

Caronne Care Limited

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Inspection report

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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

The inspection took place on the 7 and 8 of July and was announced

Caronne Care Ltd is a domiciliary care agency providing support to people in their own home. At the time of the inspection there were 37 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us their carers were often late and this meant they had to wait for personal care or their medicines putting people at risk of unsafe care.

People felt safe with their carer and said they always introduced where they were from when they attended their home. Relatives told us they felt they had been given peace of mind as the carers kept their family member safe.

People received their medicines in a safe way and staff demonstrated they knew how to administer medicines safely. Staff were supported in this area with regular training and competency tests in medicines.

The service carried out recruitment safely and ensured pre-employment checks were completed before staff started to work in the community on their own.

Risk was assessed and records showed that the service performed detailed assessments of people's home environment and equipment used to keep people safe and if necessary to request an assessment for further equipment to protect people in their home for example a commode to support going to the toilet safely.

Staff received regular supervision in one to one sessions and in a group setting. Staff had commented that one to ones were sometimes not always in private. We have made a recommendation in this area.

The registered manager told us that staff had commenced the care certificate and records showed some staff had completed this training which they said was very helpful for their role.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and gave examples of how they supported people to make their own decisions when delivering care and when an assessment would be needed to assess capacity.

People and their relatives told us that the registered manager and staff were caring. People said the staff

were very kind and lovely. Staff told us they would sit and talk with people and engage with them even for an extra five minutes after their shift has finished as they may not see anyone else.

People were involved in their care asked about their preferences and how they would like to receive care so that care was personalised to their needs. Consent was requested before care was given and when personal care and medicines were to be administered. Staff told us they did not force people to do anything they did not want to do.

People had support plans which were reviewed regularly with the registered manager and their relative. Records showed that the service was responsive to people's needs and acted when they observed deterioration in people's care needs or when they improved. Records showed that the registered manager had updated people's care plan when they had become more independent to feed themselves.

People knew how to make a complaint about the service and records showed that they were recorded in line with the complaints policy. Records confirmed that the registered manager called people back promptly.

Notifications concerning safeguarding had not been sent to the CQC, the registered manager had notified the local authority. However they had not informed the CQC as required by the regulations.

Quality assurance at the service was not always robust. The registered manager showed us auditing tools they had to check medicines and daily logs that staff completed but they were not being consistently completed as there were blank forms. The registered manager told us that issues identified were picked up in staff supervision but we did not see records to show how this was audited.

People were asked to provide feedback on the service as were staff and we saw the service had received positive comments on the quality of the care. People had requested that staff arrive on time and staff acknowledged that this was area that should improve for people.

People, their relatives and staff said they thought the registered manager was good and easily approachable.

We found three breaches of the regulations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People had to wait for staff as they were often late and this put people at risk of unsafe care as they needed personal care and medicines.

Risk was assessed in people's home and any equipment that was used was checked.

Staff were recruited safely and pre-employment checks were performed.

Staff followed safeguarding procedures and knew the different types of abuse.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received regular training and support from the service.

Staff understood the principles of the Mental Capacity Act 2005 and how to empower people to make their own decisions regarding their care and to ask for their consent.

Health professionals were involved in people's care and the service worked well with them.

Is the service caring?

Good ●

The service was caring.

People were cared for by people who were kind and compassionate.

Relatives told us that staff treated their family member well.

People were treated with dignity and respect in their home by staff.

Is the service responsive?

Good 

The service was responsive.

People had support plans detailing the care they needed and how to meet their needs.

People had regular reviews with the service and staff documented improvements in people's level of need and whether they had any concerns which would prompt a further review of care.

Is the service well-led?

Requires Improvement 

The service was not always well led.

People, their relatives and staff said the registered manager was good.

Staff told us the culture was empowering as they were encouraged to do well for people in the service.

Quality assurance systems were not always robust. Audits were not being completed consistently.

Notifications were not being sent to the CQC as required by the regulations.

Caronne Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 7 and 8 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

We spoke with the registered manager, seven care staff, four relatives and two people who used the service.

We reviewed five care plans and five staff files. Policies and procedures were also reviewed during the inspection which included safeguarding, whistleblowing, health and safety and risk assessments.

