

Carepride Limited

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Inspection report

Beverly Court
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Carepride Limited is a domiciliary care service providing personal care and support to people in their own homes. At the time of the inspection the service provided support to 41 people whose care was funded by a local authority and privately. Not everyone who used the service received personal care. CQC only inspects where people receive personal care.

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

There had been significant improvements following the inspection of September 2019. The service had introduced a new call monitoring system and had made changes to the auditing systems that they used. We did not identify any shortfalls within people's care records or in relation to audits. People confirmed they had not experienced any missed visits.

People told us they felt the care they received from the service was safe. Staff had a good understanding of safeguarding and were able to tell us how they would report a concern. Risks to people had been identified and as such, this helped staff keep people safe and free from harm.

Accidents and incidents were recorded within people's care records and had been investigated.

Staff had been recruited safely. People received the medicines they required from a staff team who were trained in medicines administration. Staff had a good awareness of infection control. They were able to tell us about the PPE they wore and how often this was changed. All staff had undertaken training in relation to COVID-19 and infection control.

People benefitted from a service that was well led. The provider, registered manager and senior staff maintained a focus on seeking to improve the service people received. Quality assurance systems were in place and based upon regular, scheduled audits which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 05 December 2019). There were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an inspection of this service on 26 and 30 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check the provider had followed their action plan and to confirm

they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

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.

Carepride Limited

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 one inspector.

Service and service type

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

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 unannounced.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the service since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and four care staff.

We reviewed a range of records relating to the management of the service, including policies and procedures, safeguarding records, staff recruitment files, care records and audits.

We considered all this information to help us to make a judgement about the service.

After the inspection

After the inspection, we spoke with three people and the relatives of two people. Their comments have been incorporated into this report.

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 this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At the inspection of September 2019, we found people were not protected from abuse and improper treatment in accordance with this regulation and were a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

Systems and processes to safeguard people from the risk of abuse

- We found at this inspection effective systems were in place to safeguard people from harm and abuse. Safeguarding concerns had been reported to the local authority. The service maintained a safeguarding file which identified five safeguarding referrals had been made this year.
- The registered manager told us that since the last inspection vigorous checks were carried out of people's care records. This included daily records and medicines records. Where concerns were identified, the appropriate referrals were made to the local authority safeguarding team.
- The registered manager spoke with confidence and passion in challenging poor care. They had recently raised concerns regarding the care and treatment one person had received from health professionals.
- People told us that they felt safe when care staff came to their home. One person told us, "The staff call out when they arrive, so they do not scare me. They always call out who they are". One relative told us, "The staff also check on me when they arrive on a morning and not just my husband. They call out to say morning X are you ok?".
- People were supported by care staff who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern.

Assessing risk, safety monitoring and management

- At the last inspection we found the service had failed to identify when people's visits had been missed. Some people had gone without their planned care and support.
- At this inspection we found improvements had been made. The provider had introduced a live computerised call monitoring system. This was in place for people commissioned by one of the two local authorities. The service was able to monitor people's visits to check that planned care was delivered and at the appropriate times.
- The registered manager told us they hoped the other local authority they were commissioned by would agree to using the system in the near future. Delays were caused due to the COVID-19 pandemic. Some staff were therefore signing in and out using paper records. These records were regularly audited.
- We did not identify any missed visits during the inspection. People confirmed they had received their care and support as planned.

- Risk assessments were in place for each person and were regularly reviewed. This included risk assessments in relation to personal care, the risk of falls and the environment in which care was to be provided.

Staffing and recruitment

- There were sufficient staffing levels and people were visited by a regular team of staff. This meant people were able to form meaningful, caring relationships with staff.
- People told us overall that they were happy with the time keeping of the staff. One person said, "They do tend to stick to the same timeslots. If they have run late then I receive a call". Another person told us, "Sometimes they may over run slightly but I have roadworks near me. I do understand".
- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Pre-employment checks were completed, and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Using medicines safely

- Peoples care records contained information about the medicines they were prescribed, and risk assessments were in place to identify any specific needs in relation to their medicines.
- Medicines were administered by trained staff and regular checks to review their competency were completed.
- Medicines audits were regularly carried out and action was taken to address any issues identified.

