

Careville Limited

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Inspection report

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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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Careville Limited is a domiciliary agency providing personal care and support to one person at the time of the inspection. 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 not always safe as the provider had not identified all risks. For the risks the provider had identified, measures to minimise harm were not sufficient. The provider had not ensured all references were satisfactorily returned and gaps in staff employment history checked prior to them starting work. The registered manager did not provide a sufficient induction process to ensure staff knew how to safely support people. This meant the provider had not checked staff were suitable to support people who received the service, placing people at risk from harm.

People received appropriate support with medicines where needed. The provider reduced this risk by providing staff with training in safeguarding and staff showed a good understanding of how to keep people safe from abuse and how to report concerns.

Staff supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice. Records were unclear in regard to whether or not people had capacity to make their own decisions. However, people were supported to do so in practice.

Choices people had included food and drink preferences and how they wanted care carried out. The provider assessed people's wishes and needs and held regular reviews. The provider worked with other health and social professionals and private agencies to ensure they delivered consistent care.

Staff spoke about people with kindness and patience and people were supported to review their care through regular telephone and face to face conversations as well as reviews of care needs. People were supported to maintain as much independence as possible. The nominated individual was able to show an in-depth knowledge of the person's needs, personal history and likes and dislikes.

Staff provided care that was in line with people's personal preferences and care plans showed detail in relation to people's need. This meant staff had a good knowledge of how to support people in ways they preferred. The provider was not supporting people receiving end of life care currently, but the provider had advanced care plans and training ready if needed. Complaints processes were available, and people and their relatives understood how to raise a concern.

The registered manager and provider saw or spoke to people regularly. However, the provider did not always record their conversations, meaning that some updates could be lost.

We have made a recommendation about ensuring best practice for staff induction, development and support. We have also made a recommendation about ensuring clear records to evidence a person's capacity to make their own decisions.

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 07 August 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Enforcement

We have identified breaches of regulations due to not ensuring safe pre-employment checks were completed prior to staff starting work; failing to ensure risks were identified and safely managed and lack of good management of the service.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will speak with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Careville 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

One inspector carried out this inspection.

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 20 June 2019 and ended on 04 July 2019. We visited the office location on 20 June 2019 and afterward sought feedback from relatives and health and social professionals. However, we were unable to obtain any feedback on the service provided.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority 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.

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. We used all of this information to plan our inspection.

During the inspection

People were not able to communicate with us easily and we were unable to speak with their relatives. We spoke with two staff members including the nominated individual as the registered manager, who is responsible for the management of the service was not available. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with health and social care professionals who worked with the service.

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

Is the service safe?

Our findings

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

This was the first time the service had been inspected. At this inspection this key question has been rated as requires improvement. 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.

Assessing risk, safety monitoring and management

- The registered manager had completed risk assessments. However, they were not fully completed and did not have clear and up to date information about how staff managed risks. For example, one person's situation had changed in relation to their mobility, the registered manager had not reflected the change in the risk assessment.
- One person had a risk of choking as they needed staff to cut up their food but there was no risk assessment in place for this.
- Staff told us a staff member from another employer showed them how to manage specific risks for one person in relation to using a hoist.

We found no evidence that people were harmed. However, systems were either not in place or robust enough to show safety was effectively managed and people were safe from harm. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were able to show an understanding of people's risks.
- The provider told us if an emergency occurred, their policy dictates they would list their clients in priority of the people who they needed to get to quicker and call staff to let them know the change.

Staffing and recruitment

- The provider had not fully carried out all pre-employment checks. There were significant gaps in staff members work history. The provider had not explored these gaps to clarify staff were of good character. One staff member had started work prior to all references being returned. This meant staff who may not be suitable to work with people who were vulnerable due to their circumstances were doing so, placing people at risk of harm.

We found no evidence that people were harmed. However, systems were either not in place or robust enough to show safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staffing levels were safe and sufficient to meet people's needs. Care visits were on time with no missed visits.

