

Caring Folk Limited

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Inspection report

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13 October 2020
19 October 2020

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Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Caring Folk Limited is a domiciliary care service providing personal care and domestic support to 35 people aged 65 and over at the time of the inspection.

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

Relatives we spoke with said they felt the service was safe and risks to their loved ones well managed. Risks to people from infection were managed appropriately by staff, who had good access to and training in using personal protective equipment.

There were enough staff recruited safely to meet people's needs.

People received their medicines as prescribed and staff competency to administer medicines was checked by trained staff.

The registered manager used quality assurance processes to monitor and improve the service, and used third party consultants to identify shortfalls and create action plans to identify and measure improvements.

People and staff said there was a positive working culture at the service, and the provider gathered feedback in order to help the service improve.

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 was registered with us on 31 May 2019 and this is the first inspection.

Why we inspected

We undertook this focused inspection in line with our current methodology in the COVID-19 pandemic. We reviewed the information we held about the service. This report only covers our findings in relation to the key questions safe, and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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

This inspection was conducted by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 October 2020 and ended on 19 October 2020. We visited the office location on 19 October 2020

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care staff

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four 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 risk assessment and quality assurance records.

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.

Systems and processes to safeguard people from the risk of abuse

- There were adequate safeguarding processes and procedures in place. Staff had been trained in safeguarding vulnerable adults. Staff we spoke with were aware of safeguarding processes and provided examples of how they would be followed.
- Relatives we spoke with said they felt their loved ones were safe. One relative said, "If something feels wrong, they have systems in place. I wouldn't know what the signs of abuse are but staff do."

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored by staff. These included environmental safety checks and specific risks such as falls and pressure sores and were reviewed and updated as required.
- One staff member explained how they helped prevent the development of pressure ulcers. They said, "So we liaise with the nurses for [name] because they are at risk of developing pressure sores. We have skin charts in place to record, I do get reports from other staff if their skin is breaking down. We would ring through to district nurses and the registered manager and let them know any issues with their skin."

Staffing and recruitment

- Staff were recruited safely. There was a policy around safe recruitment. Staff were required to pass background, identity and right to work checks.
- There were enough staff to ensure people's needs were met. Relatives and staff stated they were happy with staffing levels.
- Comments from relatives included, "Yes, there are enough staff. They are very good", "Very happy with them. Rung this morning for two extra shifts. They have done it immediately at the drop of a hat, a massive help, they are very good" and "Yes, I think so, they attend in a timely way."

Using medicines safely

- People received their medicines safely as prescribed. People had 'as required' protocols in place. One relative said, "Staff are aware of the pills [name] has, all sent in a blister pack. Staff are so vigilant on the forms, every pill checked off, always writing things down."
- Staff received training and competency checks in medicines administration.
- Medicines records demonstrated when medicines had been given. We found isolated incidents of missing signatures. Although, either an explanation was documented by the carer or this was identified through internal medicines administration record audits.
- We saw evidence that investigations were carried out by the registered manager to ensure appropriate action was taken when errors had been identified. One staff member said, "I have seen where a staff

member has missed a signature or not been clear, the registered manager has gone through with them and investigated why it is missing."

Preventing and controlling infection

- Relatives said staff undertook good infection control practices. One relative said, "They sent out a risk assessment for [name] around COVID-19. Staff have always worn personal protective equipment (PPE), gloves masks and aprons. They wash their hands when they enter [name's] flat."
- Staff said they were provided with training and competency checks on PPE and infection control specific to COVID-19. Staff described how if they were low on PPE, office staff were always available to deliver PPE to them during their calls.
- There were appropriate measures and policies in place to prevent and control infection, and specific assessments and policies regarding COVID-19.

Learning lessons when things go wrong

- There was evidence that actions were taken where recording issues were identified, and retraining conducted where appropriate and lessons learned.

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

- Relatives praised the culture and communication, one relative said, "Courteous, professional, very responsive, even if I text on weekends for last minute swap arounds."
- Staff praised the positive work environment and culture. One staff member said, "The registered manager is amazing, I'm happy to get up and go to work in a morning. All the staff and service users are what we are about. They are amazing. Really look after the staff. It's an extremely supportive environment. The registered manager is so flexible."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear leadership structure. People and staff were able to describe the leadership of the service.
- There were appropriate audits and quality assurance processes in place to monitor and improve the service, for example medicines administration record audits, daily note audits and care plan audits. We saw evidence issues identified were investigated.
- The provider was newly registered and had proactively sought the oversight of an experienced third party adult social care consultant to audit the service and provide recommendations. An action plan had been generated where improvements had been identified. The provider was able to demonstrate where improvements had been achieved and they were continuously monitoring ongoing improvements..
- For example, as a result of quality assurance processes in place the provider had identified and introduced a topical medicines administration record which would provide clearer visual directions around topical medicines for staff.

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;

- There was a duty of candour policy and procedure in place.

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

- The provider had issued two surveys to staff and people since registering to help gauge the quality of the service. Responses were overwhelmingly positive. Improving the scope and response rate of surveys and

generating action plans from them was part of the service's overall action plan.

Working in partnership with others

- The provider received positive feedback from commissioners. The provider had reached out to social workers and health professionals as part of their quality assurance and asked them to complete a survey on areas such as communication and staff knowledge, responses were overwhelmingly positive with no actions required.