

Camli Care Ltd

Camli Care LTD

Inspection report

87 Mendip Avenue
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Lincoln
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Camli Care Ltd is a domiciliary care service that provides personal care and support to people living in their own homes around North Hykeham, Doddington Park, Thorpe on Park and Skellingthorpe, Lincoln.

Not everyone who used the service received personal care. The Care Quality Commission (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

The provider had policies and procedures in place about how to protect people from harm and abuse. Training was provided about this to staff. Safeguarding issues were reported to help protect people.

People's needs had been assessed and risks to their health and wellbeing were recorded and monitored. Risks in people's home environment were monitored to maintain the safety of all parties.

Staff received appropriate induction, training and support and applied learning effectively in line with best practice. People were supported to maintain their dietary needs.

People's care records were person-centred and informed staff about the care they needed to receive. People's care was reviewed regularly and as people's needs changed to make sure their needs were met.

People had their capacity assessed and were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people with kindness and compassion. Information was provided to people in a format that met their needs in line with the Accessible Information Standards.

People were supported by staff to maintain and develop their independence, where possible. Staff worked with health and social care professionals to maintain people's health and wellbeing.

The provider had a complaints policy in place. This was provided to people in a format that met their needs. Issues raised were investigated and people were made aware of the outcome. This information was used to improve the service. End of life care was provided for people and staff were supported by relevant health care professionals to ensure people remained comfortable and pain free.

Quality assurance checks, audits and spot checks of the staff's practice were undertaken. Action plans were created when shortfalls were found. Quality monitoring checks continued to be reviewed to make sure they were robust as the service developed. Data security was maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 16 August 2018 and this was the first inspection.

Why we inspected

This was a planned inspection.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 Care Act 2014.

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.

The service had a manager registered with the Care Quality Commission. 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.

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 provider or manager would be in the office to support the inspection.

Inspection activity started on 15 July 2019 and ended the same day. We visited the office location and made phone calls to people using the service to gain their views.

What we did before the inspection

We looked at all the information we had received since the service was registered, including notifications (information about important events which the service is required to send us by law).

We used the information the provider sent us in the provider information return. This is information 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. We also asked the local authority for their views. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We also spoke with the registered manager and three staff.

We reviewed a range of records which included three people's care records. We looked at three staff files in relation to recruitment, supervision and appraisal. We looked at a variety of records relating to the management of the service which included policies and procedures, spot check records and audits.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We were sent further quality assurance checks and templates for monitoring the service that had been developed for future use.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. The provider had appropriate safeguarding and whistleblowing policies and processes in place. A person told us, "I feel I can trust the staff one hundred percent."
- Staff undertook safeguarding training and they understood the types of abuse that may occur and knew how to report issues. One member of staff told us, "I would raise any issues for sure."
- The registered manager understood their responsibility to report safeguarding issues to the local authority for investigation and to CQC.

Assessing risk, safety monitoring and management

- Risks to people's wellbeing and risks in people's home environment were identified, recorded and monitored. This helped to keep all parties safe.
- People we spoke with told us they felt safe with the staff who supported them. One person said, "Yes I do feel safe with the staff."
- The provider monitored late care calls. If staff were delayed they phoned the office who contact the person scheduled for the next call, so they were informed of the delay.

Staffing and recruitment

- The service was being developed and recruitment of staff was on-going. The provider ensured there were enough skilled and experienced staff available to meet people's needs.
- Robust recruitment systems were in place. This enabled the provider to employ staff that were suitable to work in the care industry. The provider checked previous employer references, proof of the right to work in the UK and the identity of new staff.
- Each member of staff had a criminal record check with the Disclosure and Barring Service (DBS). This provides information which employers consider when they are recruiting staff.

Using medicines safely

- Staff managed medicines safely. People's care records contained information about known allergies.
- Staff recorded when prescribed medicines were taken or refused.
- The management team undertook monitoring of people's prescribed medicines and issues found were acted upon.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had an infection control policy in place and staff undertook training about this.

- Staff were supplied with gloves and aprons to help protect all parties from the risk of cross-infection.

Learning lessons when things go wrong

- The registered manager had systems in place to review accidents and incidents that occurred, and they looked for patterns or trends. Advice was sought to reduce the risk of re-occurrence.
- The registered manager shared information with staff when things went wrong to develop the staff's knowledge.

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; supporting people to live healthier lives, access healthcare services and support

- Each person had an assessment of their needs undertaken so staff were informed of their needs.
- Staff understood their responsibilities to provide care and support which respected people's culture and religious needs in line with current equalities legislation.
- People's care records were person-centred. They were reviewed every six months or as people's needs changed. This ensured staff provided the care and support people required.
- A small team of care staff were allocated to look after people, so continuity of care was maintained.
- Staff monitored people's health care needs. Relevant health and social care professionals were involved in reviewing people's changing needs and this information was shared with staff.

Staff support: induction, training, skills and experience

- Staff were effectively supported. All new staff undertook a period of induction which helped them to become familiar with the organisation, their policies and procedures.
- Training was provided so staff learned how to provide effective care and support to people. A member of staff told us, "The training provided is good."
- All staff undertook the care certificate (nationally recognised training to help develop their caring skills).
- The registered manager monitored the mandatory training undertaken by staff. Supplementary training in areas of interest was provided to enhance the care delivered to people. One person told us, "The staff have had training they are skilled and are able to look after me."
- The registered manager provided supervision for staff which enabled them to reflect on their work and identify further training or personal development needs. Yearly appraisal meetings were scheduled to take place.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to eat and drink enough to maintain a balanced diet

- Staff raised concerns about people's health care needs with relevant health and social care professionals to maintain their wellbeing. Concerns raised were acted upon.
- People that required prompting with meals and drinks were supported by the staff.
- Staff worked with people they supported to ensure their home environment was suitable for equipment that may be required for example, standing aids.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- An assessment of people's mental capacity was undertaken if there were concerns about people consenting to their care and treatment. Where necessary, best interest meetings were held with relatives and relevant care professionals to protect people's rights.
- Staff completed training about MCA and understood how to care for people effectively whilst protecting their rights and supporting them to make their own decisions, where possible.