Systems and processes to safeguard people from the risk of abuse

- People were safe from abuse as staff had received training on how to prevent and report harm. Staff showed a good understanding of how to prevent harm and told us they felt confident to report any concerns to the registered manager or the relevant authorities.
- One staff told us about signs and symptoms they might see that would indicate abuse. They said, "There are different types of abuse, like financial and physical. There may be a bruise, so you have to check and report it. For emotional abuse you might see changes in behaviour. If suspected, there is a whistle blowing policy telling you what to report to the manager, CQC or social services."

Using medicines safely

- Staff supported people to safely manage their medicines. Staff supported one person with verbal prompts to remember to take their medicines and needed supported from staff to put the medicines into a pot.

Preventing and controlling infection

- Staff told us they had access to the right protective equipment and had a good understanding of how to control infection. One staff member said, "Before everything you have to wash your hands and use gloves and aprons. You have to change them regularly." This meant staff protected people from the risk of the spread of infection.

Learning lessons when things go wrong

- The nominated individual told us they regularly discuss progress and how to improve the service informally due to being such a small service. They told us they have not yet experienced an incident where things had gone wrong, but should it occur they would review the reasons and risks and look for ways to improve.

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 was the first time the service had been inspected. At this inspection this key question has been rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The manager provided access to training for staff to enable them to successfully fulfil their roles effectively. All staff new to care completed the care certificate and worked to achieve a diploma in health and social care.
- Staff members told us they received an induction prior to starting work. However, one staff member told us this was just for one day and involved watching videos with a knowledge quiz. They did not have the opportunity to shadow more experienced staff members nor be observed themselves in practice before starting work.
- Staff received support on their first shift by a second staff member from another employer who had worked with the client for nine years and who worked alongside this agency to provide the persons care. The provider had not completed a competency assessment on this external member of staff to ensure they were qualified to do this. However, staff did feel supported in this process.
- Staff did not receive formal supervision. The nominated individual told us they did have regular conversations with the registered manager. However, they had not recorded these and there was no evidence relating to ongoing support and appraisal of staff performance.

We recommended the provider consider current guidance on staff induction, development and support to ensure staff have the right level of training to fulfil their roles and competency of their practice assessed prior to starting work.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- The provider assessed people's mental capacity. Staff had received training on MCA and had a good understanding of how to ensure people could make their own choices or that they were in the persons best interest. However, peoples care records were confusing as to whether people had capacity. In some sections of one person's records it said the person did have capacity and other places they did not. The same persons record also stated their relatives had power of attorney over their care needs and finances but there was no evidence of this in the file.
- We spoke to the nominated individual who told us they felt the person had the capacity to make their own day to day decisions if presented in the right way for their communication needs.

We recommended the provider consider current guidance on MCA and deprivation of liberty to ensure their records clearly reflect the people's current situation and that guidance was clearly documented in people's care files.

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

- The provider assessed people's needs prior to them starting into the service. Staff ensured they identified people's choices and wishes and used their life history to build a picture of peoples interests and wishes. This information then informed care plans and risk assessments to guide staff practice ensuring staff supported people in ways that maximised their choice, rights and independence.

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

- People were able to support themselves to eat and drink. Staff supported people to prepare food and drink and one person needed support to cut up their food which staff did for them. Staff received training in safe food practices and understood good hygiene practices. This meant risks around poor food hygiene were minimised.

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

- One person was supported by more than one agency to supply their care. Staff worked closely with the other staff members to ensure a consistent approach that met people's preferences.
- Staff supported people to access health professionals when needed and encouraged them to communicate their needs. Staff supported people to follow the advice of health care professionals.

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 was the first time the service had been inspected. At this inspection this key question has been rated as 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

- Staff spoke about people they supported in a respectful manner and recognised the need to involve people in their care.
- The nominated individual told us how they ensured people with protected characteristics such as age or disability were not discriminated against. They gave an example explaining that where a person needed to do things slowly because of age or disability they ensured staff showed patience and did not rush people.

