

Carelife Ltd

Carelife

Inspection report

Suite 29-30, Royal Mail House
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11 August 2022

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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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Carelife is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were two people using the service.

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

People were not supported by staff who had been recruited using a robust employment procedure.

However, the registered manager immediately took action to rectify this. We found no evidence during this inspection that people were at risk of harm from this concern.

People's experience of using this service was positive. Staff arrived on time and supported them in ways which met their needs and preferences. People could be supported eating, drinking and taking medicines, where this formed part of their care plan. People and their relatives confirmed their privacy and dignity was respected. People, their relatives and staff gave us positive feedback about the way the service was managed. People were well treated by staff who cared about them.

The registered manager visited people to assess their needs before offering to provide a service. Risk assessments were in place which identified where people were at risk, and steps staff should take to reduce these. Risk assessments considered people's healthcare needs and the environment they lived in. The provider had policies and procedures in place designed to protect people from the risk of harm and abuse. The registered manager liaised with health and social care professionals where necessary.

People had care and support plans in place which detailed the support staff provided and how people would like their needs met.

The provider had a complaints procedure in place. People were provided with information about how to complain in the service user guide, if they had any concerns or feedback about the care they received.

The registered manager understood their role in managing the service and had systems in place to ensure the service ran smoothly. The registered manager involved people using the service by contacting them to seek their views about the service they were receiving.

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.

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 received care and support which was person-centred and promoted their dignity, privacy and human rights.

The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 7 April 2021 and this is the first inspection.

Why we inspected

This was the first inspection of a newly registered 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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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 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.

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

This inspection was unannounced.

Inspection activity started on 11 August 2022 and ended on 31 August 2022. We visited the location's office on 11 August 2022.

What we did before the inspection

We reviewed all the information we had received about the service and 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 one person using the service and a relative of another person using the service. We spoke with three staff and the registered manager. We looked at a range of records including two care plans for people using the service, five staff recruitment files and training records.

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 requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Staffing and recruitment

- The provider did not have a robust recruitment procedure in place.
- Disclosure and Barring Service (DBS) checks provide information regarding details about convictions and cautions held on the Police National Computer. This information helps employers make safe recruitment decisions. One of the five staff files we looked at did not have a DBS in place until nine days after they officially started work.
- Three staff had signed up to the DBS 'update service'. This is a service which providers can use to check the DBS without having to apply for a new check. However, the registered manager had not kept a record of having checked the DBS online. We asked them to do so during the inspection and no issues were found. The registered manager told us they will ensure they keep a record of these checks in the future.
- Application forms and employment histories were incomplete and did not always detail specific dates staff worked for previous employers. Employment histories must show every employment.
- Where new staff had previously worked in health and social care settings, the provider had not sought satisfactory evidence of conduct in, or the reason staff left their previous employment, which is a requirement of the legislation.
- This meant people could be at risk from being supported by unsuitable staff.
- As soon as we made the registered manager aware of this, they took immediate action to rectify the issue. Following the inspection, they audited the files and sent us copies of the information they sought and received.
- The provider was currently providing care and support to people overnight. This meant a staff member was rostered to start and finish at a set time. Records showed staff arrived and left as scheduled. One person told us staff arrived on time and a relative told us, "We are really happy with [staff], they come on time and look after [my relative] really well. We couldn't have better."
- The provider used a computer system which would alert them of concerns, for example, if staff should not arrive. To date, this had not been tested as staff had arrived on time.

Using medicines safely

- The service could provide people with support to take their medicines if needed. However, as only night care was being provided staff had not needed to support people to take tablets or medicine.
- One person was supported with prescribed topical creams which were applied when needed. A computerised medication administration record was kept for recording when this had been done. However, some staff had experienced some difficulties in logging into the system, so completed a paper record in place of the computerised records. We looked at both records for one month and found there were three

dates which had been left blank on both records. We raised this with the registered manager.

- Staff had received training in the administration of medicines and the registered manager completed a competency assessment for each staff member.

Preventing and controlling infection

- The registered manager told us staff were testing for COVID-19 once a week. At the time of the inspection, national guidance required staff in health and social care settings to complete asymptomatic testing for Covid-19 twice weekly. We were not therefore assured the provider was ensuring people were protected from the risk of COVID-19.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

We have signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place designed to protect people from the risk of harm and abuse. Staff had completed safeguarding training; they were aware of the different types of abuse and told us what they would do if they suspected abuse or had concerns.
- The registered manager had reported any safeguarding concerns to the local authority as required.
- One person and a relative told us they felt safe when supported by staff. One person told us, "I can trust [staff]."

Assessing risk, safety monitoring and management

- The registered manager ensured risk assessments were in place which identified where people were at risk. Risk assessments considered people's healthcare needs and the environment they lived in.
- Where risks were identified, action was taken to minimise the risks, for example, the risk of not drinking enough liquid.
- The provider used nationally recognised tools to assess risks such as whether a person might be at risk of developing a pressure sore.

