

Caerus Lifecare Limited

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Inspection report

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Date of inspection visit:
23 April 2019

Date of publication:
30 May 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Caerus Lifecare Limited is a domiciliary care agency which provides care in people's homes to older people. The services they provide include personal care and housework. At the time of inspection, the service provided care to four people, two of whom received personal care.

People's experience of using this service:

The service first registered with the Care Quality Commission (CQC) in May 2018. This inspection on 23 April 2019 was the first inspection for the service.

One person who received care from the service and one relative told us they were satisfied with the level of care the agency provided and raised no concerns about safety. They spoke positively about care workers and said that they were respectful, kind and caring.

Some systems were in place to help ensure people were protected from the risk of abuse. There were appropriate policies in place with the relevant contact details. The registered manager explained that care workers had received in-house safeguarding training but there was no documented evidence to confirm this.

Risk assessments covered areas such as the environment, physical health and personal care. We however noted that there was a lack of information about control measures and action required to reduce potential risks. We raised this with the registered manager and she advised that she would review these and ensure they included further detail.

The registered manager confirmed the service did not currently administer medicines to people. We therefore did not look at how the service managed medicines during this inspection.

Feedback from one person and a relative indicated that there were no issues with regards to care worker's punctuality and attendance. However, the electronic monitoring system used by the service did not accurately document the length of time care workers provided care for. We raised this with the registered manager and she advised that she would address this shortfall.

The service had carried out employment checks, however we noted that the service had failed to obtain Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. However, we noted that these had been obtained by previous employers and not by the service and were more than six months old. We found a breach of regulation in respect of this.

People received care and support from the same team of care workers. This maintained consistency and ensured that staff knew people and could build friendly professional relationships with people.

We discussed training with the registered manager. She advised that care workers had received in-house training which she had provided. However, we noted there was no documented evidence to confirm care workers had completed this training. We were therefore concerned that care workers were not sufficiently trained to provide effective care. We did not see evidence that staff had been consistently supported to fulfil their roles and responsibilities through an induction, training and regular supervisions. We found a breach of regulation in respect of this.

Details about people's nutrition and hydration had been documented in the care plan.

People received care that respected their privacy and dignity as well as promoted their independence.

Care support plans included basic details about the support people needed with regards to various aspects of their daily life. However, we noted that the information recorded was limited and there was a lack of information about what support people wanted and how they wanted the service to provide support. We found that information in these care plans were task focused and lacked information about people's preferences. We raised this with the registered manager and she advised that she would review these and ensure that they were personalised and specific to people's individual needs and detailed.

The service had a formal complaints procedure in place. Feedback indicated that there were no complaints about the service but people knew what to do if they needed to raise a complaint or concern.

One person and one relative we spoke with spoke positively about the management of the service. There was a management structure in place with the registered manager and a team of care workers.

The registered manager explained that she had carried out some checks, but she was still in the process of implementing these. We did not see documented evidence of comprehensive completed audits including audits of care plans, risk assessments and training.

During this inspection we identified deficiencies in relation to staff training, care plans and the electronic monitoring system. We saw no evidence that the service had identified these deficiencies and taken necessary action prior to our inspection. We raised this with the registered manager and she explained that they would make improvements to aspects of the service identified. However, we needed to be sure that these processes had been implemented consistently over a significant period of time and therefore we have rated the service as "Requires Improvement".

We found two breaches of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

Rating at last inspection: The service was first registered with the CQC in May 2018. This inspection on 23 April 2019 was the first inspection for the service.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we received about the service until we return to visit as per our re-inspection programme. If any concerning information was received, 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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Caerus Lifecare 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: Caerus Lifecare Limited is a domiciliary care service which is registered to provide personal care and support to people living in their own home.

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 visit because we wanted to make sure the registered manager was available on the day of our inspection.

What we did: Before the inspection, we reviewed information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

An inspection site visit took place on the 23 April 2019. It included speaking to the registered manager. We also reviewed two people's care records, which included care plans and risk assessments. We also looked at three staff files checking staff recruitment, training and supervision. We looked at records relating to the management of the service which included various policies and procedures, complaints, quality monitoring and audit information.

Following our inspection, the inspector carried out telephone interviews to obtain feedback about the service. We spoke with one person who received care from the service and a relative of another person who received care. We also spoke with two care workers.

Is the service safe?

