Caring Folk Limited

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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?	Requires Improvement

Summary of findings

Overall summary

Care Folk Limited is a domiciliary care service which provides personal care to adults with a range of support needs in their own homes. At the time of this inspection the service was supporting 74 people.

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
Medicines were managed safely. Risk assessments contained relevant information about people's known risks. Accidents and incidents were managed, and appropriate actions taken to prevent re occurrences. There were enough staff to meet people's needs and people told us they often saw the same staff for consistency in care.

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.

People told us they felt safe with staff and said staff were kind. People were treated with respect and dignity. People we spoke with felt their needs were being met by staff and felt confident raising any concerns with the service.

People's care needs were assessed and person-centred plans were created which included people's personal history and preferences as well as assessments of risk and what help people needed.

Staff said they felt confident raising concerns with the management team however, meetings, supervisions and appraisals had not always been recorded. Recruitment processes were not always robust due to recording issues and lack of risk assessment documentation when staff provided old DBS's. We made a recommendation for the provider to review their record processes.

The registered manager was keen to always improve the service and had links with a variety of organisations to seek information about best practice. The service worked in partnership with other organisations and were involved in volunteer work with local community groups.

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

Rating at last inspection
This service has not yet been rated overall. The last focused inspection took place in October 2020 and the safe and well led domain were rated good.

Why we inspected

This is the provider's first comprehensive inspection.

You can read the report from our last focused inspection, by selecting the 'all reports' link for Caring Folk 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? The service was safe.	**Good**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was not always well led.	**Requires Improvement**

Caring Folk 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 team was made up of two inspectors.

Service and service type
Caring Folk limited 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. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 25 October 2021 and ended 16 November 2021. We visited the office on 3 November 2021.

What we did before the inspection
We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We sought feedback from the local authority, clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection
We spoke with people using about their experience of the care provided. We spoke with the registered manager and staff members. We looked at care and medicine records, staff files for recruitment and risk assessments. We also looked at quality monitoring records relating to the management of the service, such as audits and quality assurance reports.

After the inspection
We continued to seek clarification from the provider to validate evidence found. This included reviewing feedback about the service and quality assurance records.

Good

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely
• Medicines were managed safely. People had individual medication administration records (MARs) which showed when medicines had been administered by staff.
• Some people received 'as required' medicines and there were protocols in place to inform staff of the reasons for administration, the minimum and maximum dosages available and for what reason it was required.
• Medication audits were carried out and actions taken when errors had been made.
• Medication care plans were completed to inform staff of people's preferences for taking their medicines, who was responsible for ordering these and what medications they were prescribed.

Staffing and recruitment
• People we spoke with said they often had the same staff attending their calls which helped with consistency of care. One person said, "I do get the same carers and visits are on time. I know all the carers that come."
• Staff we spoke with told us their calls often over lapped and did not allow for travel time between visits. We looked at staff rota's which showed some overlaps between calls. The registered manager told us they had an agreement with people that calls could be completed 15 minutes outside of the allotted times. People we spoke with said staff often arrived on time and if the call was late they had been informed by the office staff.
• Recruitment records were not always robust. We have addressed this in the well led domain. We found application forms did not prompt staff to record dates of previous employments to identify any gaps and DBS applications had been accepted without a recorded risk assessment in place. We discussed the issues about recruitment with the registered manager who agreed to make immediate changes.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Risks to people and how they were managed were fully reflected in risk assessment documentation.
• Staff we spoke with understood people's individual risks and how these should be managed.
• Accidents and incidents reported to management had been investigated and actions taken to prevent re occurrences.

Systems and processes to safeguard people from the risk of abuse
• People told us, continuity in staff attending their homes to assist them, helped them to have confidence and feel safe with staff.
• There were systems in place to help keep people safe and the provider had clear safeguarding policies and procedures.

• Staff knew how to protect people from the risk of abuse. Staff confirmed they had received training in safeguarding and knew who to report concerns to.

Preventing and controlling infection
• Staff told us they were provided with personal protective equipment to use when carrying out personal care in people's homes to prevent cross infection. We were assured that the provider was accessing testing for people using the service and staff. We were assured that the provider's infection prevention and control policy was up to date and risk assessments completed when necessary.

Good

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 not rated. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
• People told us staff had the relevant skills to provide good care. One person said, "I think the staff have the right skills."
• Not all staff were up to date with their training. The training matrix showed 17 out of 29 staff were due to update their safeguarding training. 10 staff were to update their moving and handling and 12 staff needed to update their medicines training. There was a training action plan in place to address these issues by end of November 2021.
• Staff told us all training was completed online. One staff member said, "It's all online we don't do any face to face training. Never had face to face training. Yes, I'm up to date with my training but it's hard to keep up to date because we do it in our time off." The registered manager said they did not do any face to face training due to COVID-19 but staff practice was monitored during shadowing.
• Spot checks were carried out to support staff in their practice.
• New staff had an induction programme and completed their training. One staff member said, "I did all my training prior to starting. I did shadowing with the care manager for four or five days. I also completed the care certificate as I've not worked in care before."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• Staff had received training on the Mental Capacity Act (MCA) and understood the principles of the MCA. The provider carried out capacity assessments and best interests when required to ensure people's needs were being met.

• Staff told us they always asked for people's consent prior to carrying out any person care.

