

Mr Richard Anthony Michael Bunce

# Carrington Home Care

## Inspection report

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20 February 2020

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Carrington Homecare is a domiciliary care agency providing personal care and support to people in their own homes. At present the service is supporting 38 people who live in and around the Barnstaple area.

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

We found improvements were still needed in respect of safe and robust recruitment. We identified this as an area for improvement at our last inspection.

Improvements were still needed in respect of how the registered manager who is also the owner of the service, ensured quality assurances processes were checking the quality of care and records. Some improvements had been made since the last inspection. This included more regular spot checks on the care workers doing visits, ensuring staff had one to one supervision to discuss their training needs and updating care plans and risk assessments. Further work is needed to ensure this is fully embedded.

People and their relatives said Carrington Care was a reliable, friendly and responsive service. People praised the caring and compassionate nature of support workers who visited them. Most people said their visits were usually on time and care workers were flexible and completed tasks as detailed in their care plan as well as anything additional people asked for. For example one person said, "The girls always ask if I need anything before they leave."

People said they were supported to take their medicines at the right time. Staff had received training to ensure their competencies in this role. Records of administration of medicines were held at the registered office. These were checked, but there was no record of what they checked for and any actions taken to rectify any issues that may have been identified.

People received safe, consistent and person-centred care. This was because there were care plans and risk assessments for individuals. The senior staff had recognised that some of these needed updating and enhancing. This was being completed at the time of the inspection.

Staff said they were supported and more training had been offered and further training organised for this coming year. Staff said they enjoyed working for a small agency. One said "It's good because we are small, we get to know our clients well. We cover each other's shifts if needed. It's very friendly."

There was sufficient staff to meet people's needs. The agency had developed a good reputation locally and

there were no missed visits. People and relatives said they would be confident to raise any concerns or complaints with the office if needed.

Staff said their views and opinions were listened to and they all worked well as a team to ensure people had good outcomes.

There was good partnership working with healthcare professionals to ensure people's health was closely monitored and people were supported to get the right help when they became unwell.

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](http://www.cqc.org.uk)

Rating at last inspection (and update) – The last rating for this service was requires improvement (report published 28 February 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Carrington Home 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 Care Act 2014.

#### Inspection team

The inspection was completed 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

We gave the service 48 hours' notice of the inspection. This was 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 4 February and ended on 20 February 2020. We visited the office location on 4 February.

#### What we did before the 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.

During the inspection-

At the office visit we spoke with the registered manager/provider, two office staff and met two care workers. We reviewed four care plans and associated risk assessments, spot checks, staff training and medicine records. We also looked at three recruitment files.

Following the office visit we spoke with four relatives and two people using the service by phone. We also spoke with five staff via phone. We asked for feedback from two health and social care professionals and received information and feedback from one.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included giving feedback from our calls to people and staff.

# 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 remained the same.

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.

### Staffing and recruitment

At the last inspection we found the provider had not protected people from unsafe recruitment This was a breach of regulation 19 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we found recruitment processes were not always robust. We issued a requirement and the provider gave us an action plan. This stated what they were doing to make the necessary improvements. However at this inspection we found some recruitment practices were still requiring improvements.
- Some staff files did not contain all the necessary checks and references before new staff began working.
- The provider had employed a new office administrator who had several years' experience of helping to run another agency. They were addressing the deficits. They had applied for all the references that were missing.

This is a continued breach of Regulation 19 of the Health and Social Care Act (2008) 2014.

- Improvements had been made to ensure employment gaps were explored and staff were expected to complete an application form.
- The last employers were being asked for references and new staff did not go out alone until their police check (DBS) was available for the service to review
- The service employed sufficient staff to enable them to meet people's agreed packages of care.
- People and their relatives said they had a core team of staff who were reliable, turned up on time for the most part and met their needs well. One person said "The girls are all great. I get on with some better than others, but they are all good on the whole." One relative said "I think this agency has the best care staff. They are reliable and they are good."

### Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and the staff team knew how to provide their care safely. For example one relative said "If a new person is coming to (name of person) the regular girls show them how to use the hoist and how to move him so he stays comfortable.
- Staff understood abuse and how they should report any concerns . Staff said they were confident that the management team would take any concerns seriously and they would be followed up.