Before we visited the service we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that had placements at the service, the local Healthwatch and the local borough safeguarding team.

Is the service safe?

Our findings

People who used the service told us they felt safe with their carers. One person said, "Yes I feel safe, I can call the out of hours number."

Relatives told us their family member was safe with the service. One relative said, "I have been given peace of mind." Another relative said, "I don't worry about [person] when they are with the carers." The same relative told us, "If [relative] wasn't safe they would call out."

The service had a call monitoring system where staff were required to call from people's home to advise they had arrived at people's home. The registered manager showed us a new monitoring system that would monitor the time staff logged into a service. The registered manager told us that they called people's home to check that staff were there.

One person told us their carers were on time however the majority of the people we spoke with told us carers were often late. One person who used the service said, "My carers are never on time and [registered manager] sometimes calls to say they are going to be late." The same person said, "The carers do apologise when they are late but it affects my care when they are late, I have to wait for a wash."

A relative said "The carers do come on time but Sundays they struggle and there are delays." The relative said the registered manager does call them to say the carers will be late.

Staff told us that they were sometimes late due to transport issues but they did call the office so that people could be informed. Some staff told us, sometimes people were told that the registered manager had informed them that they were running late but sometimes the information had not been passed on.

This meant people were at risk of unsafe care when they had to wait for support to arrive particularly for personal care or receipt of medicines. The above was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew how to escalate safeguarding matters and had completed safeguarding training. Staff also told us they would not hesitate to whistleblow if they saw poor care. One staff member said, "People come first."

The service had a safeguarding policy and staff told us that this was in the office. Information was also provided to people on how to report concerns and this was in their care folders within their home.

Some people had key safes which enabled staff to open the door to provide care. To keep people safe staff said they ensured there was no one around when they entered people's key codes to collect keys and they made sure the key safe was locked securely when they left people's homes.

Staff wore a uniform and name badge to identify they worked for the service. Staff told us they introduced themselves to people and that they were there to provide care, this helped to keep people safe as they knew

who was at their front door.

Staff told us they also did not open the door to unknown visitors and this was to keep people safe. Relatives would inform the service if visitors were expected at people's home so that staff knew they were able to let them in.

People's care records showed that risk was assessed and was reviewed regularly. Staff told us they would read people's folders the first time they visited people's home to read what their risks were. One member of staff said, "Yes the risk assessment is there and [person] may need support with walking so I watch their mobility." Where people were at risk of falls we saw an example where the registered manager had assessed with other health professionals to place a mattress on the floor to protect people if they fell out of bed. This was seen as the least restrictive option instead of bed rails and this enabled people to still have their freedoms in their home.

The registered manager also explained how environmental risk assessments were carried out to ensure the home was safe to work in for staff and that there were no hazards for people. This included checking access to people's property, fire exits and medicines people were taking if support was needed. Records showed and staff told us they knew how to switch off water and electricity in the event of an emergency.

Staff had received training in first aid awareness. Staff gave examples where they had called the emergency services when someone had had a fall and they stayed with that person to keep them calm and safe.

Recruitment was carried out safely and the service had a recruitment policy they followed. Staff told us they were not allowed to start work unsupervised until their disclosure and barring check had come back clear. This was a check to ensure staff were safe to work with people in the service.

Staff said they thought there was enough staff at the service to support people. The registered manager showed us their rota which was sent out every Friday and that shifts were covered. The registered manager kept in touch with people through email or mobile phone to update the rota and to request staff to cover where people were absent at short notice.

Medicines were handled safely and staff had regular training with a competency assessment at the end of their training and records confirmed this. Staff followed the medicine policy and told us they washed their hands, checked they were giving the right medicine to the correct person, checked the dosage and time medicine was to be given and recorded this on the medicine administration record (MAR). Staff told us their training really supported them to administer medicines safely.

The risk of infection was minimised as staff used personal protective clothing. They were provided with aprons, gloves and hand sanitiser. Staff told us they always washed their hands before giving medication and used two sets of gloves, one for personal care and another for preparing food.

Is the service effective?

Our findings

People told us that staff were good at their jobs and knew what they were doing.

Relatives spoke positively of the care staff's ability to do their job. One relative said, "They're really good, I don't have to tell them what to do with my [relative]." Another relative said "Yeah they're good, competent."