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

- The service promoted a person-centred culture. Staff built relationships with people and listened and acted upon what they said. People told us, "The staff are absolutely wonderful, considerate and polite" and "The staff are professional."
- People told us staff spoke with them about things that mattered to them. One person told us, "The staff talk about things with me."
- Staff promoted person-centred care and support and treated people as individuals and in a way that protected their human rights. A member of staff told us, "Everyone is treated as they wish to be treated."
- People's care records contained information about their cultural needs and diversity. People we spoke with confirmed their care was provided in a non-discriminatory way and they were supported to live their life their way.

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

- Staff were aware of the decisions people had made about their care needs. Staff knew how to support people if they became anxious or upset.
- People confirmed staff encouraged them to express their views about their care and support. One person told us "I am asked if my care is alright for me, and it is."
- Staff told us they understood people's likes, dislikes and preferences for their care and support and followed the guidance in people's care records.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected by staff. People told us their personal care was delivered in their bedroom or bathroom with the doors and curtains closed.
- People's care records contained information about tasks people could undertake themselves and goals they wanted to achieve. Staff confirmed they encouraged people to remain as independent as possible.
- Confidential information was stored securely to ensure privacy was maintained.

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

- A person-centred assessment of people's needs was carried out before a service was provided. The information gained was used to develop person-centred care plans and risk assessments for staff to follow.
- Staff confirmed the information in people's care records was enough for them to understand people's needs. A member of staff told us, "I read the care records, so I know what needs to be done on the call."
- Reviews of people's care were undertaken six monthly, or before if their needs changed. Changes in people's needs were reported and monitored by staff and the registered manager.
- Staff electronically recorded the care provided so people's care records were always current. Paper copies of this information were also maintained. The registered manager and on call staff had access to this information to help them check people continued to receive the right care and support.

Meeting people's communication needs

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.

- People's communication needs were assessed and recorded. People were given information about the service in a format that met their needs.
- People confirmed staff took their time to speak with them and gave them time to respond to their questions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to undertake social events or maintain their social interests within their local community and maintain their hobbies, if they wished.
- Staff encouraged people to maintain contact and relationships with family and friends to avoid social isolation.
- People's cultural needs were recorded so staff supported people's diversity.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was provided to people. Complaints received were recorded, investigated and the outcome was provided to the complainant. Issues raised were shared with staff so that learning took place and improvements were made to the service.
- People told us they were able to raise issues and complaints if they needed to. One person told us, "I

would complain if I needed to I would speak with the manager." Another person said, "I have no complaints."

End of life care and support

- Staff supported people who required end of life and palliative care with the help of relevant health care professionals. The registered manager told us, " We made sure the GP, Marie Curie and MacMillan Nurse was involved in the end of life care provided."
- End of life care plans were in place so that people's wishes could be followed, including their spiritual needs.

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

- There was a registered manager in place who understood their responsibilities to people using the service, staff, commissioners and CQC.
- Checks and audits were undertaken by the registered manager to make sure they were aware of how the service was developing and supporting people. If issues were found action plans were put in place and monitored to ensure shortfalls were dealt with.
- Quality assurance checks continued to be created to make sure staff and people using the services views were captured and taken on-board. The registered manager continued to check if the quality assurance checks were robust enough for this developing service.
- Staff told us the registered manager supported them very well and they were clear and informed about their role and what was expected of them.
- The registered manager sent in notifications of events that occurred to CQC as required.

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

- People using the service were provided with an individualised person-centred service that met their needs. People told us, "My service is running smoothly [Name] is a good manager" and "I am very happy with the service I receive. I cannot fault it."
- The provider had policies and procedures in place to guide staff in all areas of practice and conduct. Spot checks of the service provided to people were undertaken to make sure staff delivered the appropriate standards of care and support to people and maintained their professional appearance and responsibilities. One person told us, "The management do come out and check the staff."
- Staff told us the registered manager was very supportive, approachable and knowledgeable. One member of staff told us, "This is the best agency I have ever worked for, the manager works with us and supports us well."
- There was an 'on-call' system in place for people using the service, their relatives and staff to use to gain advice outside of normal working hours. A member of staff said, "There is an on-call number if I have any queries."
- The registered manager was aware of their duty of candour responsibilities which included responding appropriately when things go wrong.

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

- Staff understood they must provide person-centred care and support that protected people's diversity needs.
- The registered manager spoke with people using the service regularly to check if they remained happy with the service they received.
- Quality assurance surveys had been sent to people and all the results received were positive.
- Staff told us the meetings held for them were regular and very informative.

Working in partnership with others; continuous learning and improving care

- The registered manager and staff worked with social and health care services to ensure people's needs were met.
- Information about people's care and support was provided to relevant health care professionals in emergency situations with people's consent. This enabled people to continue to receive the care they required.
- The registered manager reviewed all aspects of the service and corrective action was taken to reduce the likelihood of any further re-occurrence.
- The registered manager monitored the staff's performance. They told us if they had concerns about staff practice appropriate action would be taken. For example, providing the member of staff with extra supervision, training or support to improve their practice.