Our findings

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

Some aspects were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- One person we spoke with told us, "I feel safe. The carer is brilliant." When asked if they thought their relative was safe in the presence of their care worker, one relative said. "Yes, he is safe."
- The service had safeguarding and whistleblowing policies in place. These detailed the process for reporting concerns. We discussed the safeguarding and whistleblowing procedures with the registered manager. She was aware of her responsibility to report such allegations and concerns to the local authority safeguarding team and the CQC.
- The registered manager explained that care workers had received in-house safeguarding training. However, we noted that there was a lack of documentation to confirm this. Care workers we spoke with were aware of the importance of their role in safeguarding people and said if they had concerns about people's safety they would report their concerns immediately to the registered manager. They were confident that management would respond to their concerns immediately.

Assessing risk, safety monitoring and management

- Risk assessments were in place and contained some guidance for minimising potential risks.
- Risk assessments covered areas such as the environment, physical health and personal care. We however noted that there was a lack of information about control measures and action required to reduce potential risks. For example, one person had a sight impairment but there was no risk assessment in place which included guidance for staff on how to mitigate potential risks relating to this. We raised this with the registered manager and she confirmed that she would review risk assessments and include further information about potential risks and how to mitigate these.
- One person and one relative told us there were no issues with regards to care worker's punctuality and attendance. They spoke positively about care worker's time keeping.
- The service had an electronic monitoring system which required staff to log when they arrived at a person's home on an app on their phone to indicate when they arrived at a person's home and when they left. The aim of this system was to enable her to monitor staff punctuality and ensure staff stayed for the duration of the visit. The registered manager confirmed that they started using the system recently, in the first week of April 2019.
- We were provided with records which showed staff punctuality and attendance between 8 April and 21 April 2019. The reports indicated that staff were punctual and there were no instances of care workers being later than 5 minutes of the scheduled visit start time. However, we found numerous discrepancies in respect of the planned duration of the visit and the reported duration. We queried this with the registered manager. Following the inspection, the registered manager contacted the organisation that supplied the electronic

call monitoring system to clarify the position. She confirmed that the discrepancies were due to care workers not using the app correctly. The registered manager explained that care workers were still getting used to the system and confirmed that in light of the shortfalls in respect of the data recorded, care workers would receive further training on using the system.

- The service had an on-call system to make sure staff were supported outside the office hours. This service was available at evenings and weekends.

Staffing and recruitment

- The service carried out recruitment checks before care workers could commence work at the service. This was to ensure care workers were suitable to provide people's care.
- Checks undertaken included two references and proof of identity. We saw evidence of Disclosure and Barring checks (DBS) on each file that we looked at. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. However, we noted that these had been obtained by previous employers and not by the service and were more than six months old. One person's DBS was obtained in April 2016 and was due to expire.
- This is a breach of regulation 19(3)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the service did not carry out appropriate DBS checks for care workers.
- The registered advised that she would ensure DBS checks were carried out for all three care workers by the agency and she would not rely upon DBS checks from previous employers.
- The service had sufficient staff to support people safely and in a timely manner. The registered manager was also part of the care team and provided direct care and supported staff when needed. This enabled the registered manager to easily identify any concerns about staff practice.
- We discussed staffing levels with the registered manager. She explained that at the time of the inspection the service provided personal care to two people and at present there were sufficient numbers of staff. She however explained that she had a recruitment drive in progress to employ more care workers.

Using medicines safely

- The registered manager confirmed that the service did not currently administer medicines to people. She told us, "We have no responsibility for medication at present." As a result of this, we did not look at how the service managed medicines as part of this inspection.

Preventing and controlling infection

- The service had processes in place to reduce the risk of infection and cross contamination. The registered manager advised that care workers had completed infection control training, however we did not see documented evidence of this.
- Staff received personal protective equipment (PPE) such as gloves and aprons and this was confirmed by staff we spoke with.

Learning lessons when things go wrong

- The registered manager confirmed that there had not been any accidents or incidents since the service started operating.
- The service had a system for recording and managing accidents and incidents. There was a policy in place and template accident and incident forms that would be used to document information.
- The registered manager told us she would analyse accident and incidents to consider lessons learnt and

reduce reoccurrence.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. One regulation in relation to staff training and supervisions was not met.

