

Carepride Limited

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Inspection report

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Date of inspection visit:
26 September 2019
30 September 2019

Date of publication:
04 December 2019

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

About the service

Carepride Limited is a domiciliary care service providing personal care and support to people in their own homes. At the time of the inspection the service provided support to 34 people whose care was funded by a local authority and privately. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. 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 were at risk of not always receiving a safe service because concerns relating to abuse were not always reported to the local authority as a safeguarding. Monitoring systems used by the service were not always safe.

Quality assurance systems, including audits, were not always effective and did not identify some of the shortfalls we found during the inspection. This included the failure to report safeguarding concerns, risk management, missed visits and poor record keeping.

People received consistent support from trained care staff who knew them well. Staff received regular supervision meetings and internal staff meetings.

Staff supported people to have enough to eat and drink and to access healthcare services when they needed. They telephoned for doctors or nurses to attend to a person if they were unwell.

People praised the quality of service they received and told us they would recommend it to other people who required this type of support.

People's needs were assessed, and people received care which met their needs. People were satisfied with the quality of care they received. Staff were kind and caring and treated people with respect. 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 were encouraged to maintain levels of independence by staff who were empowering. People's care was personalised to their wishes and preferences and took account of their personal circumstances, interests and hobbies. People were consulted and involved in decisions about their care. Complaints and incidents were opportunities to learn and improve.

Rating at last inspection: The last rating for this service was good (published March 2017).

Why we inspected: This was a planned inspection. The service was rated Requires Improvement overall. This was based on the findings at this inspection.

Enforcement

We have identified breaches in relation to the management of safeguarding, risks and good governance. Please see the action we have told the provider to take at the end of this report.

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.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

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

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 ●

Carepride Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

What we did before the inspection

Before the inspection we reviewed information, we had received about the service since the last inspection. This information included the statutory notifications the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

We reviewed information we had received about the service since the last 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. We used this information to plan our inspection.

During the inspection

We visited two people who received care from the service. We spoke with one person and relative by phone about their experience of the care provided. We received feedback from nine members of staff by email. We spoke to the provider, registered manager and two care coordinators.

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 now deteriorated. 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.

Systems and processes to safeguard people from the risk of abuse

- People were not always safeguarded from the risk of abuse. We found evidence that the service had reported some concerns to the local authority as safeguarding. However, we found some concerns which had not been reported. An example included a serious medicines error which involved a team of staff. This had been investigated by the registered manager and medical advice was sought. We also found on a further two occasions the service had not raised a safeguarding alert to the local authority when they should have done. This meant the systems in place to identify and raise safeguarding concerns were not safe.

Assessing risk, safety monitoring and management

- People were not always safe as the service had failed to identify when people's visits had been missed. The registered manager told us they had been made aware recently of three missed visits to people. This has been picked up by people and their families and not by the service as it happened. One person's visit was missed in September 2019 due to the over sight of the visit by the member of staff. The service was not aware that the person's visit had been missed until many weeks later. This was reported during a review meeting with the person. This meant that people may have been placed at risk due to missed visits. People had gone without their planned care and support.

People were not protected from abuse and improper treatment in accordance with this regulation and were a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided. Records gave staff guidance on how to reduce risks and were up to date.
- We spoke to the registered manager about introducing a risk assessment for people that smoked within their home environment. This was to not only assess the risk to each person but to assess the risk to the staff team that visited the person.

Staffing and recruitment

- There were enough staff to meet the needs of people who used the service.
- People received care from a consistent staff team. The registered manager told us they made every effort to send a regular team of staff to people.
- Current staff vacancies were being covered by permanent staff to help further ensure continuity of care.
- Safe systems for recruitment were in place to ensure staff were suitable to work in the care sector. This included obtaining references and undertaking criminal checks with the Disclosure and Barring Service

(DBS).

Using medicines safely

- People received their prescribed medicines by staff who had received relevant training and had their ongoing competency to administer medicines assessed.
- People we spoke with told us their medicines were administered safely.
- We looked at the Medication Administration Records (MAR's) for people. These showed what medicines had been prescribed and were being administered to people.
- Audits of MAR's were undertaken to ensure people received their medicines as prescribed.

