

Conscience Care Limited

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Inspection report

Basepoint
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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

Conscience Care Limited is a domiciliary care service providing personal care to people living in their own homes. 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. The service was providing personal care to 22 people at the time of the inspection.

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

People were protected from abuse and avoidable harm; staff had completed training in safeguarding and recognising signs of abuse. People and their relatives told us they felt safe with the service. One person said, "I feel safe, it's usually the same carers and they turn up on time."

Medicines and infection control were managed, and lessons learned if things went wrong. Staff had been recruited safely and attended training to prepare them for their role.

Peoples' needs were assessed, and person-centred care plans developed with them. Care workers had enough information to provide safe care for people. Staff had access to policies and procedures to guide them in their day-to-day work. Care plans were monitored and reviewed regularly.

People and their relatives spoke highly of the care workers, describing them as "bright, chirpy and happy", and "caring from the heart". One relative told us, "The carers are helpful, thoughtful and friendly, in fact they are brilliant. It's like having a friend to visit."

The registered manager was committed to providing a high-quality service and worked in partnership with other professionals, such as the local authority and primary health care services.

Managers carried out appropriate checks to ensure that the quality of the service was continually reviewed and where necessary improved. People, relatives and staff told us the registered manager was approachable and supportive.

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.

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 18 September 2020, and this is the first inspection.

Why we inspected

This was a planned inspection based on the timescales for unrated services.

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?

The service was safe.

Details are in our safe findings below.

Good ●

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 ●

Conscience Care Limited

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 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 48 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 13 June 2023 and ended on 19 June 2023. We visited the location's office on 13 June 2023.

What we did before the inspection

We reviewed the information we received about the service which the provider is required to tell us about, such as serious injuries or safeguarding concerns. 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. We used information gathered as part of the monitoring activity that took place on 22 September 2022. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 15 relatives about their experience of the care provided. We spoke with the registered manager and the care coordinator. We obtained feedback from 8 care workers. We reviewed a range of records, including 3 peoples' assessments and care records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff rotas, training and supervision records, audits, meeting notes and the service user guide were reviewed.

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 of 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 protected from the risk of abuse. Staff told us, and records confirmed they had received training in safeguarding and knew how to spot signs of abuse and report concerns.
- The registered manager was alert to safeguarding concerns; records showed that concerns were reported to the appropriate authorities and staff cooperated with investigations. The provider had an up-to-date safeguarding policy in place. Care workers could access the policies electronically using an app on their mobile phones.
- People and their relatives told us they felt safe with the service. One person told us, "I feel safe with the carers, they go above and beyond their role." Another person said, "I generally have the same carers, they don't rush me."

Assessing risk, safety monitoring and management

- Peoples' care records contained detailed risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with peoples' health and care needs. For example, a relative told us the service had arranged a health and safety review with the fire service due to potential risks.
- Risk assessments gave clear guidance to staff, detailing how to safely work with people in all areas, including medicines and moving and handling. Staff confirmed that the care plans gave them enough information for them to support people safely. Staff had access to the electronic care system on their devices, which provided an overview of the care required. Staff marked tasks as complete at the end of the visit.
- The office was located within an accessible, all-inclusive serviced block where all environmental risks were effectively managed, including fire and security of the premises.

Staffing and recruitment

- There were enough staff deployed to provide safe care for people; absences were covered from within the team. The registered manager held regular and ongoing recruitment campaigns. The registered manager arranged a company car and a driver to support care workers who did not drive or who did not have access to their own vehicle.
- The management team monitored care visits through their electronic system and were alerted if a care worker was late or if there were any missed calls. People told us that care workers were punctual, but if they were running late they phoned to let them know.
- Staff were recruited safely. Records were maintained to show that checks had been made on employment history, references and Disclosure and Barring (DBS) records. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions.

