

Care and Respite England Ltd

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Inspection report

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Date of inspection visit:

25 May 2021

02 June 2021

Date of publication:

06 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care and Respite England is a domiciliary care agency that provides personal care to people living in their own home. 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. At the time of the inspection there were 17 people receiving support with their personal care.

People's experience of using this service and what we found

The provider had no systems in place to audit the quality of the service and safe recruitment checks were not always in place or available during the inspection. Records relating to the undertaking of the regulated activity were not always available.

We recommend the provider reviews the legal requirements for the safe recruitment of staff and these records are accessible and available within staff files.

People received their medicines safely and care plans contained important information relating to what medicines people required and when. People were supported by staff who knew how to identify abuse and who to raise concerns with. People and relatives were happy with the care and support and all felt safe.

Staff had received their Covid-19 vaccines and were part of regular testing. The logging of the tests were not being undertaken so that the provider had a record of the test for monitoring purposes. Staff had access to plenty of personal protective equipment (PPE) and they knew how to use their PPE safely.

People, relatives, staff and professionals all spoke highly of the service. Various verbal and written compliments had been received about the care and support from the registered manager and the staff. People were supported by staff who gave them choice and control and who promoted their independence and treated them with dignity and respect.

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.

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 the 14 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time since the service registered with us.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Care and Respite England 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 consisted of one inspector and one Expert by Experience who spoke to people on the telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 notice of the inspection. We needed to be sure the provider or manager would be in the office to support the inspection. We also needed to arrange to speak with people and for documents to be sent to us.

Inspection activity started on 21 May 2021 and ended on the 2 June 2021. We visited the office location on 25 May 2021 and 2 June 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider sent us a completed provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people and five relatives about their experience of the care provided. We spoke with three members of care staff including the registered manager. We gained feedback from three professionals regarding the care people received.

We reviewed a range of records. This included three care plans and one person's medication records. We looked at three staff files in relation to recruitment and two staff supervision and appraisal records. A variety of records relating to the management of the service, including policies and procedures, incidents and accidents, safeguarding, written compliments and feedback were reviewed.



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 Requires improvement. 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.

Staffing and recruitment

- People were not always supported by staff who had checks completed prior to starting their employment. For example, one member of staff had no record of references being sought. The registered manager confirmed these had verbally been sought however there was no record of this conversation. Two other staff files we checked during the inspection had various missing documents such as no references, identification checks or contract in place. The providers recruitment policy confirmed, 'Where verbal references are sought these will be recorded and held on file until receipt of written references' and 'a DBS at enhanced level, which must include all original identification documentation as set out on the form as well as identity documents verified'. We were unable to access (during the inspection) all records relating to the safe recruitment of staff.

We therefore recommend that the provider reviews their recruitment procedures in line with their recruitment policy and legal requirements.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us when asked if they feel safe, "Yes, they are gentle". One relative told us, "Absolutely 100%, they just go above and beyond every time". The service had a safeguarding policy in place.
- People were supported by staff who had completed safeguarding training and who knew how to identify concerns and how to report these. One member of staff told us, "Abuse we look for, physical, mental, emotional, sexual, financial. I've got no concerns and if I did, I would go to (Name of registered manager), the local authority or The Care Quality Commission (CQC)".
- One concern had been identified and this had been reported to the local authority as appropriate.

Assessing risk, safety monitoring and management

- Risks to people and staff were monitored and recorded in people's care plans and risk assessments. One person's risk assessment needed updating to reflect risks posed by pets within the home environment. The registered manager updated this risk assessment immediately during the inspection.
- People's care plans contained risks relating to their mobility along with important information such as where utility points were should these need to be accessed for any reason.

Using medicines safely

- People received their medicines when required. Care plans provided guidance for staff to follow, including what medication people took and when. Body maps were in place confirming where topical creams should

be applied. However, one person's medicines administration chart (MARs) needed clarification if the person received their cream daily or as required because both were written on the MARS chart. The registered manager took immediate action and updated the MAR to confirm the cream was to be given as required.

- People's care plans had risk assessments undertaken to identify any risks relating to medicines management, this included any allergies.

Preventing and controlling infection

- Staff provided care in line with infection control procedures and the provider had an infection prevention and control policy in place.
- Staff wore personal protective equipment (PPE) as required and there was plenty of stock. Staff had a good understanding of what PPE to wear and when to change it. One member of staff told us, "We wear fresh gloves, aprons and masks each person and we always take them off before we leave and wash our hands".
- The registered manager confirmed staff were part of regular weekly testing. We reviewed the system and arrangements in place. The registered manager confirmed dates when staff had been tested, however due to the way the tests were logged there was no record of the member of staff logging the test against the providers organisation number. Following the inspection the registered manager confirmed they had addressed this and tests were being logged against the organisations unique code. Staff had received the Covid-19 vaccine.

