

Circle of Care Service Limited

Circle of Care

Inspection report

639 Enterprise Centre
639 High Road
London
N17 8AA

Tel: 02088851500
Website: www.circlecare.co.uk

Date of inspection visit:
31 August 2022
01 September 2022

Date of publication:
20 October 2022

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

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

Summary of findings

Overall summary

About the service

Circle of Care is a domiciliary care agency providing personal care. The service provides support to people in their own homes. At the time of our inspection the service was providing personal care to two people receiving end of life care.

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.

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

People and relatives told us they felt safe using the service.

People were protected from the risk of abuse or harm because staff knew the action to take should they suspect or witness any abuse. Risks to people were assessed and appropriately managed to ensure people received safe care. Appropriate infection control practices were followed by staff. Learning from incidents was discussed and shared with staff.

Staff were recruited safely. Staffing levels were determined by the level of individual care required for people using the service.

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.

Systems for monitoring the quality of the service were in place and regular audits were carried out. Continuous learning took place to improve the quality of the service provided to people.

The service worked in partnership with other healthcare professionals.

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

Rating at last inspection

The last rating for this service at the previous premises was requires improvement (published 4 February 2020).

Why we inspected

This focused inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the key questions, safe and well-led. 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 Circle of Care our website at www.cqc.org.uk.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Circle of Care

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

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.

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 the service 24 hours' 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 31 August 2022 and ended on 01 September 2022. We visited the location's office on 31 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they

plan to make.

During the inspection

We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two support workers. We viewed their call monitoring systems, two staff recruitment files and policies and procedures. We spoke to three relatives about people's experience of using the service. We contacted a healthcare professional for their feedback on the quality of the service. After the site visit, we viewed two care records, including care plans/risk assessments, daily care records and call monitoring logs. We also reviewed quality assurance documents in relation to the management of 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

- People were protected from avoidable harm and abuse. Safeguarding systems and processes were in place to protect people from abuse.
- People told us they felt safe with care staff. A person using the service told us, "[Staff] are very caring when they come here, they do what they are supposed to do for me, I really appreciate that." This was confirmed by relatives who told us the service was safe, one relative commented, "Yeah, [person] seems ok [safe]."
- Staff described the types and signs of abuse that may indicate someone was being abused, and knew the action to take should they witness or suspect abuse.
- Staff knew how to report a safeguarding concern and how to take it further through blowing the whistle if they felt their concerns were not being listened to. Staff were aware they could report concerns to the Commission, local safeguarding authority and where necessary to the Police.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed and managed to keep people safe from harm.
- People were supported to reduce the risk of avoidable harm by staff who understood their needs. For example, a staff member told us of a person at risk of choking, who required a soft diet to prevent them from choking. Records showed staff were following recommendations from the community dietitian.
- Care plans and risk assessments were reviewed to ensure they reflected current needs. Risk assessments covered areas such as, the home environment, moving and handling and medicines.
- People and relatives told us staff understood the risks posed to people and how to manage these. One person told us, "They do risk assessments with me, when raining or snowing I don't go out." A relative told us, "Staff understand [person's] risks, for example, risk of choking. They know what they're doing."

Staffing and recruitment

- Systems were in place to recruit safely and staffing levels met people's needs. The provider carried out recruitment checks to ensure staff were suitable to work at the service. For example, they sought references from previous employers and requested Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People using the service were supported by staff who were allocated to them based on their needs and staff skills.
- Relatives told us staff had the knowledge and skills to meet people's needs. We asked a relative whether care staff arrived on time, they said, "Of course yes, they are brilliant. They help with personal care, when they come sometimes, they ask me, do I need a cup of tea, they do that for me."

Using medicines safely

- Systems were in place to safely manage medicines.
- There were processes in place to support safe medicine administration.
- The registered manager told us there had not been any medicine errors, however medicine administration records were audited by them for errors and gaps to ensure people received their medicines as prescribed.
- Staff had medicine administration training and had their competency assessed. Staff told us they had completed training and records confirmed this.

Preventing and controlling infection

- People were protected from the risks of getting an infection.
- Staff told us they had completed infection prevention and control training. Records confirmed this.
- People and relatives told us staff wore appropriate personal protective equipment (PPE) when providing care to people. One person told us, "Yes, they do use gloves and aprons." A relative said, "Yes, they [staff] do use gloves and aprons [when providing care]." This helped to minimise the risk of spreading infection.
- Staff told us they had access to PPE supplies, this included gloves, masks and aprons. A member of staff told us, "At all times we wear gloves aprons and masks."

Learning lessons when things go wrong□

- Systems were in place to learn from incidents and accidents and share learning from these.
- The registered manager told us there had not been any serious incidents, records showed minor incidents had been recorded and followed up.
- Staff knew how to report incidents and accidents. A staff member told us in the event of an incident or accident they would complete an incident and accident form, any learning would also be discussed. They told us, "I would write a report and the [registered manager] would follow this up with a call and say what could have been done better."

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 has changed 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

- Staff understood their roles and responsibilities.
- Staff knew the importance of providing good quality care and felt supported by the registered manager. A staff member told, "Clients [People who used the service] are priority, we [the service] make sure everything is up to a good standard."
- People and relatives spoke well of the service and told us they were able to speak with management. However, not all knew who the registered manager was. We were provided with different names for staff managing the service and care documents sent contained details for another location managed by the provider. We informed the provider of the above situation, they apologised for the mix up and told us this was the trading name for another branch managed by the service, and they were doing their best to separate the two services.
- Management systems identified and managed risks to the health and safety of people using the service. This enabled the provider to ensure the provision of care was safe.
- The manager had recently become the registered manager for this location. They were also the registered manager for another location run by the same provider. They told us they spent three days at this (Circle of Care) location and two days at the other location. The registered manager also told us this would be based on the need of each service and would continue until they appointed a full-time registered manager for the service, as the number of service users increased. This meant the service could be effectively managed at the time of this inspection.
- The registered manager was well supported by the nominated individual who was hands on and closely involved in the running of the service when the registered manager was absent.
- The provider had systems and processes in place to audit, monitor and review the quality of the service. This included monitoring staff attendance to ensure they arrived on time to deliver care and audits of care notes to ensure care was delivered in accordance with people's plan of care.

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

- The service promoted a happy culture where people achieved good outcomes. A relative told us that their loved one had looked better since leaving hospital. They said "Since coming out of hospital in [person's] own environment [person] looks a bit better, happier, [person] looks forward to seeing [staff] coming in."
- People and relatives spoke highly of the service, the registered manager and care staff. They told us management did a good job and were approachable, one person told us, "Very well, they do a marvellous

job." A relative said, "Yes definitely."

- Staff spoke positively about the registered manager, a member of staff said, "[Registered manager] makes sure that you do certain things to make sure clients get a good service and how to be a better carer."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in regard to the duty of candour. They told us, "We don't hide anything, we have to be open about anything we do. Family, CQC, the council, we learn lessons from this. You got to be open when anything goes wrong, admit if at fault, all information should be recorded. For complaints admit where you went wrong and act on it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were asked their views about the quality of the service. The service carried out regular spot checks and telephone monitoring of the service.
- Staff were able to give their views and encouraged to be involved in the running of the service through team meetings. Records confirmed this.
- The registered manager understood the importance of equality and providing a service that met the diverse needs of people. For example, the registered manager told us it was important to ensure the service delivers quality care based on a person's needs, including for example, their religion and/or culture.

Working in partnership with others

- The service worked in partnership with healthcare professionals and partner agencies. Records showed the service worked with the continuing care team and the community dietician.