

Camli Care Ltd

Camli Care LTD

Inspection report

Camli Care, 320 Newark Road,
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11 May 2022
13 May 2022

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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

Camli Care Ltd is a home care agency providing personal care to people living in their own home. At the time of the inspection they were supporting 72 people. The service provides support to adults who may be living with dementia or a physical disability.

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 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; the policies and systems in the service supported this practice.

People received their care at the time they wished, and staff had the time to get to know people well. People saw the same staff consistently to enable them to build relationships. The provider work with people and their families to ensure the support provided met their needs and kept people safe.

Staff had received the training needed to provide safe care for people and the provider encouraged and supported staff to grow in their roles.

Risks to people were identified and action taken to keep people safe. Staff wore protective equipment to control the spread of infection and medicines were safely managed.

The provider worked to ensure the service was available to people at a reasonable cost and provided a safe space for people who used the service and staff with protected characteristics.

The provider has systems in place to monitor the quality of care provided and included the views of people using in the service to drive improvements.

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

Rating at last inspection

The last rating for this service was good (published 8 August 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the overall management of the service and the safety of the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key

questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Camli Care 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 Health and Social Care Act 2008.

Inspection team

The inspection was completed 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager was also the provider who owned the service. We have referred to them throughout this report as the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 11 May 2022 and ended on 13 May 2022. We visited the location's office on 11 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we visited the Provider's office and spoke with the provider, a care coordinator and a senior carer. After the office visit we telephoned three staff to ask them about their experience of working for the provider. We also telephoned two people who used the service and three friends and relatives to gather their views of the care provided.

We looked at the care plans and medicines records for four people. We also looked at records relating to the management of the service including three people's recruitment records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to keep people safe from abuse and were able to describe when and why they would raise concerns. They were confident about reporting any concerns to the provider and had access to contact details for the local safeguarding authority.
- Staff were aware of people's wishes at the end of their lives and the information was available for staff in people's homes. This ensured information could be shared with other healthcare professionals and people's wishes respected when they were vulnerable.
- Information on safeguarding was available in the documentation kept in people's homes. This meant they and their relatives would be able to raise concerns with the safeguarding authority if needed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and care was planned to keep people safe. For example, where people needed support to move safely, care plans listed the equipment needed and number of staff to support the person. Team leaders had received training in how to plan people's care and complete risk assessments of people's needs. This ensured care plans and risk assessments were of a high standard.
- Systems were in place to ensure any changes in people's needs were handed over to the staff who cared for them. Team leaders completed a handover at the end of each day that all staff could access for information. Additionally, there was a senior member of staff on call 24 hours a day if staff needed advice or support on how to provide safe care. Staff also told us they had access to people's care plans and so could review them when needed, for example, when visiting a person, they had not supported before.
- Systems were in place to monitor staff activity. Team leaders checked that all staff had made it to their first call of the day and were on duty. They also checked in with staff thought-out their shifts to ensure everything was going well.
- Incidents and accidents were reviewed immediately to see if any changes were needed to individual care plans. Monthly reviews were also completed to see if there were any patterns in the incidents which changes in care could address.

Staffing and recruitment

- People told us they could rely on the service and that staff were normally on time. One person told us, "Absolutely Fantastic They are lovely. They never let me down and always turn up. Been with them over 2 years and I am pleased as punch with them." Another person told us, "If they are going to be more than 15 minutes late, they will ring and let me know. They are usually pretty good on time."
- People said they had a consistent group of staff who cared for them and knew their needs well. One person said, "99% of the time I see the same staff." Staff confirmed care rounds were well planned. One member of staff said, "Yes feel like have enough time to care for people. Have own round which is local and get to know

people."

- Staff had received the training they needed to provide safe care. If they were new to care they were required to complete the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff confirmed that the provider had followed safe recruitment processes. All the staff we spoke with confirmed that they had not been allowed to start work until they had received a disclosure and barring service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff confirmed that they had received training in how to administer medicines safely. Before being allowed to administer medicines alone they had their competency checked by a senior member of staff.
- Accurate record of medicines administration had been kept. People told us that staff supported them with their medicines in a timely manner and made sure they were taken.

