

Carebridge Staffing 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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Carebridge Staffing Ltd is a domiciliary care agency registered to provide both personal care and nursing care for treatment of disease, disorder or injury. The service supported adults and children living in their own homes in Kent, Hertfordshire, London and Surrey. Some people needed support with personal care; this is help with tasks related to personal hygiene and eating. Other people had more complex medical conditions and needed support from nurses. CQC only inspects where people receive personal care and/or nursing care. Where they do, we also consider any wider social care provided. At the time of our inspection 113 people were being supported with personal care or nursing care.

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

The service had expanded significantly since our last inspection and had recently gone through several staff changes in the senior management team.

Systems and processes around risk management needed to improve and that meant people were not supported in a consistently safe manner. This included risks associated with COVID-19 testing of staff and risk assessments of variable quality.

Audit and quality assurance processes were not sufficiently robust and had not identified the inconsistencies in some documentation and practice which were identified during the inspection. The provider was transparent about these areas where improvement was still required and was responsive to our feedback during the inspection. One staff member said, "We recognise there are areas we need to improve."

The provider had a process to manage potential safeguarding concerns, alongside incidents and accidents and complaints. This process was mostly effective in identifying potential safeguarding concerns though we highlighted two issues to the provider during our inspection, which they responded to. People told us they knew who to contact if they had any concerns, though feedback from people was mixed in terms of how their concerns were responded to.

Staff knew how to recognise the potential signs of abuse and knew what action to take to keep people safe.

People were supported to maintain their health and access to health care services when they needed to. Staff and professionals told us the service sought appropriate guidance and support to maintain people's health and well-being.

People received care and support from trained staff who knew them well. The service employed both carers and qualified nurses for more complex care. There was enough staff to support people safely and the

provider had safe recruitment procedures and processes in place. People received their medicines safely from staff who were trained and competent to do so.

Staff told us that while the service had been through a recent period of change, they felt supported. One member of staff said, "There's room for improvement but I enjoy my job, I like serving people." Another said, "They've given us such opportunities, all the support behind us."

The service had a philosophy of "Care First". People told us the staff who supported them were caring. One person said, "The carers are very, very good." Another person said, "They know what to do, they are attached and loving and well trained."

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

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches of regulation 12 (safe care and treatment) and regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Carebridge Staffing 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 was carried out by 4 inspectors. Two inspectors visited the office location, and two inspectors carried out remote inspection activity such as speaking to people who use the service, staff and professionals who work with the service and reviewing documents.

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 also provides nursing care to support children and adults with more complex medical needs. The service did not have a manager registered with the Care Quality Commission. This means the provider held sole legal responsibility for how the service is run and for the quality and safety of the care provided. The service had a manager in post who was in the process of registering with CQC. We were supported on the inspection by the nominated individual who is the person appointed by the service as the main point of contact with responsibility for supervising the management of the regulated activity provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because of the nature of the service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 15 July 2021 and ended on 28 July 2021. We visited the office location on 15

and 16 July 2021. After visiting the office location, we continued to gather feedback from people, staff and professionals who work with the service and review documents.

What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. 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 sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch, an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and/or their families about their experience of the care provided. We spoke with 16 members of staff including the manager, nominated individual, managing director, clinical managers, office staff, field supervisors, nurses and care workers. We reviewed a range of records related to the service. This included eight people's care records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of documents relating to the management of the service, including policies and procedures.

After the inspection

Following our visit, we continued to review a variety of records relating to the management of the service, including policies and procedures, quality and assurance records. We contacted a range of professionals who work with the service. We continued to seek clarification from the provider to validate evidence found.

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 we found a breach of Regulation 12 [safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. 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. At this inspection this key question has therefore remained the same.