Staff received an induction which included shadowing the registered manager and other experienced staff. Records showed that staff had commenced the care certificate and some staff had completed the care certificate. The care certificate is a set of knowledge and skill standards which is designed to apply to workers in adult social care. Staff told us the care certificate really helped them to learn more about their role as a carer.

Records showed that regular training was up to date. The training included first aid awareness, dementia training, food hygiene and safety, moving and handling, safeguarding, infection protection, person centred care, equality and diversity and mental capacity act.

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.

We checked whether the service was working within the principles of the MCA. Staff understood that people were assumed to have capacity and they gave people enough information to make decisions for themselves. Staff told us they worked with people who had dementia and they were able to make decisions about what they would like to eat. One member of staff said, "I ask [person] what they would like to eat and then I bring the different sandwiches out so that they can make a choice themselves."

Staff told us they always asked for consent before delivering care. One member of staff said, "I ask [person] are you ready for a wash, is it ok now?" Staff said that people rarely refused but if they did they would respect their decision and try again later.

The registered manager told us they had best interest meetings to ensure the best outcome for people they cared for. They explained an instance where someone had an evening call but may not wish to have their personal care at that time as they were sleeping. A meeting was held to discuss if the person wanted personal care at that time and staff would give it, otherwise they would ensure it was given in the morning. This meant that people were able to make their own decisions and staff at the service had supported people to receive effective care.

Records showed that the service worked with health professionals to ensure that people's health was maintained. For example where people's mobility had deteriorated we saw records that occupational

therapists were contacted to perform assessments and provide equipment so that people could move around their home effectively.

Staff prepared some light breakfast and lunch for people and they told us they provided food that was healthy. Where people were identified as diabetic staff told us this information was recorded in people's care plan and the food they could eat was provided by relatives.

Staff felt supported in their role and the registered manager showed us they had a dedicated training room across the road from their office. The registered manager told us that training, group supervisions and one to one meetings were also held there. Staff confirmed they received supervision and records confirmed this. Some staff we spoke to said that their supervisions were not in private. This meant that conversations staff had with the registered manager were not always confidential. We recommend the service follow best practice for delivering one to one meetings.

Is the service caring?

Our findings

People told us they were treated with kindness and respect. One person said, "Oh yes my carers are lovely." Another person said, "They are very nice, polite and cheerful."

Relatives told us carers were nice to their family member. One relative said, "They spend the time to get to know [relative]. [Relative] is happy with the carers." Another relative said "The carers are very helpful and are always happy to do what they have come to do, I do appreciate them."

The registered manager told us that staff were trained to always be kind, courteous and to greet people when they entered their home. This meant that people were made to feel comfortable when they received support from staff.

One member of staff said, "I may be the only person they see so I make the effort to sit and have a chat with them, that's how I build a good relationship with people." Another member of staff said, "I am always caring when I visit people. I like the work that I do. I always put people first."

Staff told us they asked people how they were at their visits. One member of staff said, "Sometimes my call has finished but I don't just leave if they are telling me something, I will stay that extra five minutes."

Records showed that people were asked about their life history, likes and dislikes, first language, preferred communication and how they would like to receive care. This meant that people received care how they wanted it.

People's privacy and dignity was respected and staff demonstrated they took this very seriously. Staff told us when delivering personal care they would ensure people were covered and that doors and curtains were closed. Staff also told us if a family member was present when they were about to deliver personal care they would ask the person for permission first if they had capacity otherwise they would ask the relative to leave to ensure privacy for the person.

Records showed people's end of life wishes were discussed with them and with their family if they wished. All the staff said they cared for the same people so that continuity could be maintained however some staff said when annual leave was taken the same people were not given back to them. This could impact people as they had built a relationship and trust with a carer. We recommend the service consider good practice when staff take entitled leave to ensure people can have good outcomes with continuity of care with staff they have gotten to know.

Is the service responsive?

Our findings

People told us that the registered manager came to visit them to ask them what they wanted from their care package. People were able to express their preference for a male or female carer and the registered manager told us they were trying to recruit people who could speak different languages. A member of staff told us they were introduced to people to see if they were a good fit and if it didn't work out people could try working with another carer. The service met people's gender preferences. One staff member said, "The person I work with only wanted male carers."