- Safeguarding training was being organised for the coming months.

#### Assessing risk, safety monitoring and management

- Following the inspection, we received an anonymous concern that stated risk assessments and care plans were not always in place. At the office visit we reviewed four of these. They gave details of people's assessed needs and how best to support them. The administrator and care staff said these were being updated.
- People and their relatives confirmed care plans and risk assessments were held in a file in their home, which staff could and did refer to.

#### Using medicines safely

- People and their relatives said that if needed staff supported them to take their medicines on time.
- Staff either had training or were in the process of having this training. This included safe recording of any medicines they were assisting people to take.
- All completed records of medicine administration were held at the main office. The senior care worker said they did check these for gaps and errors, but this was not routinely recorded as part of their audit process. They said they would include this as part of monthly checks.
- During spot checks of care workers visits to people's home's, the medicine administration records were checked to see if these had been completed.

#### Preventing and controlling infection

- A concern had been received which stated staff did not have access to protective equipment such as gloves and aprons.
- Staff said they did have gloves in a plentiful supply but not aprons.
- We asked the provider about why aprons were not provided and they said they had not previously felt staff needed these but since it had been raised they had ordered a supply for all staff to use during tasks where they needed their uniform to be protected.

#### Learning lessons when things go wrong

- As a Small agency, staff knew all the people they supported. They routinely shared best practice and how best to support someone. Similarly they discussed what was not working so well.
- Accident and incident forms were reviewed and any lessons learnt were shared with the care team. This was usually via an email or text. For example, where a staff member had misread their rota and almost missed a visit to one person, staff were reminded to double check their lists.

# 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.

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's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection we found People who used the service were not protected against the risks associated with poorly managed staff training, supervisions and inductions. This was a breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the issuing of a requirement at the last inspection, the provider sent us an action plan to show how they intended to make the necessary improvements. This included using a local trainer and mentor to assist them to meet this requirement.
- A programme of training dates had been set up to ensure all staff had updated training in key areas of health and safety.
- A programme of supervision sessions had been set up. A sample of records of these showed staff were given an opportunity to discuss their development, their role and their training needs.
- New staff were expected to follow an induction process which included shadowing more experienced staff to enable them to see how best to support people.
- Staff confirmed training and support was available and most had recently had one to one supervision session.
- Staff who were newer to the service said they had completed an induction and were able to shadow more experienced staff.

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

- People and relatives confirmed their needs had been assessed prior to them receiving a service.
- Staff confirmed this assessment information was made available to them to help understand people's needs and how best to support them.
- Care plans included any best practice and information from healthcare professionals.

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

- Where a need had been identified for staff to support people to eat and drink sufficiently to remain healthy, this was detailed within their care plan.
- Staff confirmed they recorded what and how much people ate and drank. One said "We call the on call or office if we are concerned someone is not eating and drinking. They will call their family and or the GP."

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

- Staff worked closely with GP's and community nurses to monitor and assist with people's ongoing health issues.
- Daily records showed good communication with health professionals was happening.
- People and relatives confirmed staff supported them where they could to maintain their health and access healthcare facilities 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 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. There was no one under this type of protection at the time of the inspection

- Staff understood the principles of the MCA ensuring people were offered choice and consent was gained for any care and support being delivered.

# 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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 said staff who visited them treated them with kindness and respect. One person said "Yes they are ever so nice, I look forward to their visits. They have a laugh with me."
- Relatives confirmed staff treated their relatives with respect and compassion. One said "I turn up at all times and they don't know I am here. I can hear them being patient and very kind to (name of person) so I know they are doing a good job."
- There were thank you notes and compliments from people using the service which showed staff were treating people well. One person wanted to particularly praise one of the younger staff. They had rung the office to say how well they were doing and how kind and helpful the young care worker was.
- Staff understood people's individual needs and respected their diversity.
- Training was being organised in equality and diversity.

