

Mr Richard Anthony Michael Bunce

Carrington Home Care

Inspection report

35 Bear Street
Barnstaple
Devon
EX32 7BZ

Tel: 01271344072

Date of inspection visit:
06 May 2021

Date of publication:
07 June 2021

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

Carrington Homecare is a domiciliary care agency providing personal care and support to people in their own homes. At present the service is supporting 36 people who live in and around the Barnstaple area.

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 and their relative said they were happy with the care and support they received from this service. One person said, "I have used them for a long time, and they are reliable and very good."

Since the last inspection the provider had introduced electronic care planning and recording of all care delivery. This had been a positive improvement. The system allowed the service to better track whether care and support was being delivered in line with people's agreed and assessed needs. This included whether they received their medicines on time.

Improvements had been made in respect of recruitment processes. This ensured only staff who were suitable to work with people who may be vulnerable were employed.

Improvements had been made to the quality systems and auditing processes. This ensured the provider was reviewing and monitoring the quality of care provided as well as the records and policies.

There were enough staff with the right skills and support to meet people's needs. People said their care workers arrived on time and provided care in a way they wished.

Staff were given supplies of PPE (personal protective equipment) and there were spot checks completed to ensure staff were using this appropriately.

Staff had received training in infection control, use of PPE and COVID-19. There was also a range of training being planned to cover areas of health and safety and to update staff where training may need to be refreshed.

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 31 March 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in

breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 4 February 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve on regulation 19 – fit and proper persona employed.

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carrington Home Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Carrington Home Care

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

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.

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 service 24 hours' 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 6 May 2021 and ended on 17 May 2021. We visited the office location on 6 May 2021.

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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We visited the registered office and spoke with the registered manager/provider, office manager and care manager. We reviewed three care plans, three recruitment records and training and supervisions records. We also reviewed a range of documents relating to the running of the service. This included policies and protocols in relation to infection control and COVID-19.

We spoke via phone to three people using the service one relative and to two care staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who knew the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection we found people were not always protected as recruitment was not robust. We issued a requirement notice. The provider sent us an action plan to show how they would meet the requirement.

- At this inspection we found the provider had ensured staff were only employed once checks and references had been obtained.
- There were enough staff available to meet people's assessed needs within the agreed packages of care.
- People said staff were supporting them with their needs and wishes. They confirmed staff arrived on time and stayed for the time required as detailed within their care plan.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and knew which team members were coming to them. If this changed, they usually received a phone call from the office.
- Staff knew who to report any concerns to. Staff said they were confident that the management team would take any concerns seriously and they would be followed up.

Assessing risk, safety monitoring and management

- The new electronic system included care planning and risk assessments. This helped to ensure risks have been identified and where needed mitigated.
- Risk assessments included areas such as risk of falls, pressure damage and choking. For example, where one person had been identified as being at risk of choking, there were clear instructions for staff to ensure their food was soft and cut up.
- At the initial visit, a risk assessment is completed on the internal environment. This highlighted where staff might need additional support or equipment. For example, in one person's home they identified that a microwave would be useful to reheat food so one was purchased.

Using medicines safely

- The new electronic system highlights if there had been any missed medicines. Care staff have to record electronically when they have supported a person with this.
- The care manager explained that for some staff, their data might not show the task has been completed at lunchtime, but by the afternoon, the system had updated so they could see medicines had been administered at the lunchtime.
- Staff had training to ensure they understood the importance of recording accurately when they had administered anyone's medicines.

Preventing and controlling infection

- During lockdown, the provider received a complaint that some staff were not using PPE at all visits. This was investigated and staff received further training and policies to ensure they were following the national guidance about the right PPE to use.
- There was a plentiful supply of PPE and the provider completed spot checks whilst staff were visiting people to check they were using and wearing PPE appropriately.
- The service had weekly testing of staff for COVID-19. They also had a good take up of staff being vaccinated against COVID-19. They have had no reported cases to date.
- The office manager confirmed they were keeping up to date on any national guidance via webinars and the provider engagement network run by the local authority.
- The service had a policy on COVID-19 including contingency plans through the pandemic.

Learning lessons when things go wrong

- Accident and incident forms were reviewed, and any lessons learnt were shared with the care team. This was usually via an email or text.
- Staff confirmed communication was good about best practice as well as things that might not have gone so well was shared, so practice could be improved.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we found that quality systems had improved but had not been fully imbedded and sustained.

- At this inspection we found there were clear systems, audits and checks to monitor the quality of care being provided to people. There had been enough sustained improvement to show they were fully compliant.
- Audits included checks of care plans, risk assessments and medicine records. This had been made simpler and quicker to do as the service had a new electronic system which staff used to input care delivery and any changes to people's needs.
- The care manager explained that the system allowed them to check each visit and what support and care had been delivered.
- The service also completed spot checks to ensure staff visited people at the right time, wore appropriate PPE and delivered care in line with the agreed assessed needs. These were completed monthly.
- The provider had used a consultant to help them with ensuring the quality monitoring processes were meaningful and provided them with an independent view of these.

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 understood and acted on their duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.
- There had been some complaints about one staff member's attitude and the way they worked. The provider went through the disciplinary process, tried to support the staff member to retrain but when further issues and complaints arose, they dismissed the staff member.

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

- The new electronic system of developing care plans allowed people's individual characteristics to be easily detailed and show how staff would meet these. For example, if they had beliefs that meant delivery of care and support needed to be done in a certain way.
- More regular visits from the care manager and phone calls from the registered manger and office manager, ensured people using the service and their relatives were consulted about their care delivery. One person

said, "The office staff check I am ok, and I tell them if I am not."

- Staff were consulted via regular communication, texts and one to one meetings where they could discuss their role, training needs and future development.
- Staff confirmed they felt their views were listened to and they were valued by the service for the work they did.

Continuous learning and improving care; Working in partnership with others

- The service was developing their training and were looking to have more face to face training sessions as lockdown rules eased. This was because they recognised that not everyone learnt in the same way. Some staff did not work well using the online training.
- Since the last inspection the provider had completed the framework to be part of Devon Cares, the umbrella body used by the local authority to commission packages of care. They had been working well with this organisation and using their learning sessions to keep up to date with new guidance.