Learning lessons when things go wrong

- No incidents and accidents had been recorded. The registered manager confirmed they reviewed all incidents and accidents and they had good oversight of any changes to people needs and environment as they regularly visited people to provide them with support. For example, they confirmed they were regularly updating people's care plans to assess if further measures were needed to reduce the risk of a fall or incident occurring.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they started to use the service. The registered manager confirmed they were responsible for undertaking these assessments.
- People's choices were sought and recorded in people's care plans. This included protected characteristics under the Equality Act 2010.

Staff support: induction, training, skills and experience

- People were supported by staff who received training to support people safely and effectively. Staff received training in moving and handling, privacy, dignity and respect, independence, equality and diversity, fire safety and food hygiene.
- Staff completed the Care Certificate. The Care Certificate is a set of standards which social care workers must adhere to in their daily working life.
- Staff felt supported by the registered manager with supervisions and an annual appraisal. We asked to review these documents during the inspection however the filing cabinet lock had been broken and we were unable to access the records. The registered manager following the inspection sent us two members of staff supervision and appraisal records. Supervisions and appraisals were an opportunity to identify areas of interest and any training and development needs.

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

- People were supported when needed to make meals and drinks. One person told us, "Yes, they will prepare something or put something in the microwave".
- People's care plans identified people's eating and drinking likes and dislikes. For example, one person's care plan confirmed how they enjoyed a coffee before lunch.

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

- People were supported by staff who worked effectively with other agencies to support people with their health care needs. For example, one health care professional told us staff sought advice from them when people's skin changed. They told us, "They will always alert the district nursing team to any changes in a patient's condition or skin integrity so that prompt action can be taken."
- Staff supported people to access health care when this support was needed. One person told us staff had sought getting district nurses and the doctor when required. They told us, "Yes, they have done (that)". One relative told us, "They have gotten me to the Dr when needed (them). I can't praise them enough".
- People were supported by staff who ensured people received support and treatment from health care

professionals when required. One health care professional told us, "I feel people get good, safe and effective treatment and that (name of registered manager) and her team often go above and beyond their duty".

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. 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

- Most people were able to make decisions for themselves. Where people needed support from staff to make daily decisions such as what to wear and what to eat staff demonstrated they gave people time to process the question along with visual prompts so people could make their own decision.
- People's care plans confirmed if people had capacity. Where people lacked the capacity to make their own decisions a mental capacity assessment and best interest decisions was in place within the persons care plan.

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 as Good.

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 and their relatives were supported by staff who were kind and caring and who treated them well. One person told us, "Lovely, cheerful, positive they joke and lift our spirits". One relative told us, "They are helpful, kind and caring. I can't fault them".
- People were supported by staff who knew them well and who respected their individual needs. One member of staff told us, "We don't discriminate against people's religion, sexuality, age, disability, race, ethnicity, they can all have their say".

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

- People were supported by staff who gave people choice. One person told us, "They do what I ask". Another person told us, "I used to always have porridge for breakfast but now I have toast because they asked me what I want". One member of staff told us, "I give people different choices. Sometimes I give them visual choices". Another member of staff told us, "(Name of person) comes to the kitchen to choose what they want to eat. I also give an option of having a shower or a bath."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who treated them with privacy and respect. One person told us, "They work very well when they (support with personal care) and cover (name) as much as they can". Another person told us, "They are very good. They ask and put the towel around me". Staff demonstrated examples of how they promoted people's privacy and respect. One member of staff told us, "If I'm providing personal care, I will use a towel to cover people when I'm not washing". They also told us, "I make sure that the door and curtains are closed". One health care professional told us, "I have been present whilst carers have been with a patient, and they always communicate well, and deliver care which promotes dignity and privacy."
- People were encouraged to maintain their independence. One person told us when asked if staff promote and maintain their independence. They told us, "Yes they do. I do as much as I can by myself. Another person told us, "Yes I brush my own teeth".

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 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

- People received care that was personalised and tailored to their individual needs. One person told us, "I was involved and my family". Another person told us, "Yes they have a good sense of humour and they have a jolly conversation". Another person told us, "Oh Yes. I try to undress myself and they are so helpful. They never rush me. It's the little things".
- People's care plans were personalised and contained important information about the person and their life. For example, care plans contained people's likes and dislikes, their life histories including if they had been married had if they had children, where they had lived and any employment history including any hobbies and interests.
- People's care plans were reviewed every few months or as required. The views of people and their relatives were sought. One relative told us, "I can't fault them. They were always there changing the care when ever it was required. They did a brilliant job".

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 carers.

- People were supported by the registered manager and staff who spent time explaining the service and what they could expect. People's care plans had a copy of the complaints policy and what people could expect from the service. At the time of the inspection no-one required their information in an alternative format, however the registered manager confirmed this could be arranged on request.
- People's care plan's contained important information, for example if people had any visual or hearing impairments.

