

Care and Respite England Ltd

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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?

Requires Improvement 

Summary of findings

Overall summary

Care and Respite England Ltd is a domiciliary care agency that provides personal care and support to people living in their own homes and flats. The service provides support to people with a range of physical, sensory or other health needs.

At the time of our inspection, 11 people were using the service, but only 6 people were receiving the regulated activity of 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.

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

People and their relatives were positive about the staff who supported them. Staff were positive and motivated to deliver a good service. Staff knew people well and there was a supportive and family orientated culture.

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.

A small group of staff ensured people received consistent care which reflected individual needs and preferences. Improvements had been made to staff records and recruitment procedures since the last inspection.

Improvements had been made to the provider's systems and processes to ensure people were kept safe from avoidable harm. Staff received training and incidents were reported and investigated as necessary.

Improvements had been made to ensure medicines were managed safely. An electronic recording system ensured records were completed accurately and meant people received medicines as prescribed.

Risk assessments were clearly recorded and up to date. This helped staff to identify, manage and reduce the risks involved in supporting people and provide safe and personalised support.

Quality assurance systems had been put in place to identify shortfalls and make ongoing improvements to the service. Audits had not been in place for long, but appeared to be comprehensive and would highlight concerns. We have made a recommendation about embedding quality assurance systems.

There had been improvements to the management of the service and people were generally positive about this. We have made a recommendation about management systems and processes.

Time and effort had been put into prioritising and implementing changes and improvements since the last

CQC inspection. The provider was keen to learn lessons and develop the service for the benefit of people who used it, their relatives and staff.

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 January 2023) and there were breaches of regulations. We served the provider with a warning notice under Section 29 of the Health and Social Care Act 2008 because of failure to comply with regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulations and had met our recommendations. We have therefore withdrawn the warning notice.

Why we inspected

We carried out an announced inspection of this service on 12 and 20 October 2022. Breaches of legal requirements were found, and we served a warning notice in relation to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Recommendations

We have made recommendations in relation to continuing to develop quality assurance systems and improve management processes at this inspection.

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 well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Care and Respite England Ltd

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

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 a short period of 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 24 March 2023 and ended on 18 April 2023. We visited the location's office on

24 and 29 March, and 5 April 2023.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since it registered with CQC. We reviewed CQC notifications. These describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a Provider Information Return (PIR) since before the previous inspection. We used the information the provider sent us in the previous 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 this information to plan our inspection.

During the inspection

We spoke with 3 people who received personal care from the service. We also spoke with the relatives of 3 people about their experience of the care and support provided. We spoke with 3 members of staff, including the owner, who was also the registered manager, and support staff. We received feedback from one professional who worked with the service. Everyone's comments have been incorporated into the report.

We looked at records relating to people's care and the running of the service. This included the care records of everyone who received personal care. We reviewed records relating to the management of the service, including staff files, policies and procedures, audits and quality assurance information.

We considered all of this information to help us to make a judgement about 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider had failed to identify shortfalls relating to safeguarding people from abuse. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17.

- Improvements had been made to the provider's systems and processes to ensure people were kept safe from avoidable harm.
- People, relatives and professionals did not have concerns about the care which was received. They were happy that their assessed needs were being met, and this helped to reduce or manage risks.
- Staff received training in recognising and reporting abuse and knew how to raise concerns to ensure people were safe. As a team activity, staff had written quality statements which were displayed in the office. Examples included, "We listen to concerns about safety; we investigate and report" and "We make sure we share concerns quickly and appropriately".
- The registered manager was confident that safeguarding incidents were reported and investigated as necessary. A log of safeguarding concerns was kept, and a policy provided guidance to manage and reduce risks.

Staffing and recruitment

At our last inspection, the provider had failed to ensure safe recruitment procedures were followed. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 19.

At our last inspection, we also found records relating to the employment of staff were not always complete. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17.

- The provider had not recruited any new staff since the last inspection.

