

## Care and Rehab at Home Ltd

# CARAH Care

### 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

CARAH Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 23 people being supported by the service. 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

People and relatives said they felt safe with the staff. One relative said, "My [Relative] is very safe with the carers, they are attentive, open and transparent." The provider had systems in place to safeguard people from the risk of abuse and staff received training on recognising and managing safeguarding concerns. Staff were safely recruited by the service, ensuring that only people who were suitable to work with vulnerable adults were employed.

People received their medicines safely and as prescribed. People's care plans included information and guidance staff needed to manage risks associated with people's care. Staff were knowledgeable about infection prevention and control (IPC) practice, undertook regular COVID-19 testing and used personal protective equipment (PPE) in line with the national guidance.

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.

People's care and support needs and preferences were discussed with people and their relatives before they were supported by the service. Staff used information gathered in the assessment process to develop personalised care plans and risk assessments that met people's individual needs. Most staff were up-to-date with their training, which ensured they had the knowledge and skills to safely and effectively meet people's needs.

People and relatives told us staff supported people well to ensure they had enough to eat and drink. One relative commented, "They cook and prepare food for [Relative] and give him choices and provide him with lots of drinks throughout the day." Staff supported people to access health services when needed. One person said, "When I felt the district nurses needed to come and see me the surgery said they were unable to visit but when I told the carers the office sorted it out, so I got a visit."

People and relatives told us staff were kind and caring and they were very happy with the support they received. One relative said, "They [the staff] go over and above caring for [Relative] and have developed a beautiful bond and relationship and have his best interests at heart." Staff knew the people they supported well and developed good relationships through supporting the same people on a regular basis.

Staff involved people in making choices about their care and support, even with simple daily tasks. One person commented, "They are kind and considerate when they shower me, and they are always asking me if it is ok to do this or that." Staff ensured people's privacy and dignity was always maintained. Comments included, "[Relative] used to wear the same clothes for days but now he has clean clothes on every day and looks smart" and "Personal care is carried out showing dignity and respect towards [Relative] and they cover him with towels, he tells us, to provide some privacy."

People and relatives told us staff involved them in the care planning and review process, ensuring people received support in line with their needs and choices. One relative said, "They are very respectful to [Relative's] needs and understand how he likes things done. He is treated as an individual, the care is very personalised." People's individual communication needs were considered and met by the service. People and relatives spoke positively about the social support staff offered them. One person said, "They keep me company when they have finished the jobs for me and sit and watch TV, it's lovely [to have] a bit of company, they are like family."

People and relatives' feedback about the staff and the quality of care they received was comprehensively positive. One person said, "The care staff are so reliable, they are all fantastic." There was a positive, kind and caring culture amongst staff at the service. Staff were passionate about their roles supporting people and this was reflected in the positive feedback we received about staff. The provider had a range of effective quality assurance processes in place to assess, monitor and improve the quality and safety of service being provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 29 November 2019 and this is the first inspection.

#### Why we inspected

This was a planned first inspection of this newly registered service.

#### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# CARAH Care

## 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

This inspection was carried out by one 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 homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure relevant staff were available to support us with the inspection.

Inspection activity started on 17 June 2022 and ended on 22 June 2022. We visited the location's office on 17 June 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it registered. We sought feedback from the local authority and professionals who work with the service. 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 two people supported by the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, care coordinator, administrator and carers.

We reviewed a range of records. This included three people's support plans and multiple medication records. We looked at four staff files in relation to recruitment. 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.

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

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe with the staff. Comments included, "My [Relative] is very safe with the carers, they are attentive, open and transparent" and "The girls [the staff] are great, I am very happy with the care and yes I feel safe when they are here."
- The provider had systems in place to safeguard people from the risk of abuse and records showed staff took appropriate action when any such concerns arose.
- Staff received safeguarding training and understood their role and responsibilities managing safeguarding concerns.

Staffing and recruitment

- There were enough staff employed to support people safely.
- People and relative's feedback about the punctuality and duration of their calls was positive. Comments included, "They [the staff] come on time and stay for the time we expect" and "They are on time and I have never had any missed calls."
- Staff rotas were well-organised, realistic and allowed sufficient time for staff to travel between calls.
- Staff were safely recruited by the service, ensuring that only people who were suitable to work with vulnerable adults were employed.

