

Care To You Healthcare Limited

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## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Care to You Healthcare Limited is a domiciliary care agency providing personal care to people in their own homes within the community. At the time of the inspection, all 44 people using the agency were in receipt of the regulated activity.

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

People spoke positively about the care that they received and felt safe with care staff being in their homes. One person said, "It can be strange getting used to people coming into your home, but they make us feel safe." Staff were recruited in a safe manner and had received appropriate training.

The registered manager had systems in place to monitor the quality of care. These systems were new and being developed, but initial signs had shown them to be effective. For example, a recording issue of medicines had been identified and addressed through supervision.

People told us that the registered manager and office staff were approachable and reliable with communication. People had consistent visits, meaning staff could get to know them well and meet their needs suitably. Staff felt supported in their role and were able to raise any concerns they had. They also felt confident that matters they raised would be dealt with appropriately.

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 (published 19 June 2019).

### Why we inspected

We received concerns in relation to infection prevention and control, medicine administration and how the service was being managed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

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

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

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.

# Care To You Healthcare 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 undertaken 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. The registered manager is also the provider of this service. This means that they 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 registered manager would be in the office to support the inspection.

Inspection activity started on 28 April 2021 and ended on 30 April 2021. We visited the office location on 29 April 2021.

#### 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. 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

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, supervisor and care workers.

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 quality assurance records. We spoke with two professionals who regularly communicate 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines safely. One person told us, "They do it all for me, I always get my medication".
- Staff who supported people with their medicines had received appropriate training. The registered manager and supervisor also completed competency checks to monitor practice.
- Medicine risk assessments were in place for those who needed support with medicines. Clear guidance was provided to staff around the level of support required.

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

- People told us they felt safe with staff supporting them. One person told us, "I feel absolutely safe with them in my home."
- Staff had completed safeguarding training. Staff demonstrated a good knowledge of recognising abuse and how to report this appropriately. One staff member told us, "I would feel confident in report anything I was worried about. We then make a plan on how to help the person."
- The registered manager kept a safeguarding log. This enabled them to track concerns and establish whether these needed reporting to other agencies. They had appropriately made referrals to the local authority and cooperated with any investigations.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and care needs were assessed. Risk assessments were completed in areas including mobility, skin integrity, nutritional needs and COVID-19. Training was provided to staff where risks associated with specific health care needs were identified, for example, how to support someone with diabetes.
- Risk assessments were reviewed regularly, and appropriate action taken if there were concerns from staff. For example, we saw evidence of staff liaising with relatives when a person refused care, to plan how best to encourage them and support them.
- Staff were aware of how to report accidents and incidents, a log of these were kept by the registered manager. There was an on-call facility to support people and staff should accidents or incidents occur out of office hours. This was provided by the registered manager and a supervisor who knew both people and care staff well.
- Incident reports had been reviewed by the management team and action taken to minimise risks. For example, someone who was becoming unwell and had experienced a fall was provided with additional care calls and medical advice sought.

### Staffing and recruitment

- People told us their care was mostly provided by the same staff. One relative told us, "We get the same care staff most of the time. We don't have a big variety, so they really get to know my husband."
- Staff completed visits on time. The registered manager and supervisor kept track of care calls via a colour coded electronic system. If a member of care staff was over fifteen minutes late, this would flag up so they could investigate. One person told us, "[Staff] timekeeping is good. The only time there's been a problem is in an emergency. They ring me and let me know or send someone else".
- Staff were recruited safely. Pre-employment checks were completed to help ensure staff employed were suitable. These included conducting a face to face interview, completing a Disclosure and Barring Service (DBS) check and obtaining references.

### Preventing and controlling infection

- We observed office staff wearing appropriate personal protective equipment (PPE). People told us that staff wear personal protective equipment consistently. One person said, "They always wear PPE. I have back up, but they haven't needed to use it, they've always had their own and never need reminding to use it. They've been amazing throughout COVID."
- Guidance had been provided to staff regarding infection prevention and control, including specific training on how to use and dispose of PPE safely. The registered manager and supervisor completed regular spot checks to ensure staff were using PPE appropriately.
- Care staff were engaged in regular COVID-19 testing and the registered manager kept a record of results.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 provider had quality assurance systems in place which had identified shortfalls in quality and safety. For example, an issue with a staff member recording was identified then addressed through supervision. These systems were new and being developed by the registered manager and supervisor to ensure they were completed regularly and embedded in day to day practice.
- The registered manager and staff were clear about their roles and responsibilities. People told us they knew who the registered manager was and how to contact them if needed.
- The registered manager had appropriately reported safeguarding concerns to the local authority. Subsequent notifications were also submitted to the CQC. This is a legal requirement.
- The duty of candour was understood by the registered manager and supervisor. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- There was an open and person-centred culture at the service. People and their relatives spoke highly of the care staff who attended their care calls. One person said, "I feel that they are doing their very best. The girls are polite and I'm grateful that they can come and look after us." Another person said, "[Staff member] has been absolutely marvellous, I can't fault them".
- Staff spoke positively of the support they received. One staff member said, "[Registered manager] is very good, I can always ask questions and trust the advice I'm given." Another staff member said, "We are like a little family, there's an open-door policy and we all support each other."

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

- People told us that they would be able to contact the registered manager directly should they have any concerns. The management team had very recently sent out a new survey however due to the proximity to the inspection no responses had yet been received.
- People, relatives and staff felt confident their views are listened to and acted upon. One person told us, "I've got their number and know I could always call if I needed anything. I asked for a certain carer to come in and this was done". A relative added, "Communication is good, if I have a query the [registered manager] comes back to me in minutes."

- Due to the COVID-19 pandemic staff meetings had reduced. However, the registered manager used online facilities and newsletters to keep staff up to date with any developments. Any changes in people's care needs were communicated via the secure electronic system.

#### Continuous learning and improving care

- The registered manager supported the development of staff. There was a commitment to learning and making improvements to the service people received.
- Regular spot checks were undertaken by the registered manager and supervisor to ensure staff were following their training and meeting people's needs appropriately. We saw evidence of matters being address through one to one meetings if shortfalls were identified.

#### Working in partnership with others

- The service worked with a range of health and social care professionals such as social workers, physiotherapists, GPs and district nurses to plan and deliver care and support. For example, the supervisor explained how staff had worked collaboratively with a physiotherapist to improve a person's mobility and well-being.
- We received positive comments from professionals about how the service worked in partnership to achieve good outcomes for people. One professional told us, "Communication with the agency is good. [Registered manager] has always been forthcoming and prompt with any information we have requested".