Preventing and controlling infection; Assessing risk, safety monitoring and management

- While the provider had assessed the risk of the spread of COVID-19 infection, they had not consistently acted to prevent, detect or control any potential spread.
- The provider had not ensured robust systems were in place to make sure staff were regularly testing for COVID-19 in line with current government guidelines, which state staff working in people's homes should undertake a PCR test every week. This meant that some staff could be going into people's homes without knowing if they were infected with COVID-19. The provider could not be sure that all staff remained COVID-19 negative while continuing to work.
- Some staff told us they did not regularly test for COVID-19. One member of staff told us that they had not tested for several weeks, "I don't do regular testing, I have been on the same rota for last 6 weeks. Previously I was testing 3 times a week." Another staff member told us they had not tested for several weeks as the COVID-19 testing kits had not been made available to them and they said, "No one chased me." Not all staff were clear about the process of regular testing in the service, where to obtain test kits from or what type of test to use.
- The provider was aware of government guidance around testing and confirmed it was their policy to follow it. They had employed a member of staff specifically to oversee the process for COVID-19 testing. The provider supported and encouraged staff to engage with regular testing and provided guidance.
- Despite this, records showed that the provider did not have robust oversight of the COVID-19 testing process for staff. The provider's records showed that they had no data on weekly COVID-19 tests for 122 out of 189 carers and nurses over a 19-week period [from April 2021 to July 2021]. This had not been recognised as a concern or escalated sufficiently. When the member of staff who oversaw the process was on leave, the service had not planned for this to be covered in their absence.
- Some people the provider supported had increased risk associated with COVID-19, such as a people with a tracheostomy [a tube inserted into the windpipe to help the person breathe]. The provider had risk assessed people in respect of their vulnerability to COVID-19. However, despite this the provider had not taken any additional measures to ensure the safety of people in the absence of regular COVID-19 testing of staff supporting them.
- At the last inspection, we found concerns relating to how the provider reduced other risks to people, including lack of appropriate risk assessments or specific guidance in place where people had particular care needs. This meant the provider had not done all that is reasonably practicable to mitigate risks to people.

- At this inspection we continued to find concerns relating to risk assessments. For example, care plans for six people who needed support with nursing care contained risk assessments with incorrect details relating to a different person.
- Information in some other people's care plans was either incomplete or inaccurate. For example, we looked at three care plans for people who needed support with personal care. In one person's care plan it described how carers should support the person to stand when being showered, or use a walking frame when mobilising, while other parts of the person's care plan described them as being always cared for in bed and instructing staff to transfer the person using a hoist. Another person's care plan did not include instructions for staff for catheter care which was included in their discharge from hospital summary.
- The provider's records indicated these care plans had been reviewed in July 2021, but these inconsistencies had not been identified. This increased the risks to people of not receiving safe care. For example, lack of information about catheter care increased the risk that staff may not know how to keep the person safe from risk of infection.

Systems were either not in place or robust enough to demonstrate that the risk to people was sufficiently mitigated. This placed people at risk of harm. Providers must do all that is reasonably practicable to mitigate risks to people, including prevent, detect and control the spread of infection, and consult nationally recognised guidance and implement this as appropriate. Therefore, this was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately to these issues during and after the inspection. They undertook testing of all staff and confirmed that no staff would deliver care to people without COVID-19 testing. They put interim measures in place to ensure people's safety and sought advice from Public Health England. They provided us with an action plan and confirmed that regular staff testing would resume in line with current government guidance and that improved systems for auditing and management oversight were to be introduced. They confirmed they would be reviewing all care plans for inaccuracies, undertake regular audits and sourced additional training for staff to improve the quality of care planning.
- The provider had undertaken a range of other actions in response to the Covid-19 pandemic. This included updating policies, providing staff with regular communication and developing protocols for managing COVID-19
- Staff had training in infection prevention and control and used personal protective equipment (PPE) such as gloves, aprons and masks. Staff told us they always had access to enough quantities of PPE.
- People who used the service confirmed that staff used PPE appropriate to each situation, including enhanced PPE where necessary. One person said, "We have seen an increase in staff using PPE, they always wear gloves, gowns and masks."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to review potential safeguarding concerns, which were managed alongside accidents, incidents and complaints and these were reviewed together by managers every week.
- This process was mostly effective in identifying potential safeguarding concerns though we highlighted two issues to the provider during our inspection, which they responded to. The local authority investigated and found insufficient evidence of harm. The provider told us they planned to review their systems to strengthen them further, including appointing a member of staff to act as a 'good governance' champion to the process.
- People were protected from the risk of abuse as far as possible by staff who understood safeguarding procedures. Staff had regular safeguarding training and understood the different types of abuse and knew