Using medicines safely

- People received their medicines safely and as prescribed.
- People and relatives were confident in the carers' abilities to support them with medication. One relative said, "They ensure [Relative] has his medication and we have never had any mishaps everything is recorded."
- Staff had received training on this topic and their competency was regularly assessed during spot checks by senior staff.
- The provider had quality assurance processes to check people were receiving their medicines safely. When issues were identified appropriate action was taken, such as additional training and support being offered to staff.

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

- People's care plans included information and guidance staff needed to manage risks associated with people's care. One relative said, "Risk assessments were carried out to ensure [Relative's] care was safe and the manager reviews his care regularly."
- Staff were knowledgeable about risks associated with people's care and felt confident they had the knowledge and skills required to support people safely.

- Staff were able to seek support and guidance from senior staff when needed via a 24-hour on-call telephone system.
- Accidents and incidents were appropriately recorded and responded to by staff. This information was regularly monitored and reviewed by senior staff to ensure appropriate action had been taken and lessons were learnt when necessary.

#### Preventing and controlling infection

- Staff were knowledgeable about infection prevention and control (IPC) practice and had received training on this topic.
- Staff had access to sufficient supplies of personal protective equipment (PPE) and used PPE in line with the national guidance.
- Staff took part in a regular COVID-19 testing programme in line with the current guidance.
- Senior staff regularly updated staff on the latest information and guidance in relation to infection prevention and control (IPC).



# 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

- People's care and support needs and preferences were discussed with people and their relatives before they were supported by the service. Staff used information gathered in the assessment process to develop personalised care plans and risk assessments that met people's individual needs.
- People's needs in relation to equality and diversity were considered and planned for during the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff were appropriately inducted into their role with a period of training, support and supervision from senior staff.
- Most staff were up-to-date with their training, which ensured they had the knowledge and skills to safely and effectively meet people's needs.
- Staff felt well-supported in their roles and had regular supervision with senior staff. Staff also told us senior staff were always available and willing to provide further guidance and training when needed.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us staff supported people well to ensure they had enough to eat and drink. One relative commented, "They cook and prepare food for [Relative] and give him choices and provide him with lots of drinks throughout the day."
- Records showed people's individual needs and preferences with their food and drink were considered and met.
- People and relatives told us staff supported them to access health services when needed. Comments included, "When I felt the district nurses needed to come and see me the surgery said they were unable to visit but when I told the carers the office sorted it out, so I got a visit" and "Staff will liaise with the district nurses for any skin problems or other health issues."
- Staff worked alongside other health and social care professionals to maintain people's health and wellbeing, including making referrals to other professionals and seeking advice when needed.

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 MCA 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.

- People's consent was sought and obtained in line with the principles of the MCA.
- The provider had systems in place to monitor and review people's capacity.
- Best interest processes were followed to support people to make choices and decisions about their care where they were not able to make decisions these independently.

# 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 told us staff were kind and caring and they were very happy with the support they received. Comments included, "They [the staff] go over and above caring for [Relative] and have developed a beautiful bond and relationship and have his best interests at heart" and "They [the staff] are so friendly and [Relative] is much happier now with this company as he is much more cheerful."
- Staff knew the people they supported well and developed good relationships through supporting the same people on a regular basis.
- People's individual equality and diversity needs were considered as part of the care planning process and ensured these needs were met. For example, staff used alternative communication methods where needed to effectively support people living with disabilities.