Preventing and controlling infection

- The service had robust procedures in place for the prevention and control of infection.
- Procedures were in place for visitors to the office to follow. Posters were displayed at the entrance. To keep staff visiting the office to a minimum the registered manager arranged with staff to collect PPE from outside.
- Staff were aware of infection control requirements and had completed extra training to address issues relating to COVID-19. People confirmed the staff always wore personal protective equipment on visits.
- The staff team took part in regular testing for COVID-19.

Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed the lead up to events, what had happened and, what action had been taken.
- Monthly audits of accidents and incidents were completed and helped to identify any action that could be taken to help prevent recurrence.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the inspection of September 2019, we found audits were not comprehensive and had not identified the shortfalls related to safeguarding people from the risk of abuse, safety management and records. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

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

- We found at this inspection the system used to monitor people's visits had improved. When staff arrived at people's visits they scanned in and out using a mobile phone application. This updated the live monitoring system that the service used.
- The system was monitored throughout the day by senior staff. Although no visits had been missed the system alerted senior staff if this happened within a short time frame. The system also sent alerts if staff were running late. Senior staff followed up the alerts straight away.
- Some people were not connected the new system. Talks were ongoing with one local authority that commissioned some people's care. Staff recorded the time they arrived and left by using timesheet. The timesheets were audited weekly. Staff checked back at each visit to see if the visit prior had been completed.
- Senior staff also carried out home visits, telephone reviews and spot checks to ensure that standards of care remained high.
- The documentation we checked was up to date and relevant in order to guide staff on how to carry out their roles.
- The registered manager told us that since the last inspection they had worked hard to implement new auditing systems. They had recruited a dedicated person to check and audit peoples care records. This included for example, people's medicines administration records (MAR) charts, timesheets, daily records and risk assessments.
- Action was taken to address any shortfalls. This included updates of people's care records and speaking to staff who had left gaps in MAR charts. The registered manager maintained full oversight and checked back over audits.

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

- People told us that they were informed if something unforeseeable was going to change in relation to their

care arrangement. A person told us that they were always informed if someone was going to be late or if a different member of staff was coming.

- People and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives and staff.
- Staff meetings, supervision and satisfaction surveys were carried out. This provided the management with a mechanism for monitoring satisfaction with the service provided.
- The registered manager told us they met with staff socially distanced outside of the office whilst they collected PPE. This was to check on their wellbeing.

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 and registered manager understood their responsibilities in relation to the duty of candour. They had notified CQC of all reportable incidents.
- The registered manager had communicated appropriately with people and families when any incidents and shortfalls had occurred. They understood their responsibility to be open and honest with the people they supported.

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

- The registered manager knew people well. They were involved in all aspects of people's care provision and people told us that they would often speak to them informally to catch up and seek feedback from people.
- The provider had a system in place to share information with staff, and to review the quality of the service being provided, for example through team meetings, supervision, mobile phone messaging and emails.
- People gave positive feedback regarding the staff and the registered manager. They told us their views about their care was sought through review meetings and talking to staff.
- The registered manager told us they were proud of the staff team. We were told that it had been a challenging time working through the COVID-19 pandemic. As a thank you for the staff the management team organised for a local ice cream van to visit the office as a treat.

Continuous learning and improving care. Working in partnership with others

- The registered manager told us she found the last inspection "A real learning curve". She told us that they had all pulled together as a team and learnt from the last inspection. They were proud of what they had achieved and how they had improved.
- The service had an emphasis on teamwork and communication sharing. Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "I feel satisfied when I phone the office that I am listened to".
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, using and working at the service.
- The organisation worked in partnership with a variety of other agencies. This included, the local authority commissioners, community-based health services and local community resources.