Preventing and controlling infection

- People were protected from the spread of infections.
- Staff had received infection control training and had access to personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were recorded on the appropriate forms. We found the registered manager continued to monitor for trends to help prevent recurrence.
- The registered manager had met with staff to discuss the lessons learnt after a medicines error was made by some staff. From this the registered manager put extra checks in place and staff were retrained in medicines administration.
- Examples of when things went wrong were shared with staff during meetings. This gave staff the opportunity to discuss what went wrong; to learn from past mistakes and develop new working practices so similar incidents could be prevented from occurring in the future.

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 good. At this inspection this key question has now remained the same. 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

- Detailed assessments were carried out to identify people's support needs. They included information about their medical conditions, people's care needs and other aspects of their daily lives.
- People confirmed that the registered manager had assessed their needs before they received care from the service.
- Regular reviews were carried out to check the service could meet people's needs. The registered manager told us some people's care packages were reduced or increased due to changes in people's needs. This was often an outcome from review meetings.

Staff support: induction, training, skills and experience

- Newly employed staff were required to complete an induction before providing care. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures.
- The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. New staff spent time shadowing experienced staff before they worked unsupervised.
- The provider maintained a training matrix with courses completed by staff. This consisted of the mandatory training that staff were expected to complete to provide effective care to people.
- Staff told us they received regular supervisions with their line managers. This provided an opportunity for staff to discuss their practice and identify areas for development and improvement. One staff comment included, "I feel very supported. I have weekly informal meetings. I have supervision each month or every other month and I attend every staff meeting, which are regular".

- Since the last inspection as well as carrying out planned supervision meetings, the registered manager had introduced instant supervisions. These were carried out by senior staff when a discussion had taken place with a staff member outside of a planned supervision meeting.

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

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- Staff listened to people's requests and prepared what they would like to eat or drink. Staff knew people's food and drink preferences.
- Advice was sought from relevant healthcare professionals where necessary to support people with their nutritional needs. An example included when advice was sought from professionals when one person no longer required their PEG feed. PEG stands for percutaneous endoscopic gastrostomy, a surgical procedure

to feed those people who cannot swallow.

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

- Staff worked alongside other agencies to ensure people's needs were fully met. For example, staff worked closely with district nurses to ensure health concerns were being resolved or managed.
- Staff confirmed there was good communication with each other and with the office. Changes in people's care needs were communicated effectively.
- People were supported to consult with health and social care professionals as necessary.

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.

- At the time of our inspection people were able to consent to their care and treatment. Support plans had been signed by people confirming their consent to the care they received.
- Staff asked for consent from people when providing care and support. People were supported and encouraged wherever possible to make their own decisions.
- Staff had received training on MCA and understood the importance of ensuring people's rights were protected. Staff were also aware of what to do if they had concerns about people's capacity to make decisions.

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 now 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

- All staff had been trained in equality and diversity and showed good knowledge when spoken to about this.
- People's diverse needs were recorded and staff we spoke with demonstrated a good understanding of people's personalities, individual needs and what was important to them.
- The provider kept letters and cards sent to the service to say thank you. One person wrote, "I would like to say a big thank you to all of you for your wonderful care".

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

- People were encouraged to tell staff what support they needed.
- People's care records contained evidence that people who received support had been involved with and were at the centre of developing their support plans.
- Regular care reviews were carried out by senior staff to ensure care and support was appropriate. This was either in person or by phone to capture people's views regarding the care people received.
- Senior staff ensured regular visits to people's homes to ensure people were happy with the care and treatment they were receiving.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful towards people's preferences around privacy.
- The registered manager told us staff respected people's home environments by putting away personal protective equipment such as gloves and aprons, continence aids and items that compromised people's dignity.
- Staff encouraged people to be independent where possible. The registered manager supported one person through the process of purchasing an electric wheelchair. Previously their manual wheelchair had restricted them.
- Staff respected people's confidentiality and told us they did not discuss people's information outside of the service.

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 had 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's support plans contained information about people's care needs and how people wished to be cared for however some support plans contained limited information.
- The registered manager and provider told us they were in the process of re-evaluating support plans. They planned to make them more person centred to include people's likes, dislikes, interests and goals.
- Further work was required to ensure people's support plans were comprehensive. An example included that one person who the service supported lived with dementia. The person's support plan did not reflect upon how the person's dementia had impacted them. Information was provided to the service by the local authority about the person's dementia and their needs however the support plan did not cross reference with this information.
- Where possible, people were supported by the same regular team of staff. This was to ensure that a good relationship was established where a person could feel comfortable and trust the staff member. If people were not compatible with staff members, management discussions took place with the people and relatives to reach resolutions.