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

- People and their relatives were involved in making decisions about their care, both at the initial assessment stage and on an ongoing basis during care plan reviews. One relative said, "They [Relatives] both have a care plan which details everything that is required for their care needs and what their likes and dislikes are, so they are both cared for in the way the family wish them to be."
- Staff understood the importance of involving people in making choices about their care and support, even with simple daily tasks. One person commented, "They are kind and considerate when they shower me, and they are always asking me if it is ok to do this or that."
- None of the people supported required the assistance of an advocacy service at the time of this inspection. However, staff understood the role of these services and were ready to signpost people when necessary.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respect. Comments included, "The girls [the staff] are great and fantastic and show me great respect" and "They treat me with dignity and respect."
- Staff ensured people's privacy and dignity was always maintained. Comments included, "[Relative] used to wear the same clothes for days but now he has clean clothes on every day and looks smart" and "Personal care is carried out showing dignity and respect towards [Relative] and they cover him with towels, he tells us, to provide some privacy."
- Staff respected and supported people's independence and understood the need to support people to do as much as they can independently. For example, one staff member told us about how they had supported a person to change their bedding and how pleased the person was at being able to do so.

# 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

- People and relatives told us staff involved them in the care planning and review process, ensuring people received support in line with their needs and choices. One relative said, "They are very respectful to [Relative's] needs and understand how he likes things done. He is treated as an individual, the care is very personalised."
- People's care plans were person-centred, regularly reviewed and gave staff the information they needed to safely and effectively support people.
- There was good attention to detail in people's care plans, particularly with people's individual preferences. For example, one person's care plan noted how toasted they liked their toast, what their favourite marmalade was, and which mug was preferred for which drink.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were considered and met by the service. People's care plans included information and guidance staff needed to understand people's communication needs and how to communicate effectively with them.
- Staff utilised alternative communication methods to effectively communicate with and support people when necessary. Examples included, presenting information in a written format for a person with a hearing impairment and support a person with a visual impairment to open and read their post.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives spoke positively about the social support staff offered them. Comments included, "They [the staff] socialise very well with my [Relative] and know he likes watching certain programmes on TV", "They keep me company when they have finished the jobs for me and sit and watch TV, it's lovely [to have] a bit of company, they are like family" and "The carers will sit with them [Relatives] and chat to them about things they did when they were younger and my [Relatives] smile a lot more now."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which ensured complaints were appropriately investigated, responded to and action taken when necessary.
- People and relatives we spoke with had not needed to raise any concerns but felt confident they could do so if needed.

#### End of life care and support

- The service was not supporting anyone with end-of-life care at the time of this inspection. However, this was considered as part of the care planning process and important information, such as people's wishes regarding resuscitation, was documented.
- Staff had previously supported people with end-of-life care and had effectively worked in partnership with other health professionals to ensure this was delivered in the most caring and compassionate way possible.

# 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.

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

- People and relatives' feedback about the staff and the quality of care they received was comprehensively positive. Comments included, "The care staff are so reliable, they are all fantastic people", "We couldn't do without the skilled and well-trained care that CARAH Care provide to [Relatives], they are so good" and "They [CARAH Care] are wonderful, cannot praise them enough."
- There was a positive, kind and caring culture amongst staff at the service. Staff were passionate about their roles supporting people and this was reflected in the positive feedback we received about staff.
- The provider had a range of effective quality assurance processes in place to assess, monitor and improve the quality and safety of service being provided. We highlighted to the registered manager some aspects of quality assurance and audits relating to call monitoring and reporting could be developed and made more robust. The registered manager and other senior staff made immediate improvements in response to this feedback.

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

- People and relatives told us staff were approachable and checked they were happy with the care being provided. Comments included, "The managers are very good and review [Relative's] care and they are fantastic people" and "The managers are very good and they will visit us sometimes to make sure all is well."
- People and relatives, where appropriate, were involved in making decisions relating to their care.
- The provider had a range of processes in place to gather people's feedback about their care, such as care plan reviews, spot checks and surveys.
- Staff told us they felt well-supported in their roles, senior staff were approachable, and they were always contactable for support when needed.
- Regular staff meetings took place along with other regular communications to support staff and provide relevant updates.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to support and improve people's health and wellbeing.
- Staff had developed good relationships with other health and social care services. Examples included an occupational therapy team and equipment service. This had resulted in staff supporting people to get better access to a range of mobility equipment with the guidance and support of relevant professionals.

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

- Staff had notified CQC of all significant events which had occurred, as is required.
- There was a range of regularly reviewed policies and procedures in place to help guide staff.
- The registered manager understood their responsibility regarding the duty of candour and promoted a culture of openness and transparency.