

Caring Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Caring Care Limited is a domiciliary care service providing personal care to people 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 our inspection 358 people were receiving personal care from the service.

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

People told us they felt the care they received was safe and carers had the skills and training to provide consistent support. However, people's risks and health conditions hadn't always been documented clearly in their records, which could put people at risk of harm.

Governance systems had been effective in ensuring risks to people had been mitigated. These systems were effective in ensuring people received the support they required. People who received a service were valued by staff and the provider. However, the assessment of people's risks was not always robustly documented and the provider was working to address this shortfall.

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

Rating at last inspection

The last rating for this service was good (published 10 July 2018).

Why we inspected

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

We have found evidence that the provider needs to make improvements. The provider took immediate actions to address the shortfalls identified on inspection. Please see the safe section of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caring Care Limited on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about improving the care plans and risk assessments for people being supported by the 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Caring Care 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and 4 Experts by Experience, who made calls to people and relatives who had been supported by the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 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.

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 and professionals who work with the service. We used information gathered as part of monitoring activity that took place on 28 February 2023 to help plan the inspection and inform our

judgements. 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 to 43 people and 16 relatives about their experience of the care provided. We spoke with 4 professionals who have contact with the service. We spoke with 20 members of staff including the registered manager, operations manager, care and service manager and 17 members of staff.

We reviewed a range of records. This included 22 people's care plans, medicine administration records (MAR) and 3 staff recruitment files. We viewed a variety of records relating to the management of the service including audit systems.

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.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were not always assessed and documented. This meant key information about how to mitigate these risks was not always available to staff. For example, people who had catheters in place, or were at risk of falls, didn't always have a person-centred risk assessment documented.
- Care plans for people with diabetes were not person-centred. Whilst care plans identified key risks for people with diabetes, these were the same for people with type 1 and type 2 diabetes and didn't inform staff of each person's individual needs. This increased the risk of people's diabetes not being managed correctly.
- Care plans did not always contain details to guide staff about people's health needs. For example, care plans were not in place to inform about people who took medicine that thinned their blood. This meant there was a risk staff would not have the information required to respond appropriately if a person taking this medicine had a fall or injury.
- Prior to the inspection, the provider had already identified that people's care plans and risk assessments required more detail. Records showed steps were already underway to address these shortfalls and make the changes needed.

We recommend the provider continues to implement improved care plans and risk assessments, to ensure people's records are accurate, complete and available to relevant staff so that they can support people to stay safe.

Using medicines safely

- Protocols were not always in place to guide staff about when to administer 'as and when required' (PRN) medications for occasional use. Where PRN protocols were in place, they did not always have enough detail about when a medication was required, maximum dosage and alternative interventions. This posed an increased risk that medicines could be administered incorrectly.
- People received their medications as prescribed, and this was recorded in people's records. One person informed, "They are a good company. They look after my medication which can be missed if not careful."
- Staff received training in administering medicines and their competence was monitored by the provider. This ensured people received a consistent, safe support with their medication.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff told us that people received a safe service. One person said, "I do feel safe. The carers are nice people." A relative told us, "My [family member] is safe with his carers as he has a very nice

carer that looks after him well."

- Staff had received safeguarding training and understood how to escalate any concerns they may have about people. Records showed carers followed these procedures when required.

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us carers generally arrived when expected and stayed for the time required to complete their support. One person said, "It is wonderful having the continuity of the same carers as I have got to know them well and they know me, so trust has built up between us."

Preventing and controlling infection

- People were protected from the spread of infection. Carers used Personal Protective Equipment (PPE) in people's homes and maintained good hand hygiene. One relative said, "They are very good at ensuring they wear gloves, change them and wash their hands before making a drink."
- Staff received infection control training and their practice was reviewed during spot checks. This supported carers to practice good hygiene practices in people's homes.

