

Care Deluxe Limited

Essex

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Care Deluxe Limited - Essex is a domiciliary care agency registered to provide personal care to people living in their own homes. 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. At the time of inspection, the service was providing personal care and support to nine people.

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

We received mixed feedback about the consistency of care workers visiting people's homes. However, people and relatives felt safe with all care workers because they had confidence in their knowledge and skills. Staff had been recruited safely following relevant checks being completed.

Prescribed medicine was administered by trained staff. Spread of infection was prevented by staff who had access to appropriate personal protective equipment (PPE).

People's needs and choices were assessed and care was delivered to achieve effective outcomes. We have made a recommendation about improving the systems in place to ensure all care reviews are documented.

All staff completed a comprehensive induction. Their competency and confidence was monitored through spot checks and supervisions. The registered manager valued continuous learning and supported staff to complete additional qualifications in health and social care. Staff felt confident their training provided them with the knowledge they needed to support people safely.

People were supported to live healthier lives and access healthcare services. People's nutritional needs were supported, where required.

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.

Positive relationships had been developed between staff, people and relatives. People and their relatives consistently told us staff were kind, caring and were given the time they needed to be cared for safely, with respect. Some relatives told us they felt cared for too and the registered manager and care workers did more than what was expected of them.

People and relatives were involved in care planning and decisions were respected to ensure the plan was developed in partnership with them. Staff promoted independence by taking time to understand what people needed support with, which enabled people to remain as independent as possible. Information about how to complain or provide feedback about the service was provided within care records in people's houses.

Although there were systems in place to monitor the safety and quality of the service provided, these systems and processes were still being developed by the registered manager and support team. It needs to be demonstrated going forward that developments made are embedded and sustained.

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

Rating at last inspection

This service was registered with us on 22/11/2019 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Essex

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 service was inspected 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

This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually, to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 11 October 2021 and ended on 1 November 2021. We visited the office location on 1 November 2021.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC and sought feedback from 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 this information to plan our inspection.

During the inspection

We also spoke with one person and seven relatives of people who use the service about their experiences of the care provided. We spoke with nine members of staff including the registered manager, business manager, team leader and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at two 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 reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We received mixed feedback about the consistency of care workers. The majority of people told us they had consistent care workers visit their homes. One person told us, "Having that consistent carer really does make a difference. You can trust that everything will be done right." However, one relative told us, "They started off really well, but the consistency of the carers seems to have slipped."
- The registered manager told us how they understood the importance of recruiting staff with the appropriate skills and competencies to meet people needs. For example, people's personal assistants had been safely recruited to help ensure continued, consistent quality care.
- Recruitment processes ensured relevant safety measures including references and Disclosure and Barring Service (DBS) checks were in place before staff could provide care to people. The DBS helps employers make safer recruitment decisions so only suitable people are employed to work with those who may otherwise be made vulnerable.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives consistently told us they felt safe when staff visited. One relative told us, "[Person] is absolutely safe with them [care workers], when [person] had a fall they waited until the ambulance came."
- Staff were trained in safeguarding enabling them to identify and report concerns when required. We were told how one care worker reported concerns to the registered manager who alerted the authorities to take appropriate action.
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and us, CQC. There were no open safeguarding incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- An assessment of people's care needs was completed by the registered manager prior to the start of care. Any potential risks to providing their care and support was identified. This included a risk assessment related to the person's home environment.
- The provider's systems ensured people received individualised care which met their needs. One care worker told us, "The Careline Live app we use tells us exactly what people need, it's really clear and will tell you important information that helps you treat each person individually rather than treating everyone the same."

Using medicines safely

- Staff received medicine training and care workers told us their competency was assessed through regular

observation and spot checks.

- Staff administered medicines for some people and others had their own arrangements to manage their medicines.
- The electronic care records did not allow care staff to 'log out' of a call until they had signed to confirm they had given people their medicines. The business manager told us, "Peoples care plans detail what their prescribed medications are, our system makes sure people receive what they have been prescribed."