Staff support: induction, training, skills and experience

- We asked the registered manager for details of what training staff had completed. The registered manager explained that staff had received in-house training which she had provided. This covered safeguarding, health and safety, dementia, infection control, dignity and respect and hygiene. However, we noted that there was no documented evidence to confirm care workers had completed this training. We were therefore concerned that staff were not sufficiently trained to provide effective care. Further, we saw no evidence that care workers had carried out competency tests or a review of their knowledge had taken place.
- We discussed the lack of staff training with the registered manager and she advised that care workers had been booked to attend a training course with an external organisation which was due to start on 1 May 2019 and involved a combination of online and classroom sessions.
- We saw documented evidence that care workers had received a supervision session with the registered manager and this was confirmed by care workers we spoke with. However, there was a lack of evidence to confirm that supervisions had taken place consistently since the service started operating.
- We observed that care workers had not yet worked at the service for a year and therefore an appraisal was not due.
- The registered manager advised that care workers undertook an induction when they started working for the service. Care workers confirmed this. However, there was no documented evidence of this.
- We did not see evidence that staff had been consistently supported to fulfil their roles and responsibilities through an induction, training and regular supervisions. This is a breach of regulation 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Records showed that people's needs were assessed at the start of the care package. People were involved and consulted with during the assessment process. People's care needs and preferences had been discussed with them before they started receiving care from the agency.
- Information gathered during the assessment was used to formulate individual care support plans for people.
- Care support plans included some information about people's needs and their goals as well as action required by staff to help support meeting people's needs.
- Assessment of people's needs included the protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was consistently recorded.
- Staff completed notes for each visit, recording the care and support provided to help the service track and

review people's progress.

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

- At the time of the inspection, the service assisted one person with eating and drinking and this was documented in their care plan.
- We spoke with the registered manager about how the service monitored people's health and nutrition. She said that if she had concerns about a person's weight, she would contact all relevant stakeholders, including the GP, social services and next of kin.

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were mostly dealt with by the person's family. However, care workers said they would contact emergency services if a person was unwell.
- The registered manager explained to us how the service monitored people's health needs and reported concerns, with the person's permission, to relatives or health professionals. We saw evidence that the registered manager had made referrals to the Occupational Therapist when people required assessment for use of equipment.

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.

- Care support plans included information about people's mental health and capacity to make decisions. Care plans included a communication and mental health assessment which included information such as details about people's mood, anxiety, behaviour that challenges and self-neglect.
- We found that care support plans we looked at had not been signed by people or their representatives to indicate that the care had been agreed to. We raised this with the registered manager and she explained that she had experienced difficulties in getting them signed and said that she would ensure this was done. Despite this, one person and one relative we spoke told us they had been involved in decisions regarding their care plans. One relative said, "[The registered manager] provided a lot of assurances which [my relative] needed. We were very much involved with putting the care package together. We discussed what would be acceptable to him."
- Staff we spoke with had knowledge of the MCA. However, care workers had not received MCA training.
- Staff told us that they always asked for people's permission before supporting them with personal care and other tasks.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person we spoke with told us they were treated well and with respect when being cared for. This person said, "I am absolutely delighted with the care. 100% happy. My carer is superb." One relative told us care workers were kind and caring. One relative said, "The care is good. [My relative] is happy with the care. The carer is very helpful."
- Care workers we spoke with showed an understanding of people's needs, preferences and routines. One care worker gave us an example of a person's daily routine and what they like to do.
- People's protected characteristics such as age, ethnicity and disability were taken into consideration when supporting them. People and staff were matched according to their individual preferences and needs.
- The service treated people's values, beliefs and cultures with respect. There were practical provisions for people's differences to be observed. For example, provisions had been made to support people's diversity, and this included gender preferences.

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

- People were supported to make decisions about their care and treatment. We saw evidence that monthly reviews had taken place. These reviews were detailed and covered areas such as people's progress, relevant updates that impacted on their life as well as any changes in their needs.
- Staff were aware of the importance of seeking consent from the people they supported. The provider had policies and systems that supported this practice.
- The registered manager said they encouraged people to provide feedback about their care by word of mouth and questionnaires.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence was upheld. Staff told us they encouraged people to be independent and where possible let them do things for themselves. One care worker gave us examples of how they ensured people were given choices and preserved their dignity when providing personal care.
- People's records were stored securely to ensure their confidentiality. The registered manager had processes in place to ensure all records were managed in line with the Data Protection Act and The General Data Protection regulation. This is a legal framework that sets guidelines for the collection and processing of personal information.

Is the service responsive?

