

Careshaw Ltd

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Inspection report

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Date of inspection visit:
04 May 2023

Date of publication:
07 June 2023

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

Careshaw Ltd is a domiciliary care service providing care and support to people living in their own home. At the time of the inspection there were 25 people using the service, 21 of whom were receiving support with personal care.

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

There were systems and processes in place to identify and manage risks associated with people's care. There were organisational governance processes in place to monitor the quality of the service.

People and their relatives told us they felt safe with the staff who supported them. Staff had received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people.

People were supported by sufficient numbers of staff who had been recruited safely. Staff had received training appropriate to meet people's needs.

People received their medicines from staff who had been trained to safely administer medicines.

People and staff provided positive feedback on the management of the service. Systems were in place for ongoing feedback on the quality of care alongside surveys.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was requires improvement (published 03 November 2021).

Why we inspected

We received concerns in relation to care delivery and the management of concerns and complaints. 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 that people were at risk of harm from this concern. Please see

the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires Improvement to good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Careshaw 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection 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 03 May 2023 and ended on 12 May 2023. We visited the location's office on 04 May 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 6 relatives about their experience of the care provided. We contacted 11 staff and spoke with 5 members of staff, including the provider and registered manager, a care team leader, care workers and the office receptionist.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had systems in place to report and record safeguarding's. This was followed by reviewing the outcomes to prevent reoccurrence.
- People and their relatives told us they felt safe. One person told us, "I feel safe, and I am very happy with the service I receive." A relative told us, "I value the support of the carers coming into support [name of person]. [Name of carer] also has a bit of banter with [person] that makes them happy."
- Staff had received safeguarding training and demonstrated their knowledge and understanding of safeguarding. Staff knew how to raise a concern regarding people's safety and wellbeing.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were identified and assessed, with measures in place to mitigate the risks and ensure people's needs were met.
- Where people experienced specific medical conditions there was information or guidance in place to enable to staff to support the person safely. However, further work was required as information was general and not personalised to the person. We found no risk to the person as this was managed by community nurses.
- There was an effective system in place to document accidents and incidents. Accidents and incidents were recorded and reviewed to identify any themes and trends. Action was then taken by the provider to reduce the risk of reoccurrence.

Staffing and recruitment

- People told us enough staff were employed to provide consistent and reliable care. One person told us, "I have some constant carers who I trust and value. They know my needs, but when there are new staff, I 'sort of got to tell them what to do'. Once they 'get going' they are not too bad."
- Records showed the provider had safe recruitment processes in place. This ensured all the necessary checks had been carried out to ensure that the staff employed were suitable to work in the service including Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. People received their prescribed medicines safely and in their preferred way. As required medicines had protocols in place to provide staff with guidance on how and when to administer these medicines.

- Staff were appropriately trained to administer medicines safely. The provider had effective systems in place to manage risks associated with administration of medicines. On-going competency assessments were carried out by the provider to ensure staff followed safe practices.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the hygiene practices of the staff.
- We were assured that the provider's infection prevention and control policy was up to date.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a system in place to obtain the views of people and relatives using the service via a live app. Any queries or feedback could be sent and responded to by the provider at any time. Additionally, surveys were sent out every 3 months and the provider used the responses and information received to improve the service.
- The provider held care reviews with people and their relatives, during these reviews all care needs and equality characteristics were considered, to ensure care was tailored to people's specific needs.
- People and relatives were positive about their experience of using the service. For example, 1 person told us, "I would contact [registered manager] if there was anything that I was worried about, and [registered manager] does things straight."
- The provider had developed and encouraged an open culture, promoting person centred values. One member of staff told us, "I feel very at ease talking to my manager... they are approachable and very fair to all staff." We found regular staff meetings had taken place, giving staff the opportunity to raise concerns or discuss the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider had a system in place to monitor and record complaints, accidents and incidents in the service. Records showed details of events that had occurred, and the action taken. Systems in place to learn from events was effective.
- The provider understood their responsibilities to act in an open and honest way if something went wrong. They were aware of their responsibilities to keep us informed of significant events at the service. We received statutory notifications showing how different events had been managed.
- There were policy and procedures in place for handling complaints. We found an effective system in place for the monitoring and recording of complaints, demonstrating action taken and what lessons had been learnt.

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

- Records showed there were a range of effective audits in place to monitor the quality of the service people received. These included, auditing of medicines, accidents and incidents, infection prevention and control

(IPC) and care plans. We saw actions had been completed to address any outstanding issues.

- Organisational governance and quality monitoring arrangements had continued to improve since the last inspection. Opportunities had been identified to proactively address potential risks to people's safety and welfare had improved through robust audit processes which included assessing, monitoring and mitigating potential risks to people's safety.

Working in partnership with others

- The provider worked with relevant emergency services to ensure people with dementia could be safeguarded whilst out in the community. This meant people who became confused and required additional support could be identified and appropriate people contacted when needed and in a timely way.