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 registered manager showed an understanding of this legislation and gave us an example of how the legislation was being implemented. We found other examples within the service where the provider ensured they communicated with people in a way they would understand. For example, the use of large print rotas were used for some people who had a sight impairment.

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 were supported to engage with the staff and other people who used the service at Christmas parties. These were held at the main office. Other events such as fund raising for charity were supported by people.
- The registered manager had developed good links with a local community centre. They shared activities and events that were due to take place at the community centre with people who used the service. This included coffee mornings, activities and shows.

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

- The system used to monitor people's visits was not effective. Staff were required to enter the time they arrived at each person's visit and when the visit has ended. This was recorded within people's notes. We asked the registered manager for assurance on how they knew staff stayed at each visit for the allocated time. They told us they relied on the trust from staff to stay the full amount of time and for staff to record the information within people's notes. Whilst looking through people's records we identified several gaps where the arrival time had been recorded but staff had failed to record the time the visit ended. In addition, the registered manager was unable to assess where people had missed a visit from their staff and had relied on people to notify them when this had occurred.
- People's care records were not always up to date to reflect the changes of people's needs. An example included one person's support plan stated they self-medicated. However, from reading through the person's care records it was apparent that staff administered the person's medicines. Another person's visit schedule recorded that staff visited the person an hour each morning and an hour each evening. However, the person's visits duration had changed after a review meeting with their social worker. They were commissioned for 30-minute visit. This meant the audits that were in place to check through people's care records were not effective.

The registered manager completed a range of quality audits. However, they had not identified the shortfalls we found and reported on within this report. The shortfalls related to safeguarding people from the risk of abuse, safety management and records.

The lack of quality assurance systems that identified monitored and mitigated risks were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they were in the process of speaking to a company to purchase a computerised call monitoring system.
- After speaking to the registered manager during the inspection they had produced a document to help them audit people's care and medicines records. They planned to take action to address any shortfalls.
- We received mixed feedback when we asked staff if they felt the service was well managed. Comments included, "Yes I do I feel she listens and acts upon anything that is needed" and "The manager is approachable, and I feel confident that she has the knowledge and experience to guide me", "Yes she listens

but mostly doesn't act" and "I don't think the carers are always listened to by the manager".

- The registered manager and provider had planned ahead with contingency plans regarding how the service would manage Brexit.

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

- The registered manager and the staff were committed to supporting a person-centred approach to care for people using the service.
- There were a range of staff incentive schemes to encourage staff to achieve good outcomes for people. For example, staff were entered into a draw and won prizes to celebrate achievements. One staff member had won a night away in a hotel for two people.
- People and staff received an Easter egg and a bunch of flowers at Easter time and were given a present at Christmas. All staff received a Christmas bonus

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

- Although we found evidence they had acted with openness, transparency when things had gone wrong. We found evidence as recorded within our report that the registered manager had not always reported concerns appropriately to the local authority safeguarding team.
- The registered manager told us that they only provided care to people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- People were empowered to express their views and suggestions about the service. Regular telephone surveys were completed to check people were happy with the care they received.
- Quality assurance surveys were sent to people. Results were then analysed by the provider with actions in place to address any shortfalls.
- Staff meetings were held to keep staff up to date with changes and developments. We looked at the minutes of previous meetings and noted a range of areas were discussed. At the last meeting held in August 2019, it discussed the staff absence procedure, the on-call procedure and communication.

Continuous learning and improving care. Working in partnership with others

- The provider had systems in place to ensure staff and other office staff continued to develop their skills and learning so people received quality of care. The registered manager monitored this closely and ensured staff leave was managed so training could be attended.
- The registered manager attended forum network meetings which were run by the local authority. We were told best practice was shared along with suggestions and ideas. One example included a project being run by the local authority project called bright futures. The service had signed up to this.
- The registered managers vision for the next 12 months was to redevelop people's support plans. They aimed to look at ways to retain staff. They also planned to move over to an electronic call monitoring system.
- The service had a good working relationship with the local authority and commissioners.
- The service demonstrated they worked well with other agencies where needed, for example with people's GP surgeries.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not protected from abuse and improper treatment in accordance with this regulation.13 (2) (3) |
| Regulated activity | Regulation |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Their was a lack of quality assurance systems that identified monitored and mitigated risks. 17 (1) (2) (a) |