Supporting people to eat and drink enough to maintain a balanced diet, supporting people to live healthier lives, access healthcare services and support;
• Staff supported people to eat and drink according to their preferences and to maintain good health. One person said, "They (staff) always refresh my water, make me a cuppa tea and my meals. They ask me what I want for my dinner."
• Where people required specialised diets, this was clearly recorded in their care plans.
• Some staff went above and beyond for individuals. For example, one lady had commented they were fed up of the same meals being delivered and so two staff members had prepared some new home-made meals in their own time for them to have.

Staff working with other agencies to provide consistent, effective, timely care
• Care plans included details of health professionals involved in people's care, so staff knew who to contact if needed.
• When required staff worked with other agencies.

Good

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 not rated. 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 told us they were treated with respect and supported kindly by staff. Comments included, "I've been with them for two years. They are great company and the carers are fantastic. I've been ill this year and they have been very good supporting me emotionally and physically" and "The carers go above and beyond for me. It's hard to explain. They are just really caring carers."
• Staff understood people and supported them with dignity and kindness. For example, one person who needed to attend hospital was told they would have to wait up to two hours for an ambulance. The registered manager went to the person's home and waited with them to ensure they got to hospital safely as they had no family to support them.
• One person told us staff had been extremely kind on their birthday and had agreed to get them an "Elvis coin" which had just been released. They told us how important it was to them because their partner who had now passed away previously worked as an Elvis Presley tour guide. This brought back memories for the person who wanted the coin as memorabilia.

Respecting and promoting people's privacy, dignity and independence
• People's privacy was valued by staff. Comments included, "I have got on with them all (staff), they are all polite. The conversation is fine, it's never awkward. The staff know what to do" and "Staff always ask what I want doing. They do respect my privacy."
• People told us staff always maintained people's dignity and were supported to remain as independent as possible.

Supporting people to express their views and be involved in making decisions about their care
• People were offered choices such as what to eat and drink, their wishes for care and how they wanted to spend their time.
• People were asked for their views and involved in decision making about their care. For example, one person told us they regularly had to attend hospital and the provider had adapted the visits around the appointments to ensure the person received their care.

Good

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 not rated. 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
• Initial assessments were carried out with people prior to them using the service to ensure their needs could be met. One person told us, "I phoned them initially to request care and then they came out and had a face to face meeting with me. I showed them what I needed. I explained how I want my care to be and what I wanted. They also explained their processes."
• Care plans we looked at included person-centred details including people's likes, dislikes and preferences.
• People told us they were happy with the care they received from staff.
• People told us they had access to their care files and any changes would be updated. People told us staff wrote in their care files daily to record what had happened at each visit.

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 using the service told us staff interacted with them and formed friendly relationships.
• Some people using the service were supported by staff to go out into the community. One person said, "One carer comes four days a week and [name] will take me out wherever I want to go."

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.
• The service understood and followed the AIS and information could be made available in different formats if required.

Improving care quality in response to complaints or concerns
• The provider had a complaints policy and procedures were followed. Investigations had been carried when concerns were raised with the service and actions taken.
• People we spoke with said they felt confident any concerns would be resolved by the provider.

End of life care and support
• Some people using the service were receiving end of life care. We saw end of life care plans were in place which guided staff on how best people wished to be supported.
• The home had received positive feedback from one relative about their loved one's care. It stated, "My daughters and I would like to thank the caring folk team for the excellent care they provided to [name]

during their final days. Everyone was so kind and caring. We will always be very grateful."

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. 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;
• Records were not always completed or accurate. For example, office meetings were held weekly however, these were not always recorded to show what had been discussed. Actions and outcomes on the key performance indicator documents were not always recorded to show actions taken although this had been recorded in other areas.
• Robust systems and processes were not in place when the service recruited staff. For example, gaps in employment could have been missed as the application forms did not request applicants to record the dates of their previous employment. When staff had used a previous DBS status the provider had not completed a risk assessment.
• Staff told us although they felt supported by the management team, meetings had not been held with them. The registered manager told us staff meetings had stopped due to the pandemic however, we saw no evidence of these being planned in for the future.
• Supervisions and appraisals were not recorded in line with the provider's policy. Staff told us they did not receive regular supervisions. Comments included, "I haven't had a supervision in 19 months" and "I've not had any supervisions since starting with the company or an appraisal. I have said this to the manager. I've had one observed visit about a year and a half ago to do a medicines check."
• The provider took immediate action to address the issues raised above to ensure practice improved.

We recommend the provider review their recording processes to ensure good practice.

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 the duty of candour and their responsibility to investigate concerns. The registered manager said, "We have to be open and honest if mistakes have been made, they need to be admitted. For example, report into CQC, or continuing health care or adult social care. Let the individual concerned know immediately."

Engaging and involving people using the service, the public and staff, fully considering their equality Characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• Surveys to gather people's views were last undertaken in July 2020. Since our inspection the registered

manager said a new survey had been sent out to gather people's views on the service. The registered manager also gathered feedback from Homecare.co.uk website. This showed positive results in September 2021 as they received a score of 9.8% calculated from 31 reviews being made.
• People told us they felt confident any issues raised with the service would be resolved quickly and felt able to contact the service for support when needed.
• Staff were kept informed of any updates or changes within the service. Staff said they were able to raise concerns with the management team when required.
• People and relatives told us they felt well supported by staff that visited their homes.

Working in partnership with others; Continuous learning and improving care
• The provider worked effectively and in partnership with other professionals.
• The service involved themselves within their local community groups and supported them through donations and activities such as sponsored walks to help raise money for charities, local schools and sports team.
• The registered manager was eager to improve their knowledge and skills to improve the service. For example, the registered manager had recently completed a leadership course and attended skills for care. They were also a part of the 'United Kingdom home care association' to gain wider knowledge about new care practices.