Learning lessons when things go wrong

- Systems were in place to ensure any accidents or incidents were reported, reviewed and learning identified.
- The provider demonstrated an openness to learning lessons to improve the service. One staff member told us about a time they had raised an issue with management. They said that the management team took the feedback positively and quickly identified a solution.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Where people were at risk of weight loss, care plans did not always contain enough detail about how this risk could be managed. However, daily records showed carers provided appropriate support and encouraged people to meet their dietary needs.
- People told us they were supported to eat and drink by their carers. One person told us, "[The carers] will also make me breakfast, lunch and tea. They always ask me what I would like to eat and drink." Another person said, "They prepare food and present it nicely."

Staff support: induction, training, skills and experience

- People and relatives told us their carers had the necessary skills and training to meet their needs. A relative told us, "The company and carers are aware of [my family member's health condition] and how this impacts on his health and abilities."
- New staff received an induction and shadowed experienced staff before working independently with people. New starters felt well prepared for their roles and existing staff received regular training to refresh their skills.
- The provider had an effective system in place to ensure staff were up to date with key training. Staff received face to face training in people's specific health needs such as catheter care.

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

- People were involved in their care plans and copies of these were available in their homes. One person said, "I've got a care plan. Someone comes in now and again and does an assessment. The changes come through the post."
- People and relatives were happy with the service they received and told us their care was delivered to a good standard. Professionals who were involved in arranging support from Caring Care Limited also confirmed they were satisfied with the care delivery.

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

- The provider worked closely with external agencies to ensure people accessed the services they needed. Professionals advised that communication with Caring Care Limited was good, and care staff reported any health concerns for people.
- Staff understood when external services may be required and felt able to report any changing healthcare needs for people. One person told us how carers had recently noticed they were unwell and contacted the doctor on their behalf. Another person said, "The carers phoned the district nurse last week... it's only

because of the carers that I might get things sorted."

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.

- People and relatives informed that carers sought their consent prior to giving support. One person said, "Oh yes, they say when they are about to do something; they don't take you for granted."
- At the time of the inspection, the provider was in the process of developing new paperwork to document people's consent more clearly. This included mental capacity assessments and best interest decision templates for those who may require them.

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. The rating for this key question has remained 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

- Governance systems had not been effective in ensuring risks to people had been robustly assessed, documented and mitigated. This put people at risk of potential harm. However, the provider had identified shortfalls in their care plans and risk assessments prior to the inspection. We saw evidence that plans were in place to implement new care plans to address this issue.
- Auditing systems were established to review the quality and safety of the service. This included maintaining oversight of people's calls and identifying any areas of concern in daily records.
- The provider had developed robust systems to ensure care calls were received as expected and met people's needs. Key words were searched within people's daily records, to identify any risks to people and ensure appropriate actions had been taken. Feedback from people confirmed these systems were effective.
- Staff were clear about their roles and spoke positively about the people they supported. One staff member told us, "I love working for Caring Care. I meet different people every day and it is a nice opportunity to make nice conversations with people."

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

- The provider fostered an open and positive culture at the service, so staff felt valued for their contribution. This included a yearly awards ceremony, and staff were rewarded for long service with the company.
- The provider was in the process of setting up a new management post to concentrate on improving the quality of people's care plans and risk assessments. The need for improvements had been identified prior to inspection, and actions were already being progressed to make the necessary improvements.
- The management team held weekly meetings to identify areas of learning and take action to improve the service. For example, the provider had implemented additional coaching for carers from overseas, to support both their wellbeing and care practice in the UK.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a system in place to gather feedback from people, relatives and stakeholders. This feedback was reviewed, and actions identified to take any learning forward. In addition, there was a robust review system established to ensure people were consulted at regular intervals about their care.
- Staff felt supported and told us the managers were approachable if they had concerns. Staff felt valued by the provider, which was reflected through the number of staff who had worked at the service for many years.

- Professionals spoke positively about working in partnership with Caring Care Limited and told us the provider communicated openly.

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 manager understood their responsibility in relation to duty of candour. Systems were in place to ensure any incidents were recorded, investigated and relevant parties notified.
- Staff were aware how to raise any concerns if they were to arise and felt confident to escalate their concerns should they need to.