The registered manager carried out a detailed assessment of needs and completed risk assessments. People's relatives were involved but the focus was on what the person wanted from their care. Relatives we spoke to told us they were present and answered questions to help with the care planning process but the registered manager was always asking their family member as well so they could fully input what they needed.

Care was personalised, records showed that people had said where they would like personal care in the morning, afternoon and evening and how they liked to receive it. For example, care plans stated whether the person would be in bed on the carers arrival and what they would like to eat for breakfast.

People received a copy of their care plan in their home and "service user guide" containing information about the service.

Staff told us they were required to observe people to see if their care needs had changed, this included deterioration and improvement. Staff told us they recorded how people were in daily logs and they had an observation sheet where they documented their concerns and brought it to the office. A relative told us that their family member had improved since receiving care with the service, where they had once been bedbound they were now mobile again through the support of the carers.

The registered manager told us that they reviewed people's care after the first four weeks to see that care met people's needs. Records showed that reviews had taken place. People and relatives we spoke to confirmed they had received this review with the registered manager. Records showed that care plans were updated with changes, for example where people were now able to feed themselves and when medication had changed. This ensured that care delivered by staff was correct and up to date.

Records showed that people were always enabled to make their own choices but staff said they would always ask beforehand. One member of staff said, "I always ask people 'how would you like your tea?' I read the care plan but I still ask them." The same member of staff said, "[Person] always has Weetabix but I still ask them what would you like for breakfast as their choice may have changed."

Staff said they supported people to make a complaint and showed them where the complaint form was inside their care folder. The people we spoke to had not made any complaints but said they knew to contact the office. We viewed one complaint records which the service had addressed and resolved in line with their

policy and the family and service were satisfied.

Is the service well-led?

Our findings

People and their relatives told us they thought the registered manager was good. One relative said, "[Registered manager] has responded straight away, communication has been very good." Relatives told us they have always been able to speak to someone at the office and that the registered manager helps them resolve matters relating to their family members care.

Staff also told us they thought the registered manager was good. Staff told us they could approach the registered manager and that she took the time to listen to them. Staff felt the culture of the service was empowering and that they were encouraged to progress. The registered manager confirmed this as they told us they wanted to upskill staff to lead.

Quality assurance of the service was not robust. There were systems in place but were not being consistently applied. Audit tools were available for checking medicines each month but these had not been completed for the last three months. The registered manager provided archived audits but there was no evidence that these were being done to date. The registered manager could not assure medicines were being administered safely as MAR audits were not completed. Audit forms relating to the care plan had not been audited and the registered manager advised that any issues were discussed directly with staff in supervision. However this meant that there was no accurate records for auditing the quality of care records.

The above issues was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that a safeguarding matter that was sent to the local authority should have also been sent to the CQC. We raised this with the registered manager who sent a retrospective notification. The registered manager was not aware that the matter should have been sent to us.

This was a breach of Care Quality Commission (Registration) Regulations 2009: Regulation 18

Staff said they understood what was expected of them in their role and that the registered manager told them they were there to help people. Staff had suggested improvements to give sufficient notice to the office so that people did have cancelled visits. This meant that people would experience good outcomes if staff communicated to the office in line with the policy so that cover could be provided.

Staff had regular team meetings to discuss matters such as training and improvements on delivering care. One member of staff said they had a team meeting to discuss staff signing the MAR chart correctly and that this issue was rectified immediately. Another example seen in the staff minutes, showed staff had been told to improve the content of the daily logs to ensure information was correct. Staff told us of the importance of this as it was a legal document that other professionals would need to read.

Records showed that feedback was requested from people who used the service and from staff. The

registered manager had recently changed the format of the survey questions and there had been no analysis of the data as yet.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>Care Quality Commission (Registration) Regulations 2009: Regulation 18 Notifications of other incidents.</p> <p>The registered person had not notified the Commission without delay incidents that occurred whilst the service was provided. Regulation 18 (1) (2) (e)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.</p> <p>People who use the service were not protected from abuse as they were at risk of neglect due to staff being late. Regulation 13 (1) (2) (6) (d)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.</p> <p>Systems and processes in place were not being used to assess, monitor and improve the</p>

quality of the service. Regulation 17 (1) (2) (a)