Preventing and controlling infection

- People confirmed that staff were using protective equipment in line with government guidelines. One person said, "they [staff] always put masks on before they come into the house."
- Staff told us there was plenty of protective equipment available for them to use.
- The provider ensured testing COVID-19 was being completed in line with the latest government guidelines.
- The provider had policies in place on how they would support a person with COVID-19 while maintaining the safety of staff and other people using the service.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 provider told us they strongly believed all people deserved high quality care. They ensured the service they provided was costed at the same level as the local authority service, so they were not too costly for people. There was a minimum 30-minute call time as the provider felt good care could not be rushed.
- All the people we spoke with praised the quality of the care they received and told us the care provided was personalised to them and met their needs. One person told us, "They carers I have a really good. One is perfect. They do everything you want and more sometimes." A relative said, "There is a wonderful carer who goes three afternoons and. They have built up a wonderful relationship with [Name]. They will potter around and do a bit of housework and will get [Name] to eat."
- Relatives told us they worked with the provider and were included in all the decisions made. They felt the provider helped them navigate the social care system when they were not always sure where to go for support. One relative told us, "Any concerns, I would pick up the phone to [the provider]. We worked together with making decisions."
- The provider had ensured staff were supported so they were able to provide the best care possible to people. This included access to a well-being hub, support to access further training and flexible working to fit in with their lives. They paid enhanced rates at weekends and bank holidays to show staff they respected their willingness to cover shifts. The provider had an employee of the month award to show staff their efforts were appreciated.
- The provider worked to support staff's safety especially when they were working alone. The system they used had an emergency button which would alert all the managers the staff member needed urgent support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- When people started to use the service they were asked for their feedback. If there were any concerns the provider would arrange for a senior member of staff to attend one of the care calls to observe staff and to identify if there were any areas where care needed changing.
- People were surveyed to gather their views of the care provided. The last audit had been completed in October 2021. It had identified some concerns around staffing levels. The provider took action to recruit more staff by offering a recruitment bonus and for staff to get a bonus for referring a friend to work for the service. This had resolved the issue and allowed the provider to expand.
- People and staff were supported to be open about themselves and staff respected people's wishes. This

included protective characteristics, such as; sexual orientation, cultural beliefs and disabilities.

- Staff told us they were confident to raise any concerns with the provider and that action would be taken to resolve their issues. Staff received regular supervision, however they told us they were able to raise concerns at any time. One member of staff told us, "When I go into office [the provider] will always ask how it's going and if there are any people I am finding it difficult with. They [office staff] are very welcoming and any problems they are on the phone or you can go in and speak to them."

Continuous learning and improving care

- The provider kept themselves up to date with best practice guidance and changes in legislation by networking with other providers and engaging with the local care association.
- The provider was aware of national initiatives and identified who they could support the care provided. For example, they asked all staff to become a dementia friend. A dementia friend is somebody that learns about dementia so they can help their community.
- The provider was looking to grow the business; however, they were adamant this would not affect the quality of care they currently provided. They had increased the number of care staff to take on extra work. They had identified they could not continue to manage the service to a high quality while focusing on increasing the business. They had employed another manager to support them and staff to continue to deliver high quality care.

Working in partnership with others

- The provider was taking over the support of some people from another care provider. They had worked with the care provider to establish people's needs and to ensure they could cover the care calls needed.
- The provider also worked with the local NHS and social care organisations to support people's needs. For example, one person was ready to be discharged from hospital. The provider was working with health and social care professionals to identify the person's increased needs as a previous discharge failed when the person was unable to be safe at home.

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

- There had been no incidents in the service which required the provider to follow their duty of candour processes. However, the provider understood their need to be open and honest about events in the service and had policies in place to support them.
- Relatives told us they felt the provider kept them up to date. One relative said, "They are so good at keeping me up to date and communication is fab and I can ring them any time. They are tip top."

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

- The provider had taken action to comply with the regulatory requirements. The provider had notified us about events which happened in the service.
- There were effective audits in the service, this allowed the provider to monitor the quality of care provided and to make improvements when needed.