provider had carried out criminal record checks on all staff. Staff meetings were held to discuss areas of improvement.

Staff supported people to maintain independence. Peoples feedback was regularly sought. The service sent out a regular newsletter. People told us staff knew them well and were kind and caring.

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

Rating at last inspection

This service was registered with us on 27/03/2020 and this is the first inspection.

Why we inspected

We carried out this inspection because the service had not been inspected previously.

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 person centred care, safe care and treatment, safeguarding and governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

CARESHAW LTD

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 team was made up with one inspector and one assistant 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

We gave the provider just under 24 hours' notice. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 15 February 2021 and ended on 25 February 2021. We visited the office location on 24 February 2021.

What we did before the inspection

We reviewed information we had received about the service since they were registered with us. We reviewed information, we had requested from the provider in relation to staffing, people's care, training data and the overall management of the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the provider/registered manager, the manager, a team leader and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and call monitoring logs.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were a lack of effective systems and processes in place to protect people from the risk of harm and abuse. A review of training records showed eight out of fifteen staff, had not received safeguarding training.
- We spoke with four members of staff during the inspection, who failed to describe what safeguarding meant and how to protect people from harm and abuse. This meant there was a risk that staff would not identify potential safeguarding concerns or indicators of avoidable harm and abuse and would not escalate these appropriately.
- People were charged for more hours of care than they received. We reviewed the care call records of four people against the invoice issued by the provider and all four people were charged for more care than they received. For example, one person was charged for 24 hours and 30 minutes of care in one week, when the person had only received approx. sixteen hours of care. We raised these concerns with the registered manager and the local authority.

We found no evidence that people had been seriously harmed. However, the safeguarding systems were not effective to ensure all people using the service were prevented from receiving unsafe care and treatment and avoidable harm or risk of harm. This is a breach of Regulation 13 (Safeguarding service users from abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, the provider told us of the steps they had taken to mitigate the risks we had identified. These included amending people's contracts to reflect, people would only be charged for the time the staff member attended to support them, if less than commissioned by people.

Assessing risk, safety monitoring and management

- People were at risk as systems and process were not in place to protect people from harm. Risk assessments were inadequate. This meant there were no preventative strategies put in place which increased the risk of harm to people.
- One person had Diabetes and staff were taking blood sugar checks each day. However, there was not a robust risk assessment in place to guide and inform staff of what the person's blood sugar level should be and what interventions to take if the blood sugar was not in range. This meant there was a risk staff would not take the appropriate action required to keep the person safe.
- One person was at high risk of skin damage. There was no assessment of risk in place to reflect this or measures, which could be implemented to reduce the risk to the person.
- Another person, who was cared for in bed, had multiple care needs. The risks associated with the persons care and support had not been identified and assessed. This included; the risk of skin breakdown, social isolation, malnutrition and dehydration.

Using medicines safely

- Medicines were not always managed safely and systems in place were not always effective to support safe administration of medicines. Medicines stocks were not reconciled to ensure any errors were identified in a timely way.
- There was a lack of sufficient evidence to suggest people always received their medicines. One person's Medicine Administration Record (MAR) for January 2021, showed three medicines had not been signed for throughout the day. We reviewed the person's care records for these call times and the staff had not documented any information about medicines. Therefore, we could not be assured the person had received their medicines on this occasion.
- Several MAR charts did not contain enough information for staff to administer medicines safely to people. For example, one person was prescribed eye drops. The MAR chart did not detail the type of eye drop prescribed, frequency of administration and which eye it was to be administered in..
- Personal information, such as allergies was not stated on the MAR charts. This could increase the risk of medicines being given to a person, which they were allergic to.
- Where people were prescribed 'as needed' medicines, there was no protocol in place. This meant there was no information available to staff describing the circumstances in which this medicine may be required.
- The provider had recently implemented an electronic system. However, medicine times had been in putted incorrectly for people's medicine times. This meant there were gaps where outcomes of administration had not been recorded and no notes to explain they were not required. For example, the person self-administered.

Preventing and controlling infection

- People and staff were not always protected from the spread of infection. During the inspection, staff working in the office did not wear a face mask. As these staff all provided care and support to people living in the community, they should have worn a face mask. Therefore, they were not working in line with national guidance.
- The provider had not identified people who could be at higher risk of more significant effects of COVID-19. There were no COVID-19 care plans or risk assessments for people receiving care from the service or for staff who could be at a higher risk of adverse effects from contracting the virus. For example, people who had degenerative health conditions.
- In the provider's business continuity policy and procedure, there is a section for people's needs to be prioritised in case of an emergency or crisis. This is a tool to identify the priority of people's care requirements and vulnerability. This had not been completed, even though the duration of the COVID-19 pandemic had been nearly 12 months and is still on going.

