

Caredom Healthcare Limited

# Caredom Healthcare

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Caredom Healthcare is a domiciliary care agency. They provide personal care to people living in their own homes. 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. At the time of the inspection 2 people were receiving personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

#### Right Support:

The provider needed to make improvements to ensure consent was appropriate. We found some records for consent had been signed by a person who did not have the legal authority to do so. However, 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.

People knew which staff were supporting them for each call. Staff arrived on time and were flexible in the call times if required.

Staff were recruited safely and received adequate training to meet people's needs. Staff knew people well and people and relatives felt staff had a good relationship with them.

People were supported to access any equipment needed to support independence or safety.

The registered manager completed a pre-assessment before people were offered a service to ensure staff had the skills and knowledge to meet people's needs.

#### Right Care:

People were protected from abuse and known risks. Risk assessments were in place with mitigating strategies and staff had training and understood safeguarding procedures.

People's healthcare needs were supported. However, people did not have health passports within their homes to give health and social care professionals the information required to support them in the way they needed. Staff shared information to ensure people's health needs were met as appropriate.

Care plans were person centred and detailed with people's needs, wishes and preferences. People and relatives were positive about the support they received from Caredom Healthcare. Staff were described as, "kind", "friendly", "brilliant" and, "flexible" in their approach. .

#### Right Culture:

Staff felt supported within their roles and were able to raise any concerns or issues they had. Staff told us the registered manager was always available to them if needed.

The registered manager was dedicated to working with others and improving care. Improvements to the service were identified through feedback from staff, people and relatives. The registered manager was open to the feedback from inspection and implemented changes immediately.

Systems and processes were in place to audit documents and identify any improvements required. Information was shared appropriately. Staff had information shared with them through a variety of meetings, relatives were kept up to date on their loved one as required.

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

This service was registered with us on 28 January 2020 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?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was safe.

Details are in our safe findings below.

# Caredom Healthcare

## 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

This inspection was completed by 1 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. This service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 5 January 2023 and ended on 10 January 2023. We visited the location's office on 5 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from the local authority who work with the service. 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 spoke with 1 person who used the service and gained feedback from 2 relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager, a director and care workers.

We reviewed a range of records. This included 2 people's care records. We looked at 2 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.

# 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 of 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 abuse. Systems and processes were in place and staff received training, understood the signs of abuse and how to report any concerns.
- People and relatives told us they felt safe receiving care from Caredom Healthcare.

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

- Risks to people were assessed and strategies were implemented to mitigate harm.
- The provider completed risk assessments to cover any environmental risks or any potential risks from equipment.
- The provider learnt from previous incidences and ensured strategies were put in place to reduce future reoccurrence.

Staffing and recruitment

- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People and relatives told us they always knew which staff were coming and had no concerns with staffing levels. One relative said, "[Person] always has the same staff."

Using medicines safely

- At the time of inspection no one was receiving support with medicine management. The provider had systems and processes in place should people require support with medicines in the future.
- Staff had been trained in the administration of medicines.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff used personal protective equipment (PPE) effectively and safely.
- The provider had an up to date infection, prevention and control policy in place.

# 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 is the first inspection for this newly registered service. This key question has been rated requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider needed to make improvements to ensure consent was appropriate. We found some records for consent had been signed by a person who did not have the legal authority to do so. However, we found no evidence of harm and the registered manager was in the process of correcting these consent forms.
- The provider had a process in place to ensure people were asked and when appropriate had consented to information being shared with relevant people.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. One staff member told us, "I ask for consent before completing tasks. In addition, we [staff] inform people what we intend doing before commencing the task. Our care plans are person centred therefore the people we support are involved in making decisions about their care."

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

- People did not have health passports completed. A health passport can be used by health and social care professionals to support them in the way they needed. The registered manager agreed to implement these immediately after the inspection.
- When people needed referring to other health care professionals such as GP's, occupational therapists or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so



that this was organised, or they assisted the person to call themselves. One relative told us, "They [staff] identified an issue (with person). They [staff] told me so I could contact the GP."

- People's oral health records evidenced staff supported people appropriately with any oral hygiene needs they may have.

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

- People's needs were assessed before they started using the service. Pre assessments included people's holistic needs including their physical and emotional needs to ensure these needs could be met.
- People and relatives told us they were involved in care planning. One relative said, "I have read the care plan and it was reflective of the information I gave."
- Assessment of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who had received sufficient training to meet their needs. Training included: manual handling, dignity and respect, infection prevention and control, food hygiene, equality, dementia and health and safety
- Staff received an induction, training and detailed information for each person they supported, before lone working. One staff member told us, "I feel we have adequate training for the people we support. If we have a new person to support management always make sure we get the training to enable us to support the person fully."
- Staff received regular supervisions and support. One staff member told us, "I feel supported as I am given supervision and am able to contact management should I feel am not confident with something. I am also given training to support me in my role. Supervision is once a month and we also have monthly meetings."