Preventing and controlling infection

- Staff were trained in safe infection prevention and control.
- Care workers told us they were provided with personal protective equipment (PPE) which was replenished whenever required.
- Feedback from people and relatives included, "[Care worker] always wears their apron, gloves and a face mask." And, "Yes, they always wear the right PPE."

Learning lessons when things go wrong

- The registered manager had a system to learn lessons following incidents, although there was limited data available due to the short amount of time the service had been providing care for. Nevertheless, the registered manager and support team were aware of the need to analyse any data trends to improve care provided to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs and choices before they began using the service.
- People's needs were continually assessed to ensure people received good outcomes. We found positive outcomes were not always documented. For example, when one person's call time had been reviewed and changed to ensure their personal needs were met, this review of positive change had not been documented.

We recommend the provider reviews their current systems of formally reviewing and documenting care needs and choices to ensure consistent best practice can be monitored.

Staff support: induction, training, skills and experience

- The provider's induction procedures, ongoing training and spot checks provided staff with the skills and competencies to carry out their role effectively. One care worker said, "[Registered manager] comes to observe me to make sure I am doing what I need to correctly." Similarly, a relative told us, "[Registered manager] makes sure that the carers coming know exactly what [person] needs, they [registered manager] come to check they [care workers] do it right."
- People and relatives felt staff had the skills they needed to effectively support people. One person said, "I have a catheter, they take care of it properly."
- The registered manager told us they would be introducing a topic into each team meeting to ensure current best practice. They told us, "Our first topic will be safeguarding." Staff gave positive feedback about the training and development opportunities they received.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink to maintain their health and wellbeing, where required.
- Relatives told us care workers understood people's likes and dislikes. One relative said, "They [care workers] buy food for [person] so there's always enough and they know what [person] likes and how it needs to be prepared. Sometimes when [person's] tired they help [person] with their eating."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Although call time audits were carried out periodically, the registered manager told us they had identified where improvements could be made to ensure oversight of the consistency and length of call times.
- Staff worked with other social and health care professionals to promote people's health. For example, when requested to, the registered manager attended visits from the GP and other health professionals to provide support to people and ensure advice was actioned. A relative told us, "[Registered manager] makes

herself available so everyone can visit. [Registered manager] will make sure everyone will be let in, the hairdresser and the GP. "

- The service ensured people received effective care. One person told us, "If I have an appointment to get to they will come early to help me get ready."

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager understood their responsibilities under the Act. They told us no one using the service at the time of our inspection lacked capacity to make their own decisions about how they lived their daily lives.
- People and their representatives agreed with their care plans and signed to confirm they were happy to receive care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives consistently reported they were treated with respect, compassion and kindness. One relative told us, "It's best care service we've ever had. So helpful, kind and considerate and they [care workers] listen. You don't have to keep repeating how you want things done, they listen and are respectful."
- Staff knew how to support people well. One person said, "They give me enough time, they are very patient." A relative said, "I don't need to worry or chase anyone up, I know [person] is being cared for with them [care workers]."
- Staff spoke compassionately about people and took pride in their work. One care worker said, "We are a good team here, we communicate and respect everyone's individual needs, communicating is what makes it work."

Supporting people to express their views and be involved in making decisions about their care

- Management contacted people and their relatives by telephone or through visits to gain their views on the care being provided. One relative told us, "We haven't had anything formal, but we regularly see [registered manager] and we discuss what we need."
- Relatives told us the registered manager acted as an advocate if people needed support to express their views. One relative told us, "[Registered manager] knows [person's] daily needs the best and I can't always make appointments. [Registered manger] is so knowledgeable, really makes my life so much easier, they go above and beyond."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their privacy and treated them with dignity. One relative told us, "They [care workers] are so polite and respectful in our home."
- Staff supported people and relatives to be as independent as they were able; people and relatives confirmed this. One care worker said, "[Person] lets us know what they want or where they want to go, and we take them." A relative said, "They [care workers] have given me so much freedom – I can live my life, knowing [person's] ok."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff told us the importance of promoting independence and choice. One care worker told us, "[Person] doesn't have much control in their life but by taking time to understand [person] we can offer [person] choice and independence; we can make [person's] day as [person] wants it to be."
- Each person had a written care plan in their homes which reflected their individual assessed needs. Staff used electronic care records containing the same information. The electronic system facilitated secure passing of information so a care worker and management would be notified of any changes. A care worker told us, "I record anything I find on the app, which lets the office know so they can take any action, like calling the GP. When I visit the person again I can check the notes on the app and see what happened or what their new care need is."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and any aids they required to support communication such as hearing aids or spectacles were recorded in their care plans.
- The registered manager and staff told us they ensured people had access to the information they needed in a format they could understand, in line with the AIS. One relative told us, "[Registered manager] helped [person] get hearing aids, but sometimes [person] doesn't wear them so they write down questions to ask [person] what [person] wants."

