

Caerus Lifecare Limited

Caerus House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Caerus House is a domiciliary care service registered to provide personal care to people in their own homes and to people in supported living settings, so that they can live in their own homes as independently as possible. The services they provide include personal care and housework. At the time of inspection, the service provided personal care to one person. 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

Improvements to documentation, systems and management of the service had been made. The registered manager acted on previous concerns and implemented systems and processes to help ensure people received safe quality care.

The person using the service was unable to speak with us due to their needs. The person's relative spoke highly of the service and the care provided to their family member. They were confident that their family member was well looked after and safe when in the presence of care staff.

Systems were in place to protect people from abuse. These included safeguarding policies and appropriate training for staff. Personalised risk assessments helped keep the person safe and supported their independence.

Safe recruitment procedures were complied with. The suitability of staff was assessed before they were recruited to support people using the service.

Suitable infection control practices helped to prevent and control the spread of infections including COVID-19.

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.

The person received consistent care from regular care staff who had a good understanding of their care needs and preferences. Care staff were punctual and stayed the agreed amount of time.

People received an assessment of their needs and preferences. Care plans developed from these assessments provided the information and guidance staff required to ensure people's individual needs were met in the way they wanted. Care plans were person centred.

Staff received appropriate training to carry out their role effectively.

Quality checks monitored the care and support provided to people so that improvements to the service were made when deficiencies were found.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 May 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Caerus House

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 team consisted of 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 CQC 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.

Notice of inspection

We gave the service two working days' 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.

Inspection activity started on 29 June 2022 and ended on 6 July 2022. We visited the location's office on 29 June 2022.

What we did before the inspection

We reviewed the information we had received about the service since it was registered with the CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the visit to the office we met and spoke with registered manager. We reviewed a range of records which related to people's individual care and the running of the service. These records included one person's care records, one staff personnel record, policies and procedures relating to the management and quality monitoring of the service.

As the person using the service was unable to speak with us, we obtained feedback from this person's relative. We also spoke with one care staff. We contacted one social care professional for their views of Caerus House, but at the time of the completion of this inspection report, had not received a response.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Staffing and recruitment

- Our previous inspection found a breach of regulation. This was because the service did not consistently carry out appropriate Disclosure and Barring checks (DBS) for newly recruited staff. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. During this inspection we found the service had made improvements in relation to this.
- Since the previous inspection, the service implemented an external human resources management system. This system would flag up when a DBS was due to expire. The registered manager explained that this system enabled her to have oversight over staff.
- At the time of this inspection, the registered manager explained that she was also working as a care worker along with the care manager. We looked at one staff file which showed that this member of staff had been appropriately recruited. The service had carried out pre-employment checks to check their suitability before they started working with the service. This included obtaining references, identity checks and DBS.
- We discussed staffing levels with the registered manager. At the time of the inspection the service was providing care to one person. The registered manager was part of the care team and therefore carried out care support to this one person along with the care manager. She explained that at present, there were sufficient numbers of staff to meet this one person's needs. However, she was in the process of recruiting. She explained that since the pandemic, a number of staff had left the service but were now interested in coming back to the service. She was therefore in the process of recruiting them again and carrying out necessary checks.

Assessing risk, safety monitoring and management

- There were policies and systems in place to minimise the risk of people being harmed and to keep people and staff safe. The person's relative did not express any concerns about the person's safety when they received care and support from the service.
- Our previous inspection found that risk assessments lacked information about control measures and action required to reduce risk. During this inspection, the registered manager explained that she had reviewed risk assessments and amended these to include such information.
- We looked at the risk assessment for this one person. They had a detailed personalised up to date risk

assessment in place. These included risks associated with their personal safety, mobility, diabetes and home environment. Guidance was in place for staff to follow to manage identified risks, reduce the risk of the person being harmed, and to support their independence.

- The person's risk assessments were regularly reviewed and updated when the person's needs changed. These changes were documented and communicated to staff to ensure they had up to date information about managing risks and keeping people safe.
- The relative we obtained feedback from raised no issues with regards to care staff punctuality and attendance.
- Our previous inspection found that the electronic monitoring system used to monitor staff attendance was not always accurate when recording visit times and there were discrepancies. Since the last inspection, the registered manager had implemented a different monitoring system. This system logged when staff arrived at the person's home. They used an app on their phone to indicate when they arrived and when they left. The registered manager explained that this enabled the office to monitor and record punctuality in real time and ensure staff stayed for the duration of the visit. If a member of staff failed to log a call, this was then flagged up on the system so that the office was notified.
- The registered manager spoke positively about the electronic monitoring system and was confident that it would operate well when the service expanded. She explained that this system would enable her to have continuous oversight over visits.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to help safeguard people from the risk of abuse and to keep them safe.
- There was a safeguarding policy in place. This outlined reporting procedures and Caerus House's responsibilities in keeping people safe from the risk of abuse or avoidable harm.
- Our previous inspection found that there was a lack of documentation to confirm staff had completed safeguarding training. During this inspection, we noted that appropriate documentation confirming training was in available.
- The registered manager understood their responsibilities in safeguarding people at risk of harm. They knew to notify us and report to the local safeguarding team when abuse was suspected.

