

Caritas Care Limited

Caritas Care Limited - 218 Tulketh Road

Inspection report

218 Tulketh Road Ashton-on-Ribble Preston Lancashire PR2 1ES

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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

Caritas Care Limited - 218 Tulketh Road (Caritas Care) is a supported living and domiciliary care service. At the time of our inspection, the service supported 24 adults. However, 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 receive support with personal care, we also consider any wider social care provided. At the time of the inspection there were twelve people in receipt of personal care.

Some people lived in their own homes with family, whilst others lived in supported living houses with other people, who also used the service. The service supports people of all ages whose needs range from mild, moderate or complex learning disabilities and associated medical conditions. The agency is situated in Ashton on the outskirts of Preston city centre.

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

Assessments were conducted, which identified potential risks to people's safety. However the personal risk assessments and associated care plans could have provided staff with more personalised information about people.

We have made a recommendation about including more personalised details within the risk assessments and plans of care.

We noted a few areas where the recording of medicines could have been improved. The registered manager was receptive to our discussion around this area and confirmed this would be addressed without delay.

We have made a recommendation about the clearer recording of medicines.

Systems had been implemented, which helped to protect people from the risk of abuse and relevant policies and procedures were in place. People who used the service told us they felt safe and relatives we spoke with felt their loved ones' health and safety were protected. Staff we spoke with were fully aware of people's needs and how best to support them.

The provider had a staff training programme in place and competence assessments had been conducted to ensure the staff team were able to deliver the care and support required by those who used the service. Recruitment practices adopted by the service were robust and these therefore helped to ensure the staff team were fit to work with vulnerable people. People told us the staff team were consistent and records we saw confirmed this to be accurate.

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.

A range of community professionals were involved in the health and social care of those who used the service and feedback from those we contacted was positive. Systems were in place within a management framework for the assessing and monitoring of the service provided, which helped to ensure good standards were maintained. There were clear lines of accountability within the service. People who used the service and their relatives told us they were in regular contact with the management team and were able to voice their concerns, if needed.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support:

People were supported to make choices, take control and maintain independence.

Right care:

Care was person-centred and promoted people's dignity, privacy and human rights.

Right culture:

The ethos, visions, values, attitudes and behaviours of leaders and care staff ensured people who used the service lead confident, inclusive and empowered lives.

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

The last rating for this service was good (published 30 August 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the care and support provided to a named service user. 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.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caritas Care Limited - 218 Tulketh Road 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 reinspection 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 •
Is the service well-led? The service was well-led.	Good



Caritas Care Limited - 218 Tulketh Road

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 three inspectors, one of whom visited the agency office and spoke with people who used the service, whilst the other two reviewed records remotely and spoke with relatives and staff by telephone.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It also provides care and support to people living across eight supported living settings, so they can live as independently as possible. These properties are situated in the local areas, accommodating one to four people. Staff provide 24-hour cover in the supported living accommodation. Peoples' care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 27 April 2021 and ended on 14 May 2021. We visited the office location on 06 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. The provider was not asked to complete a 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 used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. Everyone provided us with positive comments. We spoke with six members of staff, including the registered manager. We reviewed a range of records. These included three care files, medication administration records, two staff files, training records and associated documentation relating to the operation and management of the service.

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 two professionals who were involved with 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The provider had medication policies in place and family members we spoke with confirmed their relatives received their medicines on time.
- Staff had received medicines training with their competencies being assessed to make sure they had the necessary skills to support people safely.
- We noted specific protocols had been developed with the involvement of family, such as the safe use of a ventilator and clear guidance was provided for staff.
- There was also clear guidance for staff about when specific medicines should be administered, including possible side effects and emergency action to take, if necessary. However, It was not clear who had made changes to prescriptions and handwritten entries had not always been witnessed on one Medication Administration Record. The frequency of one medicine was not recorded and the reason for omission was not clear on another.

Following our feedback, the registered manager confirmed that immediate actions would be taken to address the findings from the inspection without delay.

We recommend the registered manager reviews the Medication Administration Records to ensure more clarity is provided for the staff team.

Assessing risk, safety monitoring and management

- •The provider had developed practices to ensure people were kept free from harm and those we spoke with told us they or their loved ones felt safe using the service.
- A wide range of environmental and generic risk assessments were in place, which helped to protect those using the service, staff members and visitors.
- Policies and emergency contingency plans were in place which provided staff with clear guidance about health and safety matters and how to manage these. Staff spoken with were fully aware of the importance of keeping people safe.
- Accidents and incidents were being recorded from which health action plans were developed.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems and processes in place to protect people from the risk of abuse and discrimination.
- People told us they felt safe receiving support from their care workers and relatives felt their loved ones were safe using the service.