# 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

- People were supported by staff who they knew, and who knew them well. People were aware of which staff member was supporting them each time. One relative told us, "We have the same carer. If for any reason they [staff] cannot come, we are told, and we can rearrange or have a different carer who knows [person]."
- People and relatives were consistently positive about the staff. One relative said, "Our carer is brilliant." Another relative said, "The carers are lovely, friendly and kind."
- People and relatives told us staff knew them well. One relative said, "They [staff] know [person] well. They have a laugh and a joke together; this is good for [person's] mental health"

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

- People and those important to them were involved in every aspect of their care and support. Care plans were completed with people or their relatives and were signed to evidence people, or their relatives agreed to the contents.
- Staff told us how they always asked for consent before completing any tasks. People and relative also confirmed consent was requested.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected their privacy and promoted their independence. We were told staff always allowed people to do what they could for themselves but offered support as needed. One staff member told us, "To promote independence we ensure people are supported to take positive risk when appropriate."
- Staff understood people's right to privacy and dignity. Staff could explain how they ensured people were treated with dignity and respect when completing personal care tasks. Staff stated they always closed curtains and doors and always covered people up as appropriate. One relative told us, "They [staff] always protect [person's] privacy."

# 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

- Staff were able to offer person centred care as care plans held detailed information about the person. Care plans recorded people's history, likes, dislikes, routines and preferences.
- We were consistently told staff knew people well and were flexible in their support to ensure the best outcomes for people. One relative told us, "If we need to change the day or time, they [staff] are always able to facilitate this. They also will add additional calls in when we require it."
- The staff met the needs of people using the service, including those with needs related to protected characteristics. Information was recorded if a person had a preference or need. People were also given the option to choose the gender of staff supporting them with personal care.

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 care plans had information regarding their communication needs. The registered manager understood the need to make sure people had access to the information they needed in a way they could understand it, including the use of easy read, large print or translating into another language.
- Care plan contained information regarding any visual or hearing aids required and if a person was able to communicate verbally.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain. Complaints had been addressed within the providers timeframe and responses sent out to people involved.
- People, relatives and staff knew how to raise concerns and complaints and had confidence these would be dealt with in a professional manner.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- The registered manager was in the process of gaining information from people and their relatives on their wishes and needs relating to end of life care and support.
- If anyone required end of life support the registered manager would ensure all staff had support and they

would liaise with the appropriate health care professionals.

# 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 [http://crmlive/epublicsector\\_oui\\_enu/images/oui\\_icons/cqc-expand-icon.png](http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png) 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.

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

- Systems and processes were in place to ensure care and support given to people was appropriate and person centred. The registered manager completed spot checks on staff regularly. One staff member told us, "I have had spot check. They [registered manager] were observing how I was interacting with the people we support and how I was delivering the care, also the time I arrived and left. "
- Systems and processes were in place to ensure records; care plans and risk assessments were kept up to date and factual. People had a review of the information recorded about them after one month of starting with the service and then every 6 months thereafter, unless a change in need was identified.
- Systems and processes were in place to ensure staff had the relevant skills, knowledge and training to support people safely. Staff received monthly supervision where training was discussed.
- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported.

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

- People and relatives were positive about the service and the outcomes reached for people. One relative told us, "We needed support at very short notice. We were so pleased with the speed and responsiveness that the support was put in place to ensure [person's] safety and comfort."
- Staff felt supported and able to raise any issues or concerns they may have without fear of what might happen as a result. Staff told us, they felt supported and respected at work.
- The registered manager was visible and available within the service, one staff member told us, "Our manager is approachable and visible in the service."

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 apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

characteristics

- Staff had regular meetings to share information, discuss any concerns and to feedback on the service. Staff were also given annual surveys to complete, to identify any improvements required and to gain staff feedback. Staff felt involved with service improvements.
- The provider had systems in place to take account of people's and relative's opinions of the service they received by asking for feedback in reviews of care plans and regular phone calls.
- Relatives were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear vision for the direction of the service.
- The registered manager was open and transparent throughout the inspection and implemented changes based on the feedback given.
- The staff worked well in partnership with other health and social care organisations, which helped to improve the wellbeing of the people they supported.