

Candour Care Group Ltd

Candour Care Group

Inspection report

134 Market Street
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Date of inspection visit:
05 October 2021

Date of publication:
25 October 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Candour Care Group is a domiciliary care service providing personal care to 20 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

We have made a recommendation about recruitment and best interest processes.

People's experience of the service was positive. They were protected from the risk of harm and abuse. There were effective systems and processes in place to minimise risks.

Staff supported people to take medicines safely. Staff were trained in medicines management and knew how to ensure that people received their medicines on time and as they had been prescribed. Staff received an induction and were supported through a programme of regular supervision and training.

Feedback from people and their relatives showed there were no punctuality issues, and if staff were to be late the management contacted the people to inform them.

People received person centred care. Their assessments showed they had been involved in the assessment process. Care plans described how people should be supported so that their privacy and dignity were upheld.

Care workers demonstrated good knowledge and skills necessary for their role. People's health needs were met. The service worked with a range of external professionals, so people received coordinated care.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Staff had received infection control training including specific awareness in regard to COVID -19.

There were governance structures and systems which were regularly reviewed. There was a complaints procedure in place, which people's relatives were aware of. Quality assurance processes such as audits and spot checks, were used to drive improvements.

Why we inspected

This service was registered with us on 08 April 2020 and this is the first inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Candour Care Group

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 carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own 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 24 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 05 October 2021 and ended on 07 October 2021. We visited the office location on 05 October 2021.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff as well as the provider/registered manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly worked with the service.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- Recruitment checks had been carried out for all care workers. Personnel records showed pre-employment checks had been carried out. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). However, it was identified that in some cases the references sought did not follow best practice.

We recommend the provider consider current guidance on appropriate recruitment processes and take action to update their practice accordingly.

- There were sufficient care workers deployed to keep people safe. An electronic scheduling and monitoring system was in place to manage shifts and absences.
- Most people and their relatives told us care workers were on time and stayed for the allotted time. We were told "Yes, I'm OK with their timings," and "Parking around here is all residential and I know they'll be late. [The registered manager] phones and lets me know if they will be very late."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. There were policies covering safeguarding adults, which were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.
- People's and their relatives told us people were safe in the presence of care workers. One person told us, "So far, they have been very, very good" and a family member told us, "Yes, they are all good."

Assessing risk, safety monitoring and management

- There were adequate systems to assess, monitor and manage risks to people's safety. Comprehensive risk assessments were carried out for people. People's care files contained a range of risk assessments. In all examples, the assessments provided information about how to support people to ensure risks were reduced.
- Care plans identified specific medical conditions and how to support the person effectively.
- The same approach was repeated across the range of risk assessments in place. These had been kept under review to ensure people's safety and wellbeing were monitored and managed appropriately.

Using medicines safely

- There were systems and procedures in place to ensure proper and safe use of medicines. Medicine

administration records (MAR) were completed appropriately and regularly audited.

- Care workers had received medicines training. They had been assessed as competent to support people to take their medicines.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers were supplied with appropriate personal protective equipment (PPE).
- Staff had also completed training in infection control prevention.
- People's relatives told us care workers followed appropriate procedures for minimising risks that could arise from poor hygiene and cleanliness.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. These were analysed by the registered manager for any emerging themes. There were no incidents recorded at the time of the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- Each person we spoke with said that the staff obtained consent before they could proceed with any task. However, it was not clear how initial consent had been sought from people or their representatives.

We recommend the provider consider current guidance on appropriate consent and best interest processes and take action to update their practice accordingly.

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

- People's needs were assessed before support plans and risk assessments were drawn up. Agreed goals of care were delivered in line with standards, guidance and the law. Relevant guidelines were in place.
- Each person we spoke with told us they had an initial meeting with the registered manager.
- People's assessments covered a wide range of areas including their choices and preferences. People told us they received the care they needed, and their choices and preferences were responded to.

Staff support: induction, training, skills and experience

- Staff had the appropriate skills and training. They demonstrated good knowledge and skills necessary for their role. We were able to view training matrices and documentation that confirmed the required competencies had been achieved.
- New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment. Staff also shadowed experienced members of staff until they felt confident to provide

care on their own.