what action to take if they had concerns. Staff told us the training was effective, one member of staff gave an example of where they'd raised a concern about neglect for someone who was not eating well. The staff member said, "Through the training I now understand it's about all aspects of care and ensuring these are being met. Before I had the training, I thought safeguarding was just about someone being abusive or intentionally harming someone."

- The provider understood their responsibilities in notifying the local authority and CQC where any safeguarding concerns were identified, and the provider had comprehensive safeguarding policies in place for children and adults which were available to all staff.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs. Some people told us that there had been a period a few months ago where staffing levels were not always stable but that this had improved. Other people told us the staffing levels were good and they were supported by a consistent team of carers and nurses. One person said, "I have no issues with staffing. We're never left stranded."
- People with complex health needs were supported by nurses who were well trained and experienced. One relative said, "The clinical care is exemplary."
- Staff recruitment files showed that staff were recruited in line with safe practice. The provider undertook appropriate checks, such as with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Registered nurses had valid NMC registration [Nursing and Midwifery Council] to ensure that they were qualified to undertake their clinical role.

Using medicines safely

- People were supported with their medicines by staff who were trained and competent to do so. Staff received regular training to ensure their practice remained safe, and this included observed practice and competency checks.
- While the provider had a system of spot checking, we identified the provider did not undertake any specific audits around medicines or other proactive steps to identify any themes or trends. The provider was responsive to our feedback and took steps to remedy this following the inspection, including developing a new MAR audit tool.
- Staff completed people's Medicines Administration Record [MAR] chart appropriately and people we spoke to confirmed this. We looked at MAR charts for two people and these were correct.

Learning lessons when things go wrong

- Processes were in place to record and identify errors when things went wrong and the provider reviewed accidents and incidents every week. Staff told us they knew how to log incidents and who to report them to.
- We saw that where issues were identified, the provider took action to investigate and resolve issues. Individual staff were supported to learn from incidents through one to one sessions, supervisions, additional training and competency checks.
- Learning was fed back to the wider staff group through regular communication, such as emails and other channels.
- Staff told us they felt supported, and one staff member said, "they are good at communicating, they email with major changes and let us know."

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 we found a breach of Regulation 17 [good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. This was because the provider had not ensured that systems and processes to monitor quality and compliance operated effectively. The service had been through a period of significant senior management change and systems of management needed more time to be embedded and deliver improvements. At this inspection this key question has therefore now deteriorated to Requires Improvement.

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

- The service did not have a manager registered with the Care Quality Commission as the previous registered manager had deregistered in May 2021. This means that the provider had sole legal responsibility for how the service is run and for the quality and safety of the care provided. A manager was in the process of applying to be registered with CQC.
- The provider carried out spot checks and reviews to ensure good quality care was maintained, but these were not always effective in identifying issues. Inconsistencies in documentation in several areas highlighted by our inspection had not been identified despite quality monitoring processes. For example, regular reviews had not identified that care plans for six people with complex needs contained risk assessment for fluid intake for a different person. Care plan reviews conducted the same month as our inspection had not identified inconsistent information around one person's mobility and moving and handling requirements, or support for another person required around catheter care.
- The provider had an audit policy dated February 2021 that identified a schedule for regular audits of care plans, MAR charts as well as a spot check process. We saw evidence of reviews, but these were not effective in identifying issues.
- The provider did not have effective oversight of other aspects of the service, such as ensuring staff were regularly testing for COVID-19 in line with current government guidance, as detailed in the Safe section of this report.