- Detailed safeguarding policies and procedures were in place in line with local authority guidelines.
- Staff were trained in safeguarding procedures and those we spoke with knew what to do if they were concerned about the safety of people they supported.

Staffing and recruitment

- The provider had robust recruitment practices in place to ensure all relevant checks were completed prior to new staff commencing employment.
- A good induction programme was available for new staff. This helped to ensure people were kept safe and the staff team were fit to support the vulnerable people in their care.
- The staff team had completed a range of mandatory training programmes and those spoken with told us of additional training they had undertaken, which was specific to the needs of those in their care. Records we saw confirmed this to be accurate information.
- Staff felt there were enough care staff appointed to ensure all visits could be covered. However, during the pandemic it was sometimes more difficult.

Preventing and controlling infection

- The provider had systems and guidance in place, which helped the staff team to maintain good infection control practices.
- Staff had received relevant training in relation to infection control and we were told Personal Protective Equipment (PPE) was consistently available. People who used the service and their relatives confirmed that staff wore PPE whilst on duty and during home visits.
- Specific attention had been given to the current pandemic, so people and staff were protected and kept free from harm. All the necessary guidance, precautions and equipment was available, and the provider had supported staff to be safe in their working day.

Learning lessons when things go wrong

• The provider had protocols for identifying lessons that could be learnt following incidents or significant events across the organisation. The provider used this information to improve the quality of service provided.



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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The provider ensured the staff team were continuously learning to consistently improve the care provided. A wide range of policies and procedures were available for the staff team.
- Spot checks were carried out to oversee staff performance. This helped to establish the quality of care being provided and to ensure people experienced good outcomes.
- Regular meetings took place and there was a genuine commitment to develop leadership in the organisation.
- Care plans and personal risk assessments were in place. Although these contained some good information, they could have provided staff with more details about the specific needs and preferences of those who used the service.

We recommend the registered manager reviews the care plans and risk assessments, so that more detail is provided about people's specific needs and individual preferences.

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

- The registered manager and the staff team promoted a positive culture which achieved good outcomes for those who used the service.
- People and their relatives were very complimentary about the service provided, who described it as 'fantastic', 'brilliant' and 'super'. One family member told us, "We couldn't have a better service. If it wasn't for them [Caritas Care] I don't know what we would do. They [staff] are lovely and very caring. They can't do enough for my relative."
- Relatives told us the management team were regularly in touch with them to check everything was satisfactory and to obtain their views about the service provided. One relative said, "It is like one big happy family. We are delighted with Caritas Care."

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 provider had systems in place, which supported the team to be open and honest when things went wrong. One relative told us, "The agency [Caritas care] keeps us informed of what is happening and if there are any changes in things. We can't praise them [Caritas Care] enough."
- Accidents, incidents and safeguarding events had been recorded. Systems were in place for reporting safeguarding events, should this be needed.

- Managers and the staff team had good knowledge of the service and the needs of those who used Caritas Care. During the inspection information was provided promptly when requested.
- A closed cultures policy had been introduced, which outlined the importance of the service being open and transparent. We established that effective and open relationships had been forged between service users, their relatives, staff members and managers.

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

- The provider had systems in place which monitored the service. Management meetings were held, and all relevant information was cascaded to the staff team.
- The registered manager had been in post for many years and it was clear he was committed to people who used the service, their families and the staff team. Internal practices were embedded to check on staff performance and management systems.
- The provider had developed action plans in response to the auditing process. This helped the service to identify any areas of risk and to make continuous improvements. An emergency plan was in place, which had been updated in line with guidance around the pandemic.
- Staff members told us they were supported in a positive way by the managers of the service.

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

- A range of information was available for people, which clearly outlined the visions and values and aims and objectives of Caritas Care. It was evident strong links had been developed with families, as well as health and social care professionals.
- People and relatives provided very positive feedback about the service provided.
- The provider had a detailed compliments, comments and complaints policy in place, which clearly outlined the stages of the complaints process. Systems were in place for recording and thoroughly responding to complaints received by the service.

Working in partnership with others

- The provider had developed good partnership working with external professionals and stakeholders in the community to ensure people's health and social care needs were being met.
- Staff worked in partnership with people and relatives to ensure care was delivered in a way which met their needs.
- Staff continued to have access to best practice guidance on meeting people's needs. There was a clear understanding throughout the organisation on what was expected of the staff team both individually and collectively.