

Caring Souls Ltd

# Caring Souls Ltd

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Caring Souls Ltd 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 this inspection there were 67 people using the service, 64 of these were receiving support with personal care.

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

We identified shortfalls in the management of people's medicines and a failure to robustly assess the risks to people's safety and welfare.

People received support from caring staff, but improvement was needed to ensure staff responsible for administering medicines had been assessed as competent to do so.

Staff were aware of some risks to people's safety and wellbeing and acted to minimise these risks. However, risk management plans did not always provide the guidance staff needed to keep people safe from the risk of harm. This included risk management plans for people at risk of falls, skin damage and continence care.

We recommended the provider consider in their assessment of risks to staff and people who use the service from acquiring COVID-19, the advice from the Social Care Working Group of the Scientific Advisory Group for Emergencies (SAGE). This group have advised that an uptake rate of 80% in staff in each service would be needed to provide a minimum level of protection against outbreaks of COVID-19.

People told us there was enough staff to meet their needs. The provider carried out safety checks such as Disclosure and Barring checks [DBS]. However, it was not always evident that gaps in employment history had been explored and references obtained evidenced as from the most recent employer. We recommended the provider take action to explore any gaps in employment, confirm last employer checks obtained, and a record of their findings maintained.

The provider had a quality assurance system which had identified improvement needed in areas such as staff supervision, spot checks on staff performance, care plan reviews, risk management and feedback surveys. Action plans in response demonstrated how the provider planned to improve the service with timescales.

There had been management changes in recent months. This had impacted on staff morale. However, care staff felt things had improved, and told us they felt supported. The provider had made changes and improvements in some areas, such as recruitment of care coordinators to improve oversight of the service. They were keen to make further improvements, taking action to address the issues in relation to risk

management, auditing, staff supervision and performance checks.

People were generally satisfied with the service they received. They felt able to raise any concerns and were confident these would be acted on. People and relatives confirmed staff always wore personal protective equipment (PPE).

People were safeguarded from the risk of abuse and staff knew how to raise any issues. The provider worked with other agencies and professionals to meet people's needs.

Rating at last inspection

The last rating for this service was Good (published 1 September 2018).

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Why we inspected

This inspection was prompted by our monitoring data and intelligence which indicated potential risks. In particular, concerns in relation to oversight and management. In response we undertook this focused inspection to review the key questions of safe and well-led only.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

The provider took action straightaway in response to our feedback. They sent a further update shortly after the inspection about progress they had made to address the shortfalls identified.

Enforcement

We have identified a breach in relation to safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service until we 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Caring Souls 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 Care Act 2014.

#### Inspection team

This 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.

The service did not have a manager registered with the Care Quality Commission. The previous registered manager left the service in May 2021. The Nominated Individual had taken on responsibility for day to day management of the service until a new manager had been recruited. Registered managers and the 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 7 June 2021 when we visited the office location. On the 8 June 2021 we spoke with staff, people who used the service and relatives.

#### 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including care staff, care supervisors, care coordinator. We also spoke with the nominated individual responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records including medication records. We looked at five staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two local authority professionals.



# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

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

- Risk management plans with guidance for staff had not been completed consistently in relation to people at risk of acquiring pressure ulcers, risk of falls, continence care, including guidance for staff when supporting people with a catheter.
- Health professionals told us of incidents where staff had not reported faulty pressure relieving equipment, not inflated as needed. This put people at risk of acquiring pressure ulcers.
- Some risk management plans were generic in nature and not always person centred. Specific risks can affect people differently and therefore we could not be fully assured that care staff had access to guidance specific to the individuals they were caring for.
- Moving and handling care plans were not always sufficiently detailed to guide care staff in the specific support people needed to mobilise safely. For example, a description of the equipment to be used, the numbers of staff, the size and specific hoist sling hoops to prevent the risk of falls from equipment.
- We found no evidence that people had been harmed, however, systems required improvement to demonstrate safety was being effectively managed.

### Using medicines safely

- Medication administration records (MAR), used to record how and when people should be supported with medicines such as creams and lotions, did not always guide staff as to how these prescribed medicines should be administered. This meant staff did not have the guidance to know how to apply and what part of the body to administer these medicines.
- Where people were prescribed as and when needed medicines [PRN], not everyone had a protocol in place. This meant staff did not always have guidance as to how and when these medicines should be administered.
- Staff received on-line training in medicines management. However, staff competency to administer medicines safely had not always been assessed, with regular assessment in line with the provider's medicines management policy.

The shortfalls in the management of medicines and the failure to robustly assess the risks to people's safety and welfare demonstrated a breach of Regulation 12 [Safe Care and Treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

### Staffing and recruitment

- The provider told us they were fully staffed, but actively recruiting new staff to ensure there was always enough to meet people's needs.
- The provider carried out safety checks such as Disclosure and Barring checks [DBS]. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- It was not always evident that gaps in employment history had been explored and references obtained evidenced as from the most recent employer.

We recommend the provider takes action to explore any gaps in employment, confirm last employers checks obtained, and a record of their findings maintained.