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

- People said they were involved in the decisions about their care and support and how this was being delivered. For example one person said they had not wanted such a late morning visit, but accepted this initially as this was all they could offer them. They said they asked if they could have an earlier slot and this was agreed once time was available from care staff.
- Staff understood the importance of ensuring people were in an active partnership with them so care delivery was successful. One staff member said, "Sometimes our clients are initially very reluctant to accept our help, but once they get used to us they accept the help and even start to look forward to us coming."
- One relative said "(name of person) is so particular, they have to include them in any decisions about the care side, they would soon say if they didn't."

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff were always respectful and ensured dignity and privacy was upheld.
- Relatives also confirmed staff worked in a way which was respectful and made their relative feel comfortable in accepting the care.
- Staff understood the importance of ensuring people's dignity and privacy was considered at each stage of their care delivery.
- Spot checks completed by senior staff, looked at whether staff ensured people's privacy and dignity when engaging in personal care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 were confident in the services' ability to be flexible and meet their needs.
- People confirmed staff ensured their wishes and preferences were honoured. For example, one person told us they only liked their tea made in a certain way, they had trained staff to get this right because this was important to them.
- Staff had detailed knowledge and understanding of each person's needs and wishes.
- Plans contained detail about how staff should support people in their daily lives. These were being updated to include more personal details and people's preferred routines.
- Care and support was flexible where possible to enable people to have extra support when they needed it.
- Staff confirmed the on-call system of a senior being on duty at all times, worked well. This meant that if they visited someone who was unwell for example and they needed to stay longer, they could speak to the on-call person to rearrange rotas so that other visits were not missed.
- The on-call record book showed the service were highly responsive to crisis situations and ensured people were safe and if needed had urgent medical intervention organised

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.

- Plans of care included what staff needed to think about in terms of people's communication needs. For example if they had hearing aids, wore glasses or difficulty processing information due to their dementia.

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

- Where agreed as part of an individual's package of care, staff supported people to access the local community, follow their hobbies and interests and meet with others to help combat social isolation.

Improving care quality in response to complaints or concerns

- The service had a complaints process but there had been no formal complaint since the last inspection.
- One senior support worker said, people do ring into the office with minor grumbles, but they act on these

immediately so they do not become complaints. Some of this was detailed within the on-call book.

#### End of life care and support

- Where possible people were assisted to have their end of life care at home, if this was their wish.
- Staff worked closely with the community nurse team and the GP to deliver end of life care which helped to ensure people experienced good outcomes
- Compliment and thank you cards were testament to the positive end of life experiences people were supported to have. One said, "Thank you so much for helping us care for our beautiful mum ensuring her comfort and dignity to the end."

# 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 remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection we found people who used the service were not protected against the risks associated with an ineffective system to regularly monitor and assess the quality of the service. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we found improvements were needed in the monitoring and quality processes, to ensure the service was keeping people safe and outcomes were good. The provider sent us an action plan to show how they would make the necessary improvements.
- At this inspection, we found there had been some improvements, but this had not been sustained due to changes in staff within the office. The registered manager had not identified gaps in employment records. However he acknowledged that he needed support with this and had brought in a mentor to assist with quality assurance processes.
- The mentor was also providing some of the core training for staff. They had developed a programme of training topics to run throughout the year.
- Work had begun on updating risk assessments for everyone who used the service.
- Work was in progress to ensure regular audits took place. These included the medicine records, care plans, risk assessments and spot checks.
- In the past the service had used questionnaires to gain people's views. They were adopting a more flexible approach with regular meetings with people and their relatives to review their care plans and check they were happy with the service. This was recorded in the person's home file, but the registered manager agreed this could be completed on a separate form.

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

- People and relatives said their views were taken into account. One said, "You can ring the office if there is a problem, I ring sometimes just to check they are coming."
- People's equality characteristics were upheld. Staff understood how to work in a person centred way,

delivering care whilst respecting people's diversity.

- Staff said their views were listened to and there was an open and inclusive approach from seniors within the office and care team. One said they would like to have better communication and maybe team meetings. This was fed back to the registered manager to consider for the future.

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 registered manager understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

Working in partnership with others

- The community nurse team said the service worked in conjunction with them to ensure people's healthcare needs were met and closely monitored.
- One commissioner said the service was flexible and helped to take people who were complex at times.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  People who used the service were not protected against the risks associated with poor recruitment practice.