

Team Carita DCS Limited

# Surrey

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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:

Surrey is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At time of the inspection there were 12 people were receiving a regulated activity, most people using the service were older people.

### People's experience of using this service:

There were some areas where safety needed to be improved. For example, staff recruitment procedures were not consistently robust with regard to ensuring up to date checks on applicants when they applied for a job. Record keeping around recruitment needed to be improved. However, we did not find any impact on people's care or experience of the service related to these concerns. Staff were closely monitored, and people told us that they felt safe using the service.

The service had made improvements to the management and recording of medicines and in their procedures for carrying out assessments for people as part of their care plans. The service was reliable and had enough staff to cover calls. People told us that calls were always covered, and that staff timekeeping was good. Staff had the training they needed which meant that they knew how to support people safely and effectively.

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. The registered manager and staff were aware of policies and procedures to ensure that people were safe from harm and knew how to report safeguarding concerns to the appropriate authorities.

Staff had received training to ensure they had skills and knowledge to meet people's needs. The staff we spoke with were positive about the support they received and the management of the service. People and their relatives were also positive about how the service was run and that they were responsive to people's individual requests.

The management learnt lessons from any accidents and incidents and used this learning to make improvements to the service.

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 and update:

The last rating for this service was requires improvement (published 12 September 2018) and there were multiple breaches of regulation. The registered provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in the majority of areas. However, the service remains rated requires improvement because of an outstanding breach. This service has been rated requires improvement for the last two consecutive

inspections.

Why we inspected:

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safer recruitment procedures at this inspection.

Follow up:

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

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** ●

# Surrey

## 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. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people, people with a physical disability and people with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the registered provider 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We used the information the registered provider sent us in the provider information return. This is information registered providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We visited the office for this service on 10 July 2019 and spoke with the registered provider and registered manager. We reviewed a range of records. This included four people's care records and multiple medication

records. We looked at three staff files in relation to recruitment and staff supervision. We looked at the registered provider's online care planning system and records of staff training. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

After the inspection we spoke with seven people who used services, or their relatives and spoke with one member of care staff, to hear their views and experiences of the service. We also spoke with one external social services professional to gather their views.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

### Staffing and recruitment

At our last inspection the registered provider had failed to carry out suitable checks to assess staff suitability to work with people. Records did not include staff employment history or details of references obtained. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the registered provider was still in breach of regulation 19.

- The registered provider had made improvements to the recruitment process and had made the use of a recruitment firm which ensured new applicants underwent a thorough recruitment process, including the disclosure and barring Service (DBS), written references and employment history.
- However, we found two examples where staff had been recruited directly by the registered provider who had not had thorough checks or who had provided a full and complete employment history.
- In one case someone had provided only a first name and a mobile number for someone to be a referee.
- In both cases the DBS check had not been arranged by the current employer.
- The registered provider acknowledged that the two examples were early examples prior to the use of a recruitment firm and had been inadvertently missed. The registered provider confirmed that one of the two staff involved was not actually working for the agency at present. The registered provider confirmed that this would be rectified immediately.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate staff recruitment was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 19 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the registered provider had failed to ensure people's risk assessments covered all potential areas of risk to people. People's medicines administration records (MAR) and care records were not always fully completed to reflect all the medicines people required. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the registered provider was no longer in breach of regulation 12.

- People's care records contained updated risk assessments linked to their care plans and copies were provided to people.

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

- There was a safeguarding policy in place and information on display for staff on how to raise concerns if they felt that someone was at risk of abuse. Staff were able to explain how to identify concerns and knew how to report these.
- Staff told us that they were confident that the registered providers would act if there was a concern. Staff confirmed they had received training in safeguarding and were able to describe appropriately what they would do if they were concerned about a person's safety.
- People and their relatives told us they felt safe with the care provided by the service. One person told us, "I am very happy with the staff. They look after me very well." A relative said, "The staff are polite, and the registered provider turns up every now and to carry out checks on how things are going."

### Using medicines safely; preventing and controlling infection

- Medicine administration had improved since the last inspection. Medicines administration records (MARs) were up to date and accurately maintained.
- MARs were reviewed monthly by the registered manager and the design of the MARs had been changed to make recording clearer.
- Staff had access to equipment such as gloves and aprons to control the spread of infection.
- Staff had received training in the prevention and control of infection and understood how to keep people safe.

### Assessing risk, safety monitoring and management

- Risk assessments had improved since the last inspection. The registered provider had ensured that these were personalised according to individual needs.
- Risks to people and the environment were assessed and guidance was in place for staff. The registered provider had simplified the process by summarising the risks associated with care as part of the person's care plan.
- People told us that they felt safe and that staff knew how to support them. One person told us, "They always do what I ask and they're friendly and careful with what they are doing." A relative said, "They are always easy to contact if we have a problem, and they keep us informed about any problems like illnesses or difficulties."

### Learning lessons when things go wrong

- When there were incidents or 'near misses' these were reported by staff, investigated and acted upon. People's care plans were updated when required to provide guidance for staff.
- Incidents were reviewed for trends and learning was shared with staff.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People's needs were assessed prior to them commencing using the service. The registered provider undertook an assessment and used this to determine if they were able to provide support to the person before agreeing to provide care.
- The assessment included reviewing people's needs such as mobility, personal care, communication and cultural needs. This assessment was then used to plan people's care and support.
- Assessments and care plans were carried out with involvement with people and their relatives. One relative told us, "Yes, we were involved in the care plan for [our relative] and it was good to see that they listened and acted on what we wanted."

