

Care Relief Team Limited

# Care Relief Team Limited - Unit 8 The Bridge Business Centre

## Inspection report

Unit 8 Beresford Way, Dunston  
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04 May 2022

05 May 2022

12 May 2022

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Care Relief Team Limited is a domiciliary care service providing care for people who need care at home. Some people who received the service lived in extra care housing which consisted of a number of flats in a purpose built building. The service is registered to provide personal care. At the time of our inspection there were 183 people using the service. 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

The provider did not consistently support people's needs. People did not always receive their medicines as prescribed. People did not always receive their care calls at the agreed time due to insufficient staff deployed by the service. People were cared for by staff who were recruited safely and were trained to be competent to support people safely. Staff understood their responsibilities in relation to safeguarding procedures and were confident to identify and report any concerns.

The provider systems in place to monitor the quality of service people received were not always effective. The provider worked with stakeholders to make improvements to service delivery.

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; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (15 March 2019).

### Why we inspected

We received concerns in relation to adequate staffing levels, the management of concerns, staff support and training and communication with stakeholders. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led

sections of this full report.

The provider took immediate action following the inspection to mitigate the risks. This action needs to be embedded to be effective.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Relief Team on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to work with the local authority to monitor progress and monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

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## **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 Health and Social Care Act 2008.

### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. Both inspectors visited people in their own homes as well as the office. One inspector made calls to staff. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person spoke with people who used the service and their relatives.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 4 May 2022 and ended on 12 May 2022. We visited the location's office on 4 May 2022. We visited people in their own homes on 5 May 2022. We spoke to people by telephone on 4 and 5 May 2022. We completed the registered manager interview by videocall on 12 May 2022.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We visited the office location on 4 May 2022 where we reviewed documents relating to the running of the service, this included people's care plans, staff recruitment records and records relating to governance. After the site visit, we reviewed other documents including staff training records and quality assurance records. We visited eight people in their own homes on 5 May 2022. We spoke with 19 people or their relative or representative via the telephone to receive their feedback. We spoke with eight staff including the registered manager and care staff. We completed a video telephone call to complete the registered manager interview on 12 May 2022.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

### Using medicines safely

- People did not always receive their medicines as prescribed. Some people were prescribed medicine in a patch format to treat pain. We found on several occasions this medicine had not been administered as prescribed. This meant people were at risk of not receiving their required pain relief.
- The provider used an electronic system to record when people's needs had been met. This system did not always provide effective monitoring. For example, medicine administration omissions had not always been picked up in a timely way. This meant people were at risk of ongoing harm from missed medicines. The provider advised us of the planned introduction of an improved monitoring system to address missed omissions in the future.
- Where people took medicines on an as and when basis there was guidance in their care plans for staff on how and when people should be supported to take these medicines.
- Staff were confident to manage people's medicines. Staff underwent initial training followed by regular competence checks to ensure their safe practice in administering medicines.

### Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy in place, however, the safeguarding log was not kept up to date as per policy. There was a risk of concerns not being reviewed, resulting in the risk of ongoing harm to people. This was discussed with the provider during the inspection and action was taken by the provider to update the safeguarding log.
- The local authority requested to meet with the provider due to the number of concerns and safeguarding alerts which had been raised and not addressed by the provider in a timely way. The provider engaged with the local authority and other stakeholders to develop improved working relationships.
- Staff completed safeguarding training and were competent to identify and report any concerns.
- People or their representatives told us they felt safe. People told us staff knew them and how to look after them.

### Learning lessons when things go wrong

- Incidents were reviewed monthly by the registered manager. Themes and trends were considered and ways to improve the service were identified. For example, risk assessments were reviewed, and referrals made for assessment following incidences of falls.

### Staffing and recruitment

- Staff felt more staff were needed to ensure all calls were made on time and for staff rotas to be managed

well to make sure staff absence such as leave or sickness was adequately covered.

- The provider was aware of the need for additional staff to be employed and was committed to an ongoing recruitment programme.
- People told us staff generally arrived on time and stayed long enough to complete the tasks required during their calls. Not everyone received their calls on time or were informed by the office staff if their call was going to be late.
- Staff were safely recruited. The provider followed safe recruitment procedures, including carrying out criminal record checks and reviewing references from previous employers.

#### Assessing risk, safety monitoring and management

- Risk assessments were completed which identified people's needs and took into account their preferences.
- Care plan audits were completed on the electronic record keeping system. Care plans were updated following any changes in people's needs and the information was immediately available to staff.
- Staff knew people's risks and how to care for them safely.

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 MCA 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 Mental Capacity Act (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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- People and relatives told us staff followed good infection prevention and control practices. Staff always wore PPE when supporting people. A person we spoke to told us, "They (staff) arrive with their masks on and they always wash their hands".
- Staff were confident in the safe use of PPE and sufficient amounts of PPE were available for them to use.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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; 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 service had a registered manager who was supported by a team care co-ordinator. Temporary management support arrangements put into place by the provider were not always effective. For example, complaint outcomes were not always communicated effectively or in a timely manner. People told us they were not happy with how their concerns and complaints were processed. The provider took immediate action during the inspection to communicate with people the outcome of their complaint
- The provider lacked oversight to identify and address areas for improvement in a timely way. For example, safeguarding logs were not kept accessible or up to date; medicine administration issues were not addressed in a timely way. The compliance audit procedure in place did not identify or address issues until a month after the incident. This meant people were at risk of ongoing harm or not receiving their required care in a safe way
- The provider had developed action plans to improve the service where issues had been identified. The registered manager felt supported in implementing these plans.
- Staff knew their roles and responsibilities and were committed to achieving best outcomes for people.

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

- Staff understood how to raise any concerns and were confident these would be addressed.
- Staff were supported by the care co-ordinators and the registered manager. Staff members told us how their personal circumstances were responded to after discussion with the registered manager or care co-ordinator.
- Staff members felt confident to participate in staff meetings and supervision meetings and felt they were listened to.
- Staff members communicated changes in people's care needs and action was taken. For example, a staff member reported a deterioration in a person's mobility to the care co-ordinator, an assessment was arranged, and equipment was made available for the person to help keep them safe.

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

- The provider sent satisfaction surveys to people receiving care services and staff. People who used the service or their representative told us they did not always complete the forms, and some did not recall

receiving one. The provider had acknowledged the need to improve customer engagement and actions were identified in the service improvement plan to promote effective communication.

- People told us they felt comfortable to raise any concerns they had by calling the office. Some people told us communication could be improved by making sure they were always informed if a carer was going to be late.
- Some people told us they would like to know who was coming to care for them. The provider confirmed this information could be provided in a format taking into account to people's individual needs.

Working in partnership with others; Continuous learning and improving care

- The provider responded to concerns raised by stakeholders. The provider developed an action plan to improve services and supported the registered manager to implement the plan. The provider held regular compliance meetings to track progress made on improvement plans.
- The registered manager implemented systems to have oversight of service improvement issues. The registered manager completed a compliance tracker monthly. Examples of issues recorded included falls, missed calls, accidents and incidents and the actions taken in response to these. This information was used to inform and update the service improvement plans.