Our findings

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

People's needs, wishes and preferences were not always reflected in their care plans.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care support plans included information about people's history and medical background. Care support plans included basic details about the support people needed with regards to various aspects of their daily life. However, we noted that the information recorded was limited and there was a lack of information about what support people wanted and how they wanted the service to provide support. We found that information in care plans was task focused and lacked information about people's preferences. We raised this with the registered manager and she advised us that she would review these and ensure that they were personalised and specific to people's individual needs and more detailed.
- People experienced consistency in the level of care they received and received care from regular care workers.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service who have information or communication needs because of a disability, impairment or sensory loss. The registered manager told us that currently all the people using the service understood English. Some documentation included pictures to help with accessibility of the information. An AIS policy was in place.

Improving care quality in response to complaints or concerns

- One person and one relative we spoke with knew how to make a complaint. They were confident that any issues would be taken seriously by the registered manager and addressed appropriately. One relative said, "I can definitely raise issues with [registered manager]. I can make direct contact with [registered manager]. She has responded immediately."
- The registered manager advised us that the service had not received any formal complaints since it started operating.
- Care workers knew they needed to report to the registered manager any complaints and concerns about the service that were brought to their attention by people using the service, people's relatives or others.
- The service had a formal complaints procedure. The policy was detailed in the service user guide so that people had access to it.
- The registered manager explained that she encouraged people to speak with her if they had any concerns and that there was an open-door policy so that people felt able to speak with her.

End of life care and support

- At the time of our inspection the agency was not providing end of life care to people.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- One person and a relative we spoke with told us that care workers were caring and were responsive to their requests.
- The service was unable to demonstrate that care workers had received training in various areas including safeguarding, infection control, food safety, infection control and first aid. It was therefore not evident that care workers had the necessary skills, knowledge and experience to deliver high-quality care. The service had failed to effectively identify these shortfalls and ensure staff were suitably trained.
- The service had an electronic system for monitoring staff punctuality and attendance. However, we found that this was not working effectively as there were a number of discrepancies in respect of the length of visit times and the registered manager had failed to identify these. This was due to care workers not fully using the system.
- Care support plans lacked detail and were not personalised. The service had failed to effectively identify their own failings in respect of this.
- The registered manager was receptive to our suggestions and showed a commitment to improving the service.
- The registered manager knew the importance of being open, honest and transparent in relation to the care and other services that they provided to people, and of taking responsibility when things go wrong. The registered manager was aware of when she needed to report notifiable incidents.
- The registered manager was aware of the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. There was an open and transparent approach to safety and a system was in place for reporting and recording significant events.

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

- The service had a registered manager in post who was responsible for the day to day running of the service.
- We found the registered manager to be knowledgeable about issues and priorities relating to the quality and future of the service. She explained that the long-term aim of the service was to expand in a responsible manner and said she would only do this once the service had recruited more care workers.
- There was a structure in place with a team of care workers and the registered manager. Care workers told

us that morale amongst staff was positive and that they worked well with one another. They also said they were always able to contact the office and said that office staff and care workers communicated well with one another.

- Staff felt supported by the registered manager. One care worker told us, "The support is very good. If I need anything or need to call [registered manager] she is always available. I do feel able to ask questions and she always responds. She is responsive. She solves any issues." Another care worker said, "The manager is really supportive. She answers my queries straightaway."
- The registered manager held monthly meetings with care workers and we saw documented evidence of this. We noted that during these meetings, time was allocated to cover training sessions and updates. The registered manager explained that this enabled her to update staff on any changes and developments. Care support staff told us that they were able to openly share information and concerns at these meetings.

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

- Records we looked at showed the agency asked people about their feedback.
- The registered manager told us that she carried out regular telephone monitoring to obtain feedback from people and relatives. However, we noted that these were not documented.
- Staff spoke positively about communication within the service. They said they had regular meetings where they were kept updated regarding the operation of the service and were asked about their feedback about the service.

Continuous learning and improving care

- We discussed with the registered manager how the service monitored the quality of care provided. The registered manager explained that she had started some checks and audits but said that she was still in the process of developing these. We found some checks were carried out but these were not consistently documented and were not always effective at identifying issues. Comprehensive audits enable the service to check that it is meeting required standards and regulations and identify any shortfalls or deficiencies.

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 The service failed to carry out up to date DBS checks for care workers employed. Regulation 19 (3)(a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was a lack of evidence that staff were consistently supported to fulfil their roles and responsibilities through training, regular supervision sessions and an induction. Regulation 18 (2) (a).