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

- The registered manager wrote detailed care plans which reflected people's choices and decisions about day to day preferences. Staff offered people advocate support should they wish or need them to help to ensure choices were their own. An advocate is an independent person who puts forward a case on someone else's behalf. One staff said, "every time you need to ask people their choice. You need to show them options, like food so that they can decide."
- The nominated individual explained how when out supporting people with their care needs, they chatted to them about their care to be mindful of people's preferences and any changes required to the care plan. We saw that staff reviewed people's care needs with them quite soon after starting to receive care to enable people to express their views and ensure the service provided met their needs in a way they preferred.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they encouraged people to keep their skills to promote independence. One staff said, "You have to give people their independence, if they can eat let them do it and serve themselves or when dressing, I let them do it."
- Records were kept confidential and staff had an awareness of how to maintain people's privacy.

Is the service responsive?

Our findings

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

This was the first time the service had been inspected. At this inspection this key question has been rated as 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

- Care plans and care records were very person centred using what they knew about people's history and current preferences to create a very individual plan. The care plan showed people's choices and likes and dislikes throughout.
- Daily notes were less personalised but detailed all aspects of care given or refused and reasons for this. We discussed this with the nominated individual who was aware of the need to improve the notes to include how people felt about their care and their mood state and feedback.

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.

- People currently being supported were able to communicate well verbally. The nominated individual explained how one person could communicate but needed to be given options to choose from when making decisions as they were no longer able to imagine the options for themselves.

Improving care quality in response to complaints or concerns

- The service had not had any complaints since it opened but they had systems in place to record these and explained how they would address complaints and put an action plan together to improve.
- The provider managed informal concerns through daily face to face contact and phone calls with people and relatives.

End of life care and support

- The service was not currently supporting anyone with end of life care. However, the nominated individual was able to show they could access specialist training on end of life practices if needed and said, "We would use the same care plan but with an added segment with an advanced care plan and if condition progressed what to do and what peoples wishes were, what arrangements they would like to be considered and preferences for future care."

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 was the first time the service had been inspected. At this inspection this key question has been rated as 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.

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

- The provider showed they promoted a person-centred culture in the way they wrote care plans, which made expectations of staff practice clear. However, there was some improvement needed to ensure staff understood what person-centred approaches were and the importance of these as staff were unable to tell us.
- Staff were committed to a caring approach that met people's needs.
- Staff felt supported by the management team and gave positive feedback. Staff felt able to approach office staff and the management team if needed.

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

- The service was new and small and did not yet have enough data to check some aspects of the service. The provider was trialling a number of different systems for monitoring the quality of the service. However, none of these were yet fully operational and currently systems for monitoring quality were not in place.
- Due to no quality assurance systems in place, areas of concern raised during the inspection in relation to recruitment processes, staff awareness and risk management were not identified. The nominated individual told us they do have regular discussions with the registered manager, however, there was no evidence of any supervisions or appraisals having taken place.
- The nominated individual was not aware of all of the responsibilities and requirements of the role in terms of having oversight of the business and had not followed their own policies for recruitment and staff support. We were unable to ascertain the registered managers understanding due to them being away.
- Staff understood their role from previous experience. One staff member told us they had not yet had formal supervision due to being very new, the nominated individual had spoken with them on the phone to find out how they were. Staff felt supported.

We recommended the provider look up best practice guidance in relation to the requirements of managing a care agency including managing risk, staff and quality assurance processes.

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

- The provider told us the service was too small to send out formal surveys at the moment but did plan to

do this as the business grows. They explained they gage people's feedback on the running of the service through face to face discussion during care visits. However, these were not recorded anywhere or evidenced. The provider had plans to have staff meetings but at the moment used individual discussion to seek staff views.

Continuous learning and improving care

- Without proper auditing systems to enable the monitoring of trends, themes and analysis of incidents, true continuous learning could not take place. However, the provider understood the need to address this and planned to implement new systems.
- The provider used links to networking on social media sites and worked with a charity who help small businesses connect to the community enable learning about best practice.

Working in partnership with others

- The provider worked with local health professionals such as district nurses and doctors to help ensure people had the right level of support and their health needs met.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not safely managed and updated and did not ensure people protected from the risk of harm.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured sufficient recruitment checks had been completed prior to staff starting work. This meant people were at risk from harm.