Using medicines safely

- The registered manager confirmed that the service did not currently administer medicines to people. We looked at what medicines management systems the service had in place in should they provide medicines support to people in the future.
- We noted that there was a medicines management policy in place and that the service had template Medication Administration Records (MARs) in readiness.

Preventing and controlling infection

- There were appropriate systems in place to prevent and control infection.
- Staff had received training in infection prevention and control (IPC). This helped them to follow good hygiene practices when providing people with care and support.
- The registered manager ensured that there were sufficient levels of personal protective equipment (PPE) they needed to minimise the risk of infections spreading.

Learning lessons when things go wrong

- We noted that no incidents or accidents had been recorded since the last inspection. This was confirmed by the registered manager. The service had a system to report, record and monitor incidents and accidents.
- The registered manager explained that incidents and accidents would be discussed during team meetings to ensure lessons were learnt so that this reduced the risk of similar incidents and accidents occurring in the

future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found systems were not robust enough to demonstrate staff were consistently supported. This was a breach of Regulation 18 (Staffing) 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 18.

Staff support: induction, training, skills and experience

- Our previous inspection found a breach of regulation. This was because there was a lack of evidence to confirm staff had been consistently supported through an induction, training and regular supervisions. During this inspection, we found the service had made improvements in relation to this.
- We looked at the training records for one member of staff and found that they had completed mandatory training.
- One person's relative told us they had full confidence in knowledge and abilities of care staff. This relative said, "I have observed that carers have been fully trained by the support and the care they provide."
- Our previous inspection found that there was a lack of evidence that supervisions and appraisals took place. During this inspection we saw documented evidence that supervisions took place monthly. The registered manager explained that as the service employed further staff, supervisions would take place every two months. Appraisals took place yearly.
- Our previous inspection found a lack of evidence that staff had completed an induction prior to providing care to people. During this inspection, the registered manager explained that she had devised and implemented an induction since the last inspection. We saw evidence of this induction which included important information about the service as well as information about procedures for staff to follow.
- One member of staff we spoke with told us they were well supported by the registered manager who they could contact for advice and support at any time.

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

- Information about dietary needs was recorded in people's care files. This included special dietary requirements and the required level of support with eating and drinking.
- At the time of the inspection, the service assisted one person with eating and drinking.
- We spoke with the registered manager about how the service monitored people's health and nutrition. She said that if she had concerns about a person's weight, she would contact all relevant stakeholders, including the GP, social services and next of kin.

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

- Records showed that people's needs were assessed at the start of the care package. The initial assessment involved the registered manager meeting the person and gathering information from them (if able to provide it) and where applicable others involved in their care. This assessment helped the service to determine if they had the right staff with the appropriate skills and abilities to support the person and meet their care needs.
- A detailed and personalised care plan was developed from the initial assessment and the commissioning local authority's support plan. This was reviewed and updated as staff got to know the person and when their needs and preferences changed. The care plan included personalised guidance for staff to follow to ensure the person received the care they needed in the way they wanted.
- Care support plans included some information about people's needs and their goals as well as action required by staff to help support meeting people's needs.
- Assessment of people's needs included the protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was consistently recorded.

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

- Systems were in place to support people to access health care professionals and services where required. The registered manager provided us with examples and evidence of where she had communicated with other health care professionals about the person's care and support needs. The registered manager told us that the service always tried to help and enhance people's lives where possible. This was confirmed by one relative who told us that the agency had supported their family member to access a pendant alarm, grab rails and a recliner chair as well as assistance with this person's pension.
- Staff completed notes for each visit, recording the care and support provided to help the service monitor and review people's progress.
- The person using the service received consistent care from regular care staff and this was confirmed by the person's relative.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- People were supported to make choices and decisions about their lives. Care records identified whether the person had the capacity to make particular decisions, which included daily living decisions.
- Staff completed training to help them understand the principles of the MCA. They understood the importance of gaining people's consent before providing care and support and promoting people's rights and choices. They knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's equality and diversity support needs were respected and promoted. Staff had developed a good relationship with the person they supported. This person's relative told us, "The carers are caring, patient, they give [my relative] choices, respect, dignity and kindness."
- Systems were in place to make sure people were well treated and respected. This included ensuring that staff received appropriate training and monitoring the experience of people receiving care.
- People received a tailored, personalised level of care that was centred around their individual needs, wishes and preferences.
- Equality and diversity needs were detailed in care plans. For example, the care plan detailed how staff should support person with practising their faith. Records confirmed that the person was supported to practise their faith as detailed in their care plan.
- The provider's assessment processes considered people's protected characteristics as identified in The Equality Act 2010. This helped to ensure that people's individual needs were understood and reflected in the delivery of their care.
- The registered manager spoke about the importance of care staff having empathy and being kind and caring. She explained that when recruiting staff this was a quality she looked out for when employing care staff.