- We saw records confirming that supervision and support were being provided. Records included spot checks to monitor staff performance when supporting people.

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

- There were arrangements to ensure people's nutritional needs were met. This included individual nutrition and hydration care plans to provide guidance to care workers on meeting people's dietary needs.

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

- People's plans documented how the service needed to work with others to meet people's needs.
- People were referred to specialist support when required and plans were reviewed to reflect guidance from specialists for example dieticians.
- People were supported to meet their health needs. There was information on people's health conditions and the support people required with these.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's relatives told us care workers were kind and caring. We were also told by one person "Yes, they do [treat me with respect] - I don't know how they put up with me, they are all lovely people that come in." Another person said, "They all seem fine, and are doing a marvellous job for me."
- People's privacy was respected. The care plans described how people should be supported so their privacy and dignity were upheld.
- The service respected people's diversity. Care workers had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. Relevant policies were in place which were underpinned by the Equalities Act 2010. This ensured people's individual needs were understood and reflected in the delivery of their care.

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

- The registered manager maintained regular contact with people through telephone calls and reviews. This gave people opportunities to provide feedback about their care. Records showed people had been consulted about their care.
- We were told by one person "Yes, we speak with [registered manager] regularly," and a family member said "Yes, they phone and ask me how I feel things are going."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. People's relatives told us about how care workers took time to support people to participate as fully as they could. A family member told us "They do try, and ask or prompt [person], rather than do everything." Another commented "They are very good at keeping [person] independent, but providing the right care."
- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely electronically. The service had up to date confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care. Records demonstrated they had been involved in the assessment process. Care plans were written to reflect their choices, likes and dislikes.
- People's care files contained meaningful information that identified their abilities and the support required to maintain their independence. For example, one person was encouraged to participate in social inclusion and activity. It was identified with the person and family how staff were to promote as much independence as possible. This person was able to carry out day-to-day responsibilities and the aim of the service was to offer reassurance and be mindful not to create dependences.
- Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage.

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.

- Each person's preferred method of communication was highlighted in their care plans, which enabled staff to communicate with people in the way people preferred.
- The provider was able to provide written forms of information in other formats if needed. For example, large print or another language.

Improving care quality in response to complaints or concerns

- There was a complaints policy and people's relatives confirmed they could complain if needed to.
- Complaints were addressed appropriately. This involved investigating complaints, speaking with all concerned and taking action to address the concern.
- No person we spoke with had any complaints at the time of inspection.

End of life care and support

- No one was receiving end of life care at the time of inspection however there was a policy in place if needed.
- The provider had sourced appropriate training for when end of life care was needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was knowledgeable about characteristics protected by the Equality Act 2010, which we saw had been fully considered in relevant examples.
- The provider used the staff survey to improve the practice of assuming a person's gender. The provider continued to use surveys to improve services.
- There were a range of formal systems to seek people's input to improve and develop the service. Regular reviews took place and people were free to express their views. People received regular unannounced spot checks and telephone calls. This ensured they were consulted and given opportunities to comment about their care.
- The service worked in partnership with other professionals to meet people's needs.
- The professionals we spoke with gave positive feedback on the working relationships and the good communication between the services. Comments included "I can confirm we have a great working relationship with Candour Care. have found [manager] at Candour Care to be very professional and quick to respond to any emails or calls I make." We were also told "I've been impressed with the professionalism of the team particularly [manager], who has been very helpful and professional when we've had complex case work to navigate. This has helped achieve best all round outcomes for patient care and maintained a client centred approach."

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; Continuous learning and improving care

- The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.
- The provider was committed to the continuous improvement of the service and staff received supervision and support from the registered manager and management team to develop their practice.

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

- The registered manager was committed to providing high quality care. We found him to be knowledgeable regarding people's needs. Care workers confirmed the registered manager was approachable and they could contact him at any time for support. They felt free to raise any concerns

knowing these would be dealt with appropriately.

- The registered manager had comprehensive quality assurance processes in place including audits of various systems.
- The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as, medicines management, safeguarding, equality and diversity and infection control.