- Improvements had been made to the personnel files of existing staff. This included ensuring checks including Disclosure and Barring Service (DBS) checks were in place and up to date. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager was introducing a toolkit to improve employment and recruitment processes and ensure all requirements were met in the future. This included reference and conduct checklists, pre-employment checks and risk assessments, and an improved interview processes with a value-based focus. These changes established robust systems and would mean the right staff were recruited to support people to stay safe.
- The registered manager told us people had enquired about applying for jobs with the service, but at this time they did not have enough work to employ them.
- A small group of staff ensured people received consistent care which reflected individual needs and preferences.
- Staff were monitored through regular observation and spot checks during visits at people's homes. Call times and tasks were logged on an electronic system which meant this could be precisely measured, and any changes or cancelled visits were reviewed and analysed.
- There were numerous examples of times that staff had adapted planned visits to meet people's changing needs. For example, to enable one person to attend a church service, or changing call times at short notice when visits or outings were planned by people. Staff were flexible and responsive.

Using medicines safely

At our last inspection, we found records relating to medicines were not always complete and these had not been identified in quality assurance checks. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17.

- Improvements had been made to ensure medicines were managed safely.
- Medicines administration records were now completed electronically by staff. These showed people consistently received their medicines as prescribed and in line with their individual needs and preferences.
- People told us they were happy with the support staff gave them to take their medicines.
- A medicines policy was in place which gave staff guidance to ensure medicines were administered in line with best practice.
- Risk assessments were in place to manage and reduce risks associated with medicines.
- Staff received training in medicines administration and had their competency regularly checked.
- Medicines audits were carried out regularly with detailed analysis of any missed medicines or incidents. Learning and changes to practice were shared with staff to ensure the service continued to develop and improve.

Assessing risk, safety monitoring and management

- There were systems in place to identify, manage and reduce the risks involved in supporting people.
- Risk assessments were clear, up to date and helped staff to balance people's safety and independence. For example, there was guidance about continence management, medicines, home environments and moving and handling. This helped staff to provide personalised support in a safe manner.
- Risks were regularly reviewed and updated to ensure changes were made where necessary to continue to keep people safe.
- All information was recorded electronically, including visit timings, risk assessments and care plans. This meant all staff could access up to date information in managing risks and helped them achieve good

outcomes for people.

- Staff knew that they could receive support from the registered manager at any time, including outside usual office hours in the event of an emergency.

Preventing and controlling infection

- We were assured that people were protected by the prevention and control of infection as far as possible. This included the safe use of personal protective equipment (PPE).
- Staff received training in infection prevention and control and the safe use of PPE.
- Regular spot checks were carried out to ensure staff followed local policy and national guidance about good hygiene and safe use of PPE to reduce risks and keep people safe.
- Infection prevention and control policies and procedures were in place and up to date.

Learning lessons when things go wrong

- Incidents were reported and were investigated as necessary. Action was taken to reduce risks or stop similar incidents occurring in the future.
- Incidents and accidents were discussed with staff, and concerns were shared with stakeholders or other agencies as required.
- The registered manager told us they had learned a lot and developed the service significantly since the last inspection. They told us, "We're always trying to get better. There's still lots to do, but I know everyone's safe. We're trying our very, very best".
- Quality statements had been written by staff members in a team activity. These included, "We are constantly learning lessons" and "We have a learning culture".

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, we were not assured that the management of the service was robust and that quality assurance systems were identifying shortfalls as required. Records relating to the management of the service were not always accurate and complete. Quality assurance systems were not in place to identify shortfalls and make improvements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to existing staff records. We saw DBS checks were in place, and risk assessments had been completed where necessary.
- Improvements had been made to the quality and consistency of systems in place to identify shortfalls and develop the service. For example, employment and recruitment checklists and audits of medicines administration and safeguarding had all been developed.
- An electronic recording system for care records had been put in place since our last inspection. This meant information including visit arrival times and duration, tasks completed, and medicines records could all be easily accessed and audited. This system enabled staff and the registered manager to access data at any time and gave improved oversight to quickly respond to changes and identify issues.
- Care plans and risk assessments were also recorded electronically. All the documents we reviewed were complete, person centred and up to date.
- We checked medicines records and found these were complete. New audits had been developed to ensure shortfalls were identified. These had not been in place for long, but appeared to be comprehensive and would highlight concerns.
- Action plans were in place to ensure changes were made when these had been identified.

