

Care Cover Limited

Care Cover

Inspection report

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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

Care Cover is a domiciliary care agency which provides personal care to people in their own homes.

CQC only inspects the service being received by people provided with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were five people receiving personal care at the time of this inspection.

People's experience of using this service and what we found

People spoke positively about the care and support they received from the registered manager and staff team. They were protected from the risk of abuse by staff who had completed safeguarding training and knew to report any concerns and allegations. The provider followed safe recruitment practices. The service deployed enough staff to meet people's needs. Risks associated with people's care were assessed and guidelines were in place for staff on supporting people to manage the identified risks. People received the support they needed to manage their medicines safely. Staff followed safe infection control practices.

People's needs were assessed before they started using the service. People's care plans reflected their individual needs and preferences. People were able to maintain the relationships which were important to them to reduce the risk of social isolation. The provider had a complaints procedure and people expressed confidence that any complaints they raised would be addressed.

Staff sought consent from people when offering care. 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. Staff were supported in their roles through induction, training and staff supervision.

People had access to a range of healthcare services in order to maintain good health. They were supported to maintain a balanced diet, when needed. Staff worked with other agencies to ensure people received effective care.

People and staff spoke positively about the culture of the service. The registered manager and staff understood the responsibilities of their roles. The provider had systems in place to monitor the quality and safety of the service which helped to drive service improvements. The provider sought feedback from people, their relatives, staff and other professionals. This feedback was used to develop the service.

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 4 December 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to 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?

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.

Care Cover

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 one inspector.

Service and service type

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

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. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 48 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.

We visited the agency's office on 13 July 2022.

What we did before the inspection

We reviewed all the information we had received about this service since its registration with us in 2019. We

used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager. We reviewed records including three people's care plans and risk assessments, staff files and recruitment records. We spoke with one person using the service and three relatives by telephone. We also spoke with two staff members to gain their views about the service.

After the inspection

We requested further information and evidence from the provider. This included information in relation to staffing and training, auditing and governance. We continued to seek clarification from the provider to corroborate evidence found.

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

- People were protected from the risk of abuse.
- Staff were trained in safeguarding and knew how to act on concerns. One staff member told us, "I would always report issues to [registered manager]. I have total confidence in her."
- The provider had a safeguarding procedure in place, which staff were familiar with.
- The registered manager knew the process for reporting any allegations of abuse to the local safeguarding team. They were also aware of the requirement to notify CQC of any allegations of abuse.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and staff managed risks safely.
- The registered manager had completed risk assessments relevant to people's needs, covering areas including skin integrity, falls, the environment and risks associated with known health conditions.
- One relative told us, "[Person] has specific needs with their mobility due to a painful injury and [staff] are very skilled at that. They are amazing."
- Care plans included guidance for staff on how to manage assessed risks. People had appropriate equipment in place to help reduce risks to their health and safety.

Staffing and recruitment

- The provider deployed enough staff to safely meet people's needs.
- People's relatives told us there was good consistency of staffing, which helped build positive relationships. One person told us, "We have four carers from the agency. We usually have the same two carers and there are two others who come occasionally. We have got to know each other. They are fantastic people. I can't praise them enough."
- The provider determined staffing levels based on an assessment of people's needs. The registered manager had appropriate plans in place to address any planned or unexpected staff absence.
- Care staff confirmed they had enough time during care visits to complete all the required support tasks. They said there was enough time to travel between visits, so they usually arrived on time.

Using medicines safely

- People received support to manage their medicines safely.
- People's care plans included guidance for staff on any support people needed with their medicines. Staff completed medicines administration records (MARs) which confirmed people had taken their medicines in line with the prescriber's instructions.
- Staff received appropriate medicines training and checks to make sure they were competent in dealing

with people's medicines. One relative said, "[Staff] have training and know what they are doing. I worked in care for some years, so I know what's what, and they are absolutely brilliant."

Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- The provider was accessing COVID-19 testing for staff.
- Staff completed training in the prevention and control of infection. They were aware of the action to take to minimise the spread of infection, including the safe use of personal protective equipment (PPE).
- People and their relatives confirmed this. One relative told us, "The staff try to keep us safe. They have enough gloves, masks and aprons and wear them when they should. They always wash their hands."
- Up to date policies and procedures were made available to staff regarding infection control. The registered manager carried out regular checks on staff infection control practice to help ensure safety.

Learning lessons when things go wrong

- The registered manager ensured accidents and incidents were recorded and was keen to learn and improve practice
- Staff were aware of how to report any incidents which occurred in the course of their work. The registered manager reviewed accidents and incidents for any learning to be shared with staff. This was in order to learn lessons, reduce the risk of repeat occurrence and improve the service.

Is the service effective?

Our findings

Our findings - Is the service effective? = Good

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.

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

- People were assessed before they started receiving support to ensure their needs could be effectively met by the service.
- The assessments considered people's physical and mental health needs, their life histories and any preferences they had in the way they wished to be supported. These assessments were used to help develop people's care plans.
- People, those close to them and relevant health and social care professionals were involved in the assessment process, as appropriate.

Staff support: induction, training, skills and experience

- Staff completed an induction and training relevant to the needs of the people they supported. This included meeting people, reading care documentation and completing training. New staff also shadowed experienced staff to make sure they were supported in their first weeks of employment.
- One person told us, "The staff are excellent. You can tell they are well-trained, and I have all confidence in them."
- Staff also received support through supervision. One staff member told us, "I have supervision with the registered manager. We also work together on a regular basis, and there is always time to talk about anything I need support with."