The provider failed to ensure they were doing all that was reasonably practicable to mitigate risks to people. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received infection control training and had been assessed to put on and take off Personal Protective Equipment (PPE) safely. There was a large stock of PPE at the office, where staff could obtain this from.

Staffing and recruitment

- The provider had carried out a criminal record check on all staff working in the service. However, references in place lacked validity. This is covered in the well-led section of this report.
- Most staff had received training. However, there were some gaps in training records. The registered manager said this was being addressed with staff.

- There were enough staff to provide care and support to people using the service and travel time had been scheduled between calls for staff.

Learning lessons when things go wrong

- Where the registered manager had identified areas of improvement this was discussed in team meetings to address these shortfalls.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant there were some shortfalls in people's care, support and outcomes.

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.

- People's mental capacity had not been assessed where required and best interest decisions had not taken place. People's consent for care was not sought and applications to the court of protection had not been made by the provider.
- One person had a diagnosis of advanced dementia and lacked the capacity to make their own decisions. The person struggled to communicate verbally and express themselves. There were no capacity assessments in place to assess the persons level of capacity around different aspects of their care. Nor was there any evidence of a best interest decision. The consent section of the care file had been left blank with a comment on which stated, 'dementia'.
- Only four staff had received training around MCA. We spoke to staff who lacked knowledge around MCA and failed to tell us what this meant and how they apply the principles of MCA in practice. One staff member commented, "We don't have people with those kinds of issues."

The provider had failed to uphold people's rights under the Mental Capacity Act (2005). This was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager failed to conduct their own robust needs assessment for people prior to accepting new placements for the service. We discussed this with the registered manager, who told us they get needs assessments from local authorities and local commissioning groups. A welcome visit was complete where they decided what care calls would be required for a person. However, this was written on the back of an enquiry form and was not person centred covering all aspects of the persons abilities and

support requirements.

Staff support: induction, training, skills and experience

- Staff received an induction into their role and were provided with some training. There were some gaps in training records. However, we discussed this with the registered manager, who told us they were working on bringing staff up to date.
- The registered manager had appointed a staff member to a senior role. However, their previous experience did not indicate they had the sufficient skills to carry out their role and delegated responsibilities. This is covered in the well-led section of the report.
- The management team carried out spot checks on staff to ensure they were competent in their role. Competency areas covered care, medicine administration and infection control.

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

- Some people using the service required support from staff with the preparing their meals. People told us staff do this when they are supposed to. One person said, "The staff sort my meals out because I can't do it myself."

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

- Staff worked with other agencies to promote better outcomes for people. For example, social workers.
- Staff told us they would contact health care professionals if the person who they were supporting required attention.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Only one member of staff had received training relating to equality. This meant that staff may be unable to identify people's protected characteristics and not be able to support them in line with this.
- Where people were able to complete tasks, such as take their medicines themselves. Staff supported the person to do this. For example, getting the medicines out the packet for them or prompting them when a medicine was due to be taken.

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

- Some people who used the service had a diagnosis of a cognitive impairment which affected their ability to make decisions about their care and daily living. Their consent and capacity had not been considered. This is covered in the effective section of this report.
- Regular surveys were sent out to people using the service and feedback about their experiences was sought. This enabled the registered manager to know if people were happy with the support they received.
- The service sent a newsletter regularly to people using the service. To enable the manager to develop this, they consulted with people, to understand what they wanted to see in the newsletter. This is created based on people's preferences.

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

- People told us staff supported them well. One person said, "The staff are good." Another commented, "They [the staff] are kind and caring."
- One person described how they required more care and the service was able to accommodate this. They told us, "I had care from another company before, this company are much better. I have increased my calls. I have no complaints."
- Staff told us they felt they knew people who they supported well.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some people did not have full care plans in place describing their care needs and detailing support required from staff. This meant staff were at risk of providing the incorrect care and support to people.
- Where a person had advanced dementia, required full assistance with care from more than one carer and had limited verbal communication to express themselves, there was no care plan in place to enable staff to provide safe care in a person-centred way.
- One person had a moving and handling care plan in place, which stated they mobilised using a hoist. However, in the daily routine section, it detailed how staff could use the hoist safely. When we spoke to the registered manager about having the information in the moving and handling care plan, they told us, they are no longer mobile. Therefore, their care plan was not reflective of the persons needs and placed them at risk of being supported incorrectly by staff.
- Peoples medical information was not always recorded accurately. For example, one person's care file stated they had two health conditions as part of their medical history. However, we identified in other information about the person, they have other health conditions which could impact their current care support and pose a risk to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careers.