Improving care quality in response to complaints or concerns

- People were informed of how to raise a concern or complaint about their care.
- The provider had a complaints policy and procedure in place. We were not able to assess the effectiveness of the policy because there hadn't been any formal complaints made to the service. One relative told us, "Never had the need to make a complaint – no, never. I would recommend them, the same way they were recommended to us."

End of life care and support

- The registered manager worked with hospice healthcare professionals to assess and support people with end of life care.

- Limited information was recorded within people's care records regarding their wishes for end of life care. The registered manager said personalised end of life plans would be discussed with people and their relatives, and documented to ensure staff had the guidance they needed to support people and their families, as stated in the services COVID-19 risk assessment.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Working in partnership with others

- Despite being registered in 2019, Care Deluxe have only been providing care to people for the last 12 months due to various factors. Therefore, systems and processes were still being embedded. The registered manager told us, "We are in the process of developing our QA [Quality Assurance] systems with the introduction of new policies, staff surveys, people and relative's surveys, improved audits and action plans in response to audit findings." The nominated individual and business manager told us these developments would increase provider oversight.
- The registered manager worked closely with external health professionals to promote positive outcomes for people.
- The registered manager encouraged staff to gain higher qualifications in areas relevant to their role and progress within the service. Policies were easily available on the services electronic care system for staff to access and refer to.

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

- Although there were processes to monitor the quality and safety of services through audits such as, call time audits, medicine audits, care competency and care records, we identified some improvements could be made to these systems to ensure robust oversight of quality performance. The registered manager and support team were very receptive to everything we highlighted during our visit.
- The registered manager had identified a need for managerial support. Appointment of an office manager was underway to ensure the implementation of clear and effective governance could continue to be embedded without compromising high quality care.
- The provider was aware of their responsibility to inform CQC about notifiable incidents in line with the Health and Social Care Act 2008.

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

- The registered manager promoted a person-centred culture, had a clear vision for the service and told us, "We want to focus on providing good care to the people we care for rather than focusing on and expanding too quickly. We need to make sure we have strong quality assurance in place so we can grow at a safe rate."
- All staff reported a positive culture, felt they were valued and being led well by the registered manager. Morale was high despite recent challenging circumstances caused by the pandemic. One care worker told us, "[Registered manager] – is so nice – really fair and kind, always there if you need anything at all. They are

a really good boss." Another care worker said, "I thought I'd made a mistake recently, but I spoke to [registered manager] and it turned out I hadn't. They were so open and kind I can talk to them about any concerns easily."

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

- Systems were in place to investigate and feedback on incidents, accidents and complaints. These systems had not yet been tested by formal complaints or incidents.
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.

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

- We received consistently positive feedback from people and relatives about their experiences of care. One relative said, "[Registered manager] is very caring and I know I can speak with them whenever I need to. They're always available." One person told us, "[Registered manager] is very kind and considerate, I can always talk openly with her." Another relative told us, "[Registered manager] always checks in with us, I have another meeting with them next week."
- Staff told us they enjoyed working at the service, were confident in their roles and responsibilities and found management approachable. Staff's feedback included, "Our whole team genuinely care about people and [registered manager] is excellent." Another care worker told us, "I really like working for this service, [registered manager] is so helpful, gets their hands dirty and helps when they're needed. I respect that in a manager."