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

- The service had processes in place to support and encourage people and their relatives to express their views and be fully involved in decisions about people's care.
- The registered manager maintained regular contact with the person's relative through telephone calls, spot checks, reviews of the person's care and other visits. She ensured that they had opportunities to discuss and provide feedback about the care that the person received. Records showed that helpful and encouraging feedback had been received about the service. The person's relative told us, "I am kept updated by phone and meetings. I feel confident to approach the manager of Caerus with any concerns."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- As part of the induction training, staff were reminded of how dignified care should be delivered. Staff knew the importance of addressing people by their preferred name and respecting people's cultural and/or religious needs and their individual preferences.
- The person's care plan was personalised. It included detailed information about the person's care needs

and preferences and clear guidance for staff to follow to ensure those needs were met.

- General data protection regulations were complied with; confidential and sensitive information was protected.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Our previous inspection found care support plans lacked detail and there was limited information about what support people wanted. Care plans were task focused and lacked information about people's preferences. During this inspection the registered manager explained that she had updated the format of care plans so that they were more person centred.
- We looked at the care support plan for the person receiving care from the service and noted that this was personalised and met the person's needs and preferences. The person's assessment and care plan showed that the service had obtained the information they needed from the person's relative and the commissioning local authority to ensure they received personalised care.
- The care support plan we looked at included a section titled 'personal story and background'. This included detailed information about the person's history and experiences and highlighted important information about their life.
- People's care plans included details about the choices the person was able to make and about the support they needed from their relative and staff to make others.
- Regular reviews of the person's care helped to ensure that staff were aware of, and responsive to any changes in their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The person's communication needs were understood and supported by staff. This information was clearly documented in the person's care support plan. This included information about this person's preferred communication method.
- The registered manager was aware of the importance of information being as accessible as possible to people and told us they would make sure information was always provided in a way people understood and needed, such as in large print.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. This was included in the information people received when they started receiving care. The registered manager had systems in place to support and provide people using the service and others, to make a complaint.

- The registered manager understood the importance of encouraging people and relatives to raise concerns as part of improving the quality of care people received.
- Staff knew any complaints and concerns about the service that were brought to their attention by people, people's relatives or others, needed to be recorded and promptly reported to the registered manager.
- There had not been any complaints about the service. The registered manager told us that they would ensure that any future complaints would be responded to promptly and effectively and any lessons learnt would be shared with staff.

End of life care and support

- At the time of the inspection there was no one receiving end of life care. The registered manager told us that before providing people with end of life care they would ensure staff received the training and support they needed to ensure people received personalised care at the end of their life.

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 requires improvement. At this inspection the rating has changed to 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 service had a positive culture that was person centred and inclusive which helped to ensure good outcomes for people were achieved.
- A person's relative was positive about the communication and support they received from the registered manager. This relative told us, "I would describe them to be caring and supportive. I have confidence in the management of the service Caerus provide."
- Staff we spoke with told us they enjoyed working at the service and felt well supported. Care staff we spoke with knew the person they supported well and had a good understanding of their care needs. They spoke in detail about this person's preferences.
- Staff spoke of good teamwork. One care staff we spoke with told us, "The support I get from [registered manager] is good. We work closely and keep each other updated with developments."
- The registered manager spoke passionately about the service and the aim to grow gradually and responsibly so that she was able to continue having clear oversight of the running of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Our previous inspection found that there were shortfalls in relation to staff recruitment, staff training, the electronic monitoring system for staff punctuality and attendance and care support plans.
- During this inspection we noted that the service had made improvements in all these areas. Appropriate staff recruitment and monitoring procedures were in place. The service had implemented a new electronic monitoring system which enabled the registered manager to have oversight over this. We also observed that care support plans had been reviewed and revised so that they were detailed and personalised.
- The registered manager encouraged staff to share feedback with her. Staff performance was monitored through regular one to one supervision.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- Staff received regular updates from the registered manager; this included up to date guidance on the COVID-19 pandemic.
- Policies and procedures were in place and updated when required to provide guidance to staff on how to deliver care appropriately.

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 registered manager was aware of duty of candour expectations, including informing people about any untoward incidents and knew the importance of being open and honest when something goes wrong.
- The registered manager knew what type of events they needed to notify us and other organisations about.

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

- There were systems in place that encouraged and supported staff, people and those important to them to be fully involved in people's care.
- The registered manager gained feedback about the service during telephone calls to the person's relative and during regular visits.
- The registered manager spoke about the importance of effective communication with health care professional involved in the person's care. Records showed that the registered manager had been in contact with the commissioning local authority about the person's needs.