Staff support: induction, training, skills and experience

- Staff training was a mixture of face to face sessions and online training. Staff had completed the training they needed to support people. Training included safeguarding adults, first aid, moving and handling, medicines administration, and infection control.
- When staff joined the service, they completed an induction and a period of shadowing prior to working with people on their own. A member of staff told us, "Induction is good, because you get to know people but have the support of a colleague in case you don't know something."
- Staff were positive about the support they received at the service. Staff received regular supervisions and annual appraisals and told us that there were opportunities to discuss learning and progression.

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

- Where people needed support with eating and drinking, there was information in the person's care plan to ensure that staff knew to provide this support.
- People and their relatives told us that support with meals and hydration was good. One relative told us, "I sort out the meals for the week and the carer makes sure [my relative] has what I've arranged for meals."

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

- No one using the service needed support from staff to access their healthcare appointments.
- Where people had needed a referral to a health care professional such as an occupational therapist the service had provided this support.
- External professionals spoke positively of their contact with the service. One social work professional told us, "I found them to be a very friendly and willing service."

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 Act 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 <, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood that people with capacity had the right to make choices and decisions for themselves and were aware that people had the right to take risks and make unwise choices.
- Where people needed support to make some decisions staff supported them to do so and offered them choices such as what to wear and what time to get up. Staff understood that where people were not able to make bigger decisions for themselves these needed to be made in the person's best interests following the principles of the MCA.
- There were indications in people's risk assessments and care plans with regard to people's ability to make informed decisions and what help they needed, with appropriate guidance for staff.

# 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

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 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 and relatives told us that staff spent time speaking to them, that they were friendly and caring. One person told us, "I've used them for quite a while and they are lovely. They turn up on time and do everything properly." A relative said, "The carer who comes regularly is a gem. Very caring and helpful with everything."
- Staff were familiar with people's care needs and followed up to date care plans. Staff signed in and out electronically via an internet app which enabled the office staff to know that people were receiving care at the agreed times and for the appropriate amount of time.
- Where people practised any religious or cultural beliefs, these were captured within their care plans. Staff were clear on people's preferences. The service employed a diverse range of staff and worked to ensure that people's cultural and language needs were met by providing staff who could speak with them.

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

- There were regular reviews of people's care and records showed that people and their relatives were involved in these. Through reviews and spot checks, which were made by telephone as well as visits to people's homes, people and their relatives were involved in decisions about their care.
- One person told us, "I am happy as Larry. They couldn't be nicer." A relative said, "I found that the staff and manager were very attentive to our needs and wanted to make sure they did what we wanted them to do."

Respecting and promoting people's privacy, dignity and independence

- People and their told us that staff supported them to remain independent. One relative said, "[My relative] does what he can, and staff help when they need to."
- People's files were kept securely in locked cabinets at the office to ensure that these were kept confidential. People also had copies of their own plans in their home.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us that the service was flexible and supported them in an individualised way. For example, one person needed an extra care staff to supplement the carers from another service registered provider, which the registered provider was able to arrange. One relative told us, "They acted very quickly and were very responsive to our needs."
- There was information for staff in people's care plans about how they liked to be supported and what they could do for themselves.
- Care plans and assessments had improved since the previous inspection and were reviewed regularly or when people's needs had changed. Spot checks to people's homes also offered the opportunity for people to raise any issues or discuss changes.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was working according to the Accessible Information Standards (AIS) and its requirements. For example, information was provided in plain English, using clear large print format which could be increased, if needed.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. The service issued a handbook to people when they joined the service which included information on how to complain if people choose to do so.
- No complaints had been recorded at the service, however, there was a log in place to record these if complaints were received.
- People and their relatives told us that they had no cause to complain. One person told us, "I know I can just phone the office and speak to [the registered manager] or the boss if I need to. But I haven't needed to yet." A relative said, "Communication is very good, and issues get resolved if there are any, such as a regular staff not being available."

End of life care and support

- At the time of the inspection the service was not providing end of life support to anyone. However, care plans included a section to identify people's wishes for the future, should they be in a position where they required end of life care, and there were mechanisms in place to obtain this information should it be needed.

# 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 now 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

- During our inspection we found the registered provider and registered manager had made improvements in the quality of care planning and risk assessment, and improvement to maintaining records. Medicine administration recording had improved and was monitored monthly.
- The registered provider had a clear vision on how they wished for the service to develop and showed us evidence of actions plans and records of discussions with local authorities in ensuring that placements with the service were suitable. Records showed that the registered provider had a positive working relationship with local authority commissioners.

Continuous learning and improving care

- The registered providers oversaw incidents and accidents and reviewed these for trends. When things went wrong there was evidence of learning and improvement. For example, the registered provider had introduced an electronic signing in system for staff when they arrived at a person's home. This enabled the service to identify any problems at an early stage and to be able to analyse the frequency of any late arrivals.
- The registered providers were not attending conferences and events to keep up to date with best practice and agreed that this was an area for improvement.

Planning and promoting person-centred, high-quality care and support with openness; and how the registered provider understands and acts on their duty of candour responsibility

- The registered provider and registered manager worked well together. The registered manager often worked alongside staff and was able to observe staff practice. Where learning needs were identified these had been addressed.
- Staff received regular supervision, both face to face and during work observation and told us that they were well supported and happy at the service. One staff said, "I can call [the registered manager] any time. They train you and give good support."

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

- Although the service had only a small number of people receiving a service, the registered provider ensured that their views were sought through visits and surveys. In addition, a local authority which commissioned services from the agency had conducted its own quality assurance survey. This showed that

people were overwhelmingly satisfied with the quality of service and management.

#### Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive consistent care. This included working with health professionals such as GP's, pharmacists and local authorities.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Management systems had not improved sufficiently and were not robust enough to demonstrate staff recruitment was effectively managed. This placed people at risk of harm.