Systems and processes to monitor quality and compliance did not always operate effectively. This is a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Issues of quality and safety had not been identified until highlighted by our inspection. In response to our concerns the provider confirmed they would develop an improvement plan to address these issues. For example, they had identified additional training for staff around care planning and were in the process of developing a new MAR audit tool. They planned to appoint a member of staff to act as a "good governance" champion with respect to complaint handling and were planning improvements around safeguarding processes. The provider took action to adopt current government guidance in relation to regular COVID-19

testing for staff and had put in place more robust reporting and audit controls around the process.

- Staff said they were well supported by managers and senior clinical staff. Staff said where people had complex needs, they were supported with guidance and any additional training they needed. One member of staff who looked after a person with complex epilepsy said, "I had previous experience anyway, but they sent me on a lot of training before I started."
- The provider ensured there was learning from incidents to improve care and staff competencies were regularly checked. For example, in response to a medication error the provider carried out an investigation which identified a learning opportunity for a member of staff. The manager carried out a clinical supervision and an assessment of competence in medication was also carried out.
- Staff told us there were good systems of communication in place within teams to ensure there was continuous learning. Staff told us they communicated in small groups, ensuring people's private information was kept secure. One staff member said, "If there's something we need to be vigilant about we're told straight away by text, that includes the learning and any changes to process or practice."
- The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents. Information was shared appropriately and confidentially.

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 was aware of their responsibilities under the Duty of Candour regulation. This means providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- People and staff told us they felt confident in raising concerns with the manager, one person told us, "I would be proactive if something was wrong or I wanted to give feedback." However, people's feedback on how the provider responded to concerns was mixed. For example, one person said, "Concerns are always picked up and acted on" while another person told us they had to complain when their concerns were not responded to.

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

- People told us the recent management changes had caused some disruption and that the service had not always communicated well or kept people informed about those changes, but that things were starting to improve. Staff told us they found the management to be approachable and spoke positively about the support they received.
- People and relatives were given opportunities to be involved in the service, through daily contact with staff and regular engagement such as surveys and reviews. The provider captured feedback from people who used the service and records showed positive responses.
- Staff received regular communication and had regular meetings. For example, meetings minutes for nursing managers showed that staff were able to provide feedback on which the provider acted. Staff told us they felt valued and appreciation for examples of good practice was regularly shared. One staff member said, "Staff get to voice their feedback and that's really important." Staff told us Carebridge Staffing were a good company to work for and they enjoyed their job.
- The provider operated several initiatives with staff and people, such as "Not all heroes wear capes" where people can nominate staff who support them to show their appreciation. The provider also focussed on well-being for staff through other ways of recognising their achievements such as giving gift boxes. The provider also supported the well-being of people by celebrating significant events such as birthdays. One

person said, "In the past they have gone above and beyond, sending flowers and balloons."

Working in partnership with others

- Feedback from professionals about day to day working with Carebridge Staffing varied. One professional told us that in the past there had been a lack of proactive communication in some areas but, "Carebridge will work with us to respond to concerns and issues raised...working relationships are improving." Another professional told us, "I meet with the provider on a weekly basis. We therefore engage very well with the provider and are kept informed of any issues or changes that may arise."
- The provider kept abreast of local and national changes in health and social care, the Care Quality Commission (CQC) and government initiatives and had access to in house mentoring and support.

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

- People and staff told us they found the management to be approachable and spoke positively about the support they were provided. Professionals told us that the service delivered personalised care. Staff had developed positive relationships with people and knew them well.
- The provider and staff worked in partnership with healthcare professionals and others to promote positive outcomes for people. Feedback from professionals was positive about the clinical care and confirmed staff sought professional guidance and support to maintain people's health and well-being. One professional said, "There is strong clinical leadership."
- The provider invested in staff, for example by offering them the opportunity to complete a Nursing Degree Apprenticeship or Nursing Associate programme accredited by the Nursing and Midwifery Council. One staff member said, "They have given us such opportunities, all the support behind us".

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to ensure that systems were in place or robust enough to demonstrate that the risk to people was sufficiently mitigated.
Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure that systems and processes to monitor quality and compliance operated effectively.