Improving care quality in response to complaints or concerns

- People and their relatives were happy about the care they received. People told us, "I'm just very happy", "I am very happy, I don't want anything to change". One relative told us, "They are very, very caring and loving people. It makes a big difference to us".
- Various compliments had been received from people and their family. One compliment included, "We cannot thank you enough for the care and support. A truly quality service that goes above and beyond every day. Thank you".
- People had access to a complaints policy. People and relatives felt comfortable to raise any concerns with

staff or the registered manager. One complaint had been logged however there was minimal information about the complaint and what actions had been taken.

End of life care and support

- People received support with their end of life care from care staff who were compassionate and empathetic. One relative told us, "The staff were all amazing. We didn't know what to expect or who did what. But the staff were full of smiles and positivity from the moment they arrived we felt safe and secure with them. They had really good attention to detail and were brilliant at coaching us as a family through something we had no experience in". One Health and Social Care professional told us, "(Registered manager) and their team are a pleasure to work alongside. They are all professional and caring with patients and their relatives. They particularly excel in end of life care, providing great holistic support. We are very happy to work alongside Care and Respite England, they are a very accommodating team and always try their best to meet all of our requests." One relative had written to the service expressing their gratitude of the help and support they had provided to their loved one. The compliment said, "The service provided was exemplary when your partner is terminally ill and finally dies, what you require is a professional approach, delivered with humour and friendliness. Care and Respite provided this in full. I cannot thank them enough for making (Name of person) last weeks and days so comfortable".
- Important information relating to the person's end of life wishes and those professionals involved were recorded in the persons care plan.



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 Requires improvement. 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

- The provider had no robust quality assurance system in place that identified shortfalls found during the inspection. For example, we identified shortfalls relating to unsafe recruitment of staff, one person's risk assessment had missing information and one person's medicines administration chart had conflicting information recorded. There was no individual audit that specifically checked the quality of care plans, recruitment procedures and medicines administration charts. This meant shortfalls were not being identified and actions taken prior to our inspection.
- Records relating to the management of the regulated activities were not always available during the inspection. This meant we were not always able to access required paperwork whilst undertaking our onsite inspection activity.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager following our inspection confirmed staff files had a completed checklist that confirmed when staff had last had a spot check and appraisal completed.
- Following the inspection the registered manager confirmed confidential information was stored securely in one place.
- Following the inspection the registered manager confirmed all training would be updated onto a system where it was easier to audit.
- The registered manager was familiar with when to inform CQC of significant events and notifications as required by law.
- The registered manager was clear about their role and responsibilities. During the inspection they confirmed they were looking to make improvements to the running of the office with a new computer system and a new member of staff. They felt this would improve the running of the service and enable a better monitoring of systems.

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

- All staff, professionals and people felt there was a positive culture at the service. Staff told us, "We provide good, safe, care. I know I can call or text (Name) and they'll be there". One relative told us, "They are always polite and say goodbye and see you again". One health care professional said, "Our patients are usually full

of praise for the thoroughness of Care and Respite England staff".

- The registered manager confirmed the aim of the service was to, "Provide the highest quality of care in a personal and very professional open and honest way". They confirmed, "Nothing is a problem".

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

- People's feedback was sought through regular questionnaires. People's feedback was positive. Various compliments had been received from people and their relatives. One person had written to say; "The care that I and my family have received has been phenomenal. From the moment I came home from hospital I felt in charge of the support I received, and it was always provided in a personalised way with care humour and endless professionalism. After over 30 years as a carer myself, I was concerned about receiving care, it has been such a positive experience to receive support as it should be. The values of the agency and the manager shine through all of the staff team".
- Staff were happy and felt it was a nice place to work. One member of staff told us, "The office is always open, there is good support, it's a close team".

Continuous learning and improving care

- The registered manager confirmed they were always learning and adapting to changing practices and guidance. They confirmed during the pandemic things changed regularly and they were constantly sending out updates and changes to the staff.
- The registered manager attended registered managers meetings and meetings chaired by the local authority. They were also looking to refresh some of their training now that face to face training was available.

Working in partnership with others

- The registered manager and the staff team had a good working partnership with the local district nursing team. One health care professional told us, "We have a good relationship with the registered manager. Any medical concerns they will bend over backwards to help if we have any sudden care needs for our patients".
- The service worked in partnership with a number of organisations. This included the local authority, occupational therapists and rehabilitation service.

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 has been no incidents or accidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When an incident such as this occurs, the provider must act in an open and transparent way and apologise for the incident. The registered manager understood the need to be open and transparent if there was such an incident.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had no quality assurance systems in place that identified shortfalls found during the inspection.</p> <p>Records relating to the regulated activity were not always available during the inspection.</p> <p>Regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>