- There was a system in place to monitor late or missed calls.
- Everyone we spoke with told us they had not ever experienced missed calls. One relative told us, "They provide consistent staff who know [person's relative] well. This is something we appreciate and makes all the difference. If they [staff] are running late they let us know. They have never missed a call."
- People told us they received a weekly rota which described the timing of their care support call and the names of staff who would be supporting them. One person said, "I know who is coming to see me, I find this super helpful." A relative told us, "I have been given access to their IT system so I can see who will be supporting [person's relative], and they [care coordinators] update me with any information relevant via this system. The communication is very good."

#### Preventing and controlling infection

- Weekly COVID-19 testing was completed by care staff.
- A recent internal audit identified a need to implement COVID-19 risk assessments for people who used the service and staff. We noted risk assessments did not consider all areas. For example, consideration of the risks to staff and people who used the service from the low take up of staff vaccinated.

We recommend the provider consider the advice from the Social Care Working Group of the Scientific Advisory Group for Emergencies (SAGE) who have advised that an uptake rate of 80% in staff in each service would be needed to provide a minimum level of protection against outbreaks of COVID-19.

- Care staff received online infection control training but had not received specific COVID-19 training. However, they told us guidance was shared with them throughout the pandemic which included government guidance and relevant updates relating to COVID-19.
- People and their relatives told us staff wore personal protective equipment (PPE) appropriately.
- Staff told us they had easy access to sufficient supplies of PPE.

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

- The provider had systems and processes in place to protect people from the risk of abuse and minimise the risk harm. A safeguarding log of incidents showed the provider responded to allegations appropriately. The provider had worked alongside the local authority to investigate and address any safeguarding issues raised within and about the service.
- Staff had received safeguarding training and understood their responsibilities to keep people safe. A staff member told us, "I've had safeguarding training on the computer. Safeguarding is making sure that people are safe and come to no harm. If I see anything I am concerned about, I will report it to my manager or go to CQC."
- People told us they felt safe with all the staff who supported them. One person told us, "They [staff] are lovely, very kind and friendly. Another person said, "I like all the staff, I have the same ones, no strangers, nice and reliable. I can't fault them." One relative told us, "We have been so pleased with them all. They are



cheerful, reliable. I feel confident my [relative] is safe with them. They know what they are doing and are professional."

#### Learning lessons when things go wrong

- It was evident from discussions with staff and a review of records, when things went wrong, the provider shared lessons learned and was proactive in making changes where improvements were 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 Good. At this inspection this key question has now deteriorated to 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.

### Continuous learning and improving care

- A recent internal audit identified a number of shortfalls in relation to care planning, risk management, record keeping and staff performance management. Action plans in response demonstrated how the provider planned to improve the service with timescales.
- Further work was needed as these processes had not identified and addressed some of the issues we found during the inspection. Improvement was required to make quality assurance systems more effective.
- The provider had been responsive to our feedback and immediately following this inspection, told us what action they would be taking to address the shortfalls we identified.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service did not have a manager registered with the Care Quality Commission [CQC]. The previous registered manager left in May 2021.
- The recruitment of a new manager was in process, but no application to register had been submitted to CQC at the time of the inspection. In the interim one of the directors, also the Nominated Individual with the support of a management consultant had taken on responsibility for day to day management of the service.
- One social care professional said, "I have found the service to be very helpful and any recent change in management has not been negatively evident."
- The provider was aware of requirements in relation to the duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider told us surveys had been sent to people in March 2021 to gain their views as to the quality of the care they received. As no responses had been received further surveys had recently been sent.
- The majority of people we spoke with were positive about the quality of the care they received. One person said, "I have not experienced any issues. The staff are all friendly, kind to me and I don't ever feel rushed." Another said, "The staff are professional. They help me wash and I don't feel awkward with any of them." A relative said, "They [senior staff] have recently reviewed the care. We are quite satisfied with the service. We are kept informed, communicated with when its needed and we know who to speak if we had any concerns."

- The pandemic had affected opportunities to hold staff meetings. The provider and staff were keen to start face to face meetings again as soon as this could be done safely.
- The provider had recently implemented a system to ensure staff and people who used the service were allocated to named care supervisors. This system they anticipated would ensure improved regularity of care plan reviews, staff supervision, and staff performance spot checks.
- Management changes in recent months had impacted on staff morale and service consistency. However, staff felt things had improved over recent months and told us they felt supported.
- The provider was working to further improve staffing levels and morale. Staff told us they felt valued and they could raise any concerns or suggestions with the current management team. One told us, "They really care and want to get things right. I know they are working hard to change things for the better."

#### Working in partnership with others

- Staff told us they would work in partnership with other agencies, such as health professionals and local authorities. People told us staff supported them to access health care services when needed such as their GP and community nursing staff. One person said, "If I need to see my doctor, they [staff] will call them for me, or if I am feeling under the weather suggest a call to my GP surgery."
- Social care professionals told us the provider was proactive in seeking support from them when needed. An example given was accessing support from the local authority provider support team with care plan training for staff.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The shortfalls in the management of medicines and the failure to robustly assess the risks to people's safety and welfare demonstrated a breach of Regulation 12 [Safe Care and Treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.</p>