Learning lessons when things go wrong

- There had not been any incidents recorded where things had gone wrong. The provider was therefore unable to demonstrate any lessons learnt. However, the registered manager was open to learning and improving the service.

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 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

- The registered manager visited people to assess their needs before offering to provide a service.
- People's assessments included their physical needs as well as their preferences and choices.

Staff support: induction, training, skills and experience

- The provider had a training programme in place which covered a range of topics such as moving and handling and prevention of pressure ulcers.
- The provider had recently started to support staff to gain the qualification of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made of the 15 minimum standards that should form part of a robust induction programme. The registered manager told us, "Staff who are new to care, will complete the workbooks online with also a mixture of written and oral answers of what they have learned. Staff who are experienced will complete a self-assessment tool to determine if there are any gaps in skills or knowledge and set out learning objectives to be completed."

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

- The provider sometimes supported people with eating and drinking, where this formed part of their care plan.
- Care plans included information about how to specifically support people with eating and drinking. One person's care plan had detailed information about the risks of dehydration to inform staff.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager liaised with health and social care professionals where necessary. For example, occupational therapists.

Supporting people to live healthier lives, access healthcare services and support

- The provider was not currently commissioned to support people to access healthcare services, due to the nature of the care and support provided.

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 registered manager understood the principles of consent and best interests decisions.
- One person confirmed staff sought their consent before supporting them.
- Staff explained how they worked within the principles of the MCA. One staff member told us, "[The person] has choice to make decisions, I respect that." Another staff member told us, "[The person] decides when they want to go to bed and tells us when they're ready."

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 well treated by staff who cared about them.
- One person told us, "[The care staff] are marvellous people, I'm sure they care [about me]."
- A relative confirmed care staff were interested in them as people and said, "I couldn't fault them, all of them are very nice."
- Staff spoke about people and their work in a caring way. One staff member told us they chose to be a care worker and explained about something they had done for a person, which had been appreciated.

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

- People were involved in agreeing their care and support plans. They were asked about their preferences and the provider took these into account when planning their care.
- Where people had expressed a preference for the gender of staff supporting them, the provider had met those preferences.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed their privacy and dignity was respected.
- Staff told us how they maintained dignity when supporting people with personal care. One staff member said, "I draw the curtain and close the doors." Another said, "I always knock the door before going in, explain what I would like to do and close the door."

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 had care and support plans in place which detailed the support staff were to provide. Care plans were personalised to each person, for example, information about skin integrity or mobility needs where people's needs meant they were at risk.
- People's care plans also provided staff with information about their health and medical histories.
- People were supported by staff who understood their needs.

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.

- One person's care plan stated they wore glasses so staff needed to ensure they were close by and clean.
- The registered manager told us one person had asked for a staff rota to be sent to them. The registered manager had understood an electronic rota would be difficult to see and offered to send a paper copy every two weeks as this was more accessible.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. People were provided with information about how to complain in the service user guide.
- The procedure gave details about who to complain to and what to do if people were not happy with the investigation.

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.

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

- The registered manager had not understood the requirements of legislation regarding recruitment procedures and we found staff files did not include all the required information. We raised this with the registered manager who took immediate action to seek the required information. After the inspection they sent us copies of the documents they had requested and received. We found no evidence during this inspection that people were at risk of harm from this concern.
- The registered manager understood their role in managing the service and had systems in place to ensure the service ran smoothly.
- One person told us, "[The registered manager] came to see me and 'phones me up. She is a lovely lady."
- A relative told us they could contact the office if they needed to, adding that "[The registered manager is very good."
- A staff member told us, "It is easy to contact the office or pop in. [The registered manager] is definitely supportive, helps us with everything, and contacts us after a shift to ask if we are okay."
- Another staff member told us, "If you ask [the registered manager] for anything, she does it instantly." They went on to give us an example of this and the positive impact it had on the person.

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

- People, their relatives and staff gave us positive feedback about the way the service was managed. This in turn, led to a positive culture which was person-centred and achieved good outcomes for people.

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 understood their responsibility around the duty of candour. They said they would be accountable, take action, send an apology and learn lessons.

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

- The registered manager involved people using the service. They contacted people on the telephone and visited them at home to seek their views about the service they were receiving. Their care was reviewed and changes were made as appropriate.

Continuous learning and improving care

- The registered manager had systems in place to monitor the quality of the service provided. A range of reports were created by the computer system, for example, pie charts showed what care tasks were completed and would identify any trends.
- Whilst we were in the office, we heard the registered manager addressing an issue they had identified around the computer system. They sought to improve staff access to the system and asked for staff training around the issue.

Working in partnership with others

- The registered manager worked in partnership with others to ensure people's needs were met more widely. For example, working with local authorities and health professionals to review people's care and support needs.