We recommend the provider continue to develop and embed new ways of working and quality assurance systems to ensure shortfalls are identified and action taken to improve where necessary.

- We received mixed feedback about the leadership of the service. People and their relatives told us they felt

the registered manager was, "Very good" and "Trying their best". People and their relatives were understanding, but also told us at times requests were mislaid, or information was not shared with them. One relative added, "It's understandable. Management could be better, but things have improved dramatically over the last couple of months". One person told us, "I don't have any concerns about the manager. They're very good".

- The manager had recently started to share responsibilities with members of staff who were willing and able to take on specific roles. For example, one carer carried out specific audits and another had started co-ordinating invoices. They had taken steps to extend the management team but had not been able to achieve this yet.

We recommend the provider continue to develop systems and processes to improve management effectiveness.

- People and their relatives were positive about the staff who supported them. Comments included, "They're great, I get on well with them" and "Utterly reliable, compassionate and respectful at all times".
- Staff understood their roles and responsibilities and were motivated to deliver a good service.

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

- The registered manager was passionate about the service and proud of the supportive and family orientated focus they maintained.
- The registered manager told us, "Clients come first. We want to do the best for them. Staff welfare is so important too. We just want to look after everyone". We saw the provider's caring and compassionate values reflected in the work of the staff team and the ethos of the service.
- The registered manager and staff had a good understanding of people's needs and were committed to promoting a good quality service.
- People were supported in a range of ways to ensure they achieved good outcomes. For example, during lockdown people were given activity boxes with activities of interest for them, there were regular 'fish and chip Fridays' and people were encouraged to engage in events such as baking cakes for Alzheimer's research and 'wear a hat day' for brain tumour awareness.
- People and their relatives told us they were happy with the service provided. Comments included, "The carers are absolutely fantastic. They're wonderful", "Things aren't always done just as I want them, but I speak to [Name]" and "They're very good. I don't want it to change".
- Staff were supported by the provider to ensure they felt valued and able to carry out their role consistently. For example, staff received practical support such as car repairs and servicing, incentives and gifts as well as regular wellbeing checks and development opportunities.
- Staff were motivated by and proud to work for the service. Comments from staff included, "I am happy and content working here", "I love going above and beyond" and "I feel valued".

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 was open and honest throughout the inspection and reflected on improvements made since the last inspection. They were reflective about work which was still ongoing but felt systems and processes had been developed to ensure the service was robustly monitored and changes made where necessary.
- The registered manager understood their responsibility to apologise and be open when things went wrong. They had been transparent and shared the concerns highlighted at the previous CQC inspection with other agencies including local safeguarding teams.

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

- The provider sought feedback regularly to check people were happy with the service and make improvements where necessary. This included during visits and spot checks as well as using questionnaires. Comments and feedback from surveys were consistently positive. Examples of comments included, "You are all to be commended for the outstanding service provided. I cannot thank you enough" and "[Name] always has a smile. They cook nice food. They are funny".
- Staff were encouraged to share their views about the service. This included through surveys, team meetings and regular contact with the registered manager. One staff member noted, "It's all great" in a survey.
- The registered manager was attentive to the specific needs of staff members and encouraged and supported them as individuals.

Continuous learning and improving care

- The registered manager had spent time and put effort into prioritising and implementing changes and improvements since the last CQC inspection. They were keen to learn lessons and develop the service for the benefit of people who used it, their relatives and staff.
- Learning and changes to practice were shared with staff through individual and team meetings, training and spot checks.

Working in partnership with others

- Staff were proud of the positive relationships they had with health and social care professionals to ensure people received the care, support and treatment they needed. They had had less contact with some professionals recently, but hoped these would resume in the future.
- The registered manager was an active member of provider forums and networks which shared experience and best practice for the benefit of people who used the service.
- The staff team organised local events and fundraising opportunities to ensure it involved people and played a role as a member of the wider community.