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

- People's needs around eating and drinking were recorded in their care plans where this was part of their care package.
- Relatives told us staff were aware of people's dietary needs and where people required specialist diets, they were supported appropriately.
- People's care plans included information about their preferences and cultural requirements. There was clear information about the support people required.

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

- Staff worked with other agencies to ensure people received effective care.
- Records showed the registered manager had worked closely with other agencies, including people's GPs and the local community nursing team. This helped to ensure people had access to a range of healthcare

services in order to maintain good health.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA
- People were able to make day to day decisions about the support they received from staff. Staff told us, they sought consent when offering support. People confirmed this. One person said, "Staff ask for consent and explain what they're doing. They are respectful."
- Staff demonstrated a good understanding of the MCA and how they should apply this to their roles.

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

- Staff treated people well.
- One relative said, "[Staff] are helpful and jolly and talk to you. They don't rush in and out. They chat and offer to make us a cup of tea. We couldn't ask for better. I give them one hundred out of one hundred."
- Staff took people's diverse needs into account when providing them with support. All staff we spoke with told us it was very important to show respect for people's culture, beliefs and preferences. One relative said staff were aware it was important to the person, so they always took their shoes off when entering the family home.

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

- People were supported to express their views and were fully involved in making decisions about their care.
 - People were supported by a care team who knew them well and were familiar with their preferences.
- Everyone we spoke with are pleased about the consistency of staffing. They felt having a small care team and seeing the same faces regularly had helped to build relationships. One relative said, "[Staff] go over and above. When providing care, they really take their time and are very careful. They are very respectful."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their privacy.
- People's relatives told us that care staff were always polite and spoke to people in an appropriate way. One person said, "[Person] would say if the carers didn't treat them well. [Person] is happy. [Person] thinks [staff] are caring. They are really lovely."
- Staff knew how to provide care to people in ways which maintained their dignity. They were also aware of the need to keep information about people confidential.

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 were involved in the planning of their care; Supporting people to develop and maintain relationships to avoid social isolation
- One relative told us, "[The registered manager] did the assessment with us. [Person] was involved. The service has been fantastic."
- People's care plans identified their individual needs and any preferences they had in the way they wished to be supported.
- Staff demonstrated a good understanding of people's needs. They were familiar with people's routines and preferences. One staff member told us, "I have always been properly introduced to people. I shadow the staff who know people and I am given time to get to know each person's needs."
- People were supported to maintain relationships and avoid social isolation.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and the service ensured steps were taken to communicate effectively with people.
- People's communication needs had been assessed and were identified in their care plans.
- People and relatives told us staff took the time to understand people's individual communication styles and made sure people were involved in decision making.
- The registered manager confirmed they were able to provide information to people in a range of formats if required. This included different languages, and pictorial and large font formats.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which people were aware of.
- People knew how to complain and expressed confidence in the registered manager's ability to address any issues they raised. One person said, "If I had a problem, I would speak to [registered manager] but I have absolutely nothing to complaint about. [The staff] are very nice. Very helpful."
- No complaints had been received since the service started operating. The registered manager told us they would review any future complaints for learning opportunities and share these with staff.

End of life care and support

- The registered manager confirmed the service was providing end of life care to people. They told us they worked closely with relevant healthcare professionals, to ensure people received a pain free and responsive service.
- Everyone we spoke with spoke very positively about the quality and sensitivity of the end of life support the service provided. People's relatives were appreciative of the kindness and compassion of the staff providing palliative care and viewed staff as part of their support network.
- People's care plans included information about their end of life support preferences, where they had been happy to discuss this with staff.

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

- The registered manager was passionate about providing a caring, person-centred and responsive service. The staff we spoke with also shared this commitment.
- People spoke positively about the culture of the service and the support they received from staff and the registered manager. One person said, "It's been nice to have the same staff. We got to know them."
- Staff told us they felt well supported in their roles and worked well as a team. One staff member said the registered manager was always helpful and positive in their approach, and always available for advice and support.

Continuous learning and improving care

- There were systems to monitor the quality and safety of the service. Spot checks of staff performance ensured people were receiving their planned care. These checks covered a range of areas including infection prevention and control practice, health and safety, medicines competency and the way staff engaged with people. Minor issues identified had been followed up with staff in subsequent supervisions to help improve their performance.
- The registered manager carried out audits and checks, including reviews of medicines administration records (MARs) and the daily notes completed by staff at visits. The service had been operating for three months and the registered manager told us quality assurance was an area they planned to develop further.

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 registered manager demonstrated a good understanding of their role and their responsibilities under current health and social care legislation.
- Staff understood the responsibilities of their roles. They had job descriptions which summarised their responsibilities. They spent time familiarising themselves with the agency's policies and procedures as part of their induction when they started work.
- Staff were in regular communication with the registered manager. Staff told us they were kept up to date about current issues such as changes in people's needs, and any service developments.
- The registered manager understood the duty of candour. The service was relatively new, and no significant incidents had occurred. However, people's feedback and records we saw showed the registered manager engaged with people, relatives and stakeholders openly.

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

- The registered manager had regular contact with people and relatives, to help ensure they were happy with the support they received or identify any areas which could be improved. All the people and relatives we spoke with confirmed they saw or spoke with the registered manager regularly and were comfortable discussing any issues with them.
- The registered manager carried out visits to people to gain their views on different aspects of the care they received. These checks confirmed that people were receiving culturally appropriate care.

Working in partnership with others

- The registered manager worked in close partnership with other services involved in supporting people. Records showed they were in regular communication with a range of health and social care professionals who were involved in people's care.
- Advice given by professionals was shared with staff to make sure the care provided kept pace with people's changing needs.