- As some people did not have care plans in place, there was limited information relating to people's communication needs.
- We spoke to the manager who told us where one person, is unable to communicate well, they explain each step of the care and support as they deliver it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We were unable to find evidence of people's cultural needs and how they are supported.
- Staff support people with social calls and support them with household duties. This is to avoid social isolation.

The provider had failed to ensure people's care was planned in a person centred way. This is a breach of

Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Each person had a care file which contained a 'routine' section. This to provide staff with an overview of the tasks and some support the person required on each call.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which described how a complaint would be handled. However, the registered manager told us they had not received a complaint during the time the service has been registered.
- People told us they were happy with their care and knew how to raise a concern if they needed to. People knew who the registered manager of the service was and knew how they would contact them if required.

End of life care and support

- Some staff had completed their end of life care training. However, there were six members of staff who had not received this. This meant there was a risk staff would not be providing the right support for people, appropriate to the end of their life.
- The service supported people who were approaching and had reached the end of their life.
- The provider had a care planning document to support people during this time, which included what was most important to the person and how they wanted to be supported.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- There were ineffective quality assurance systems in place to monitor quality of the service. Quality audits were carried out but failed to identify areas of improvement. Some audits were delegated to a senior member of staff, who did not have the experience and skills to complete these as a delegated responsibility.
- A care plan audit was carried out on a person's care file in December 2020 by the team leader. They had ticked to say robust risk assessments were in place and care plans were person centred. However, we found, there were no meaningful or robust risk assessments in place, nor were there care plans associated with their care requirements.
- The registered manager did not have full oversight of the quality assurance processes in the service and had delegated some audits to the team leader to complete. These had not always been checked; therefore, they had not realised the ineffectiveness of them.
- References relating to staff lacked validity. There were two references completed for a staff member, which had been completed in the same handwriting. We discussed this with the registered manager, who told us the receptionist had completed these over the phone with the referee. However, it was not indicated on the reference documents and the receptionist had signed the person's name and role in the appropriate place. Additionally, the registered manager had provided two of the members of staff with references as they had worked together before or had known each other. This meant, there was a lack of oversight relating to meaningful references and evidence of character from other parties.
- There was no system in place to monitor care calls. We reviewed care call information relating to October 2020 and January 2021 and found that between 36-39% of care calls delivered were cut back by 30% or more. This meant people were not receiving their assessed call time needed. The registered manager did not have knowledge of this.

The provider failed to have quality systems and processes in place to assess, monitor and mitigate the risks relating to health, safety and welfare of service users, or have systems to improve the quality and safety of care. This is a breach of Regulation 17 (Good governance)

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

- The culture in the service did not always promote professionalism. We spoke to people who used the service who told us they knew the staff well. However, two people told us they had most of the staff as

friends on Facebook. This is not in line with the providers professional boundary policy.

- The registered manager was passionate about caring for people and was open to the feedback given during the inspection and wanted to improve. The registered manager said, "We always put the clients first."
- People and staff spoke highly of the registered manager. One staff member commented, "[Name of registered manager] is fair and approachable." A person told us, "[Name of registered manager] is lovely, she will do anything to help."
- The registered manager told us they had not received any complaints or accidents and incidents over the last eleven months.

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

- The service provided people with a regular newsletter, informing people of changes, new staff recruits and a cross word. Additionally, each time the newsletter was sent out, people using the service would send a picture of their animal in as part of being involved in the wider community. It was colourful and contained photos.
- The registered manager held regular staff meetings, where there was an agenda. This was also to aid communication with staff.
- Staff working with other agencies to provide care for people. Such as; Clinical Commissioning Groups (CCG's), social workers and charity trusts.
- The service conducted regular charity fund raising events. They had supported a local food bank and were currently holding an Easter raffle for a charity who supports people who have been diagnosed with Cancer.

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 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure a robust needs assessment was completed for people using the service. Additionally, the provider failed to ensure there were robust, person centred care plans in place to people who received care and support. |

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure risks associated with people's care had been identified and mitigated. The provider failed to monitor medicines using robust processes. The provider failed to ensure people were protected from the risk of infection and failed provide information to staff on how people most at risk of COVID-19 can be supported safely. The provider failed to ensure measures were in place in case of an event which stopped the service from running safely.</p> |

The enforcement action we took:

We imposed a condition on the providers registration.

| Regulated activity | Regulation |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal care | <p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to ensure staff were fully training in safeguarding and had the knowledge to identify potential harm or abuse. People were being charged for more care than what they received.</p> |

The enforcement action we took:

We imposed a condition on the providers registration.

| Regulated activity | Regulation |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure they had robust systems and processes which effectively identified shortfalls in the service. The registered manager did not have oversight of quality of the service.</p> |

The enforcement action we took:

We impose a condition on the providers registration.