Using medicines safely

- Medicines were managed safely. Medicine administration records were completed and were up to date. Care plan documents contained relevant information in relation to people's medicines.
- Not everyone needed help to take their medicines, some people just needed reminding, so they did not forget. Some people needed full support with their medicines.
- Staff had received training in medicine administration and competencies were checked regularly. Records showed training was up to date.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection. Staff had received appropriate training to learn how to minimise the risk of infection spreading.
- People told us staff followed good infection control practice. One person said, "They wear uniforms, gloves and plastic pinnies." A relative told us, "The staff wear gloves, masks and aprons."
- Staff picked up new supplies of personal protective equipment from the office or if that was not possible, the registered manager or one of the office team would delivery supplies to them.

Learning lessons when things go wrong

- Care workers knew what to do if someone had an accident or an incident. Accidents and incidents were reported and investigated.
- Any lessons to be learned were shared with staff through staff meetings or individual supervision sessions. There was also a group chat for sharing messages between 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.

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

- The registered manager or the care coordinator undertook a full assessment of each person before commencing service. This was to ensure the service had the skills and availability to meet the person's assessed needs. The initial assessment was used to formulate the care plan with the person.
- Staff told us they had enough information to provide safe and effective care for people. People and their relatives told us staff knew people well. One person told us, "They know their job, they are polite and put me at ease." A relative said, "We work together as a team, they know [relative]."
- Assessments included making sure support was planned for people's needs, such as their religion, culture and abilities.

Staff support: induction, training, skills and experience

- Staff received induction training, using a mix of online training and practical field-based sessions. Staff confirmed they had received enough training to undertake their role. People and relatives thought staff were trained well. One relative told us, "New carers are shadowed by more experienced carers; there is a training system in place."
- Training records confirmed that staff training had been completed in mandatory areas and some staff had received training in more specialist areas, such as dementia care. Staff completed their Care Certificate within 6 months of starting. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific roles in the health and social care sectors.
- Staff had supervisions and spot checks undertaken regularly and staff we spoke to said they felt supported by the management team.

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

- Some people received support to prepare meals and drinks to meet their nutritional and hydration needs. Others did not need any assistance in this area as they were either independent or received support from relatives or other agencies.
- Peoples' care records detailed when a person needed assistance with food preparation and there were instructions for care workers in how this needed to be done and what foods to prepare.

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

- Staff knew people well and knew when to report issues to the office or management team. One person told us the care workers were responsive in telling "The office" and "Getting me the urgent care I needed". One relative said, "They will always let us know if [relative] has a

problem."

- The service had a good relationship with district nurses. One relative told us, "They referred to the GP and district nurses when [relative] had a wound."

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 MCA 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.

- The registered manager was knowledgeable about the MCA and care records contained clear guidance for staff. Staff gave people choices and encouraged people to make their own decisions, for example, what to wear or what to eat.
- Where people had capacity, they signed their own care documents and contracts and records showed that people were not restricted.

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 provider was committed to ensuring continuity of care by allocating regular care workers whenever possible. People and their relatives told us they usually had the same care workers. Rotas confirmed consistent staff were allocated to people.
- People were positive about how they were treated and supported. One person told us, "The carers are very nice." Another person said, "I generally have the same carers, they don't rush me." A staff member told us, "It makes me happy to take care of my service users, they're lovely."
- One person said, "They [care staff] are like family; lovely, genuine people. They never make me feel awkward during personal care and they preserve my dignity." A relative told us, "The look after [relative] like a mother figure, they care from the heart. They never rush [relative] and they treat her with respect."

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

- People were involved in their assessment and the development of their care plan. They were asked about their preferences, for example, their preferred time for their care calls. One relative told us, "They have a good relationship with [relative], they know all her likes and dislikes."
- Staff worked closely with people and their relatives to make sure people got the support they needed. Relatives told us the staff included them as much as they wanted. One person told us, "The carers are also interested in how my friend is, as she is my main carer. They include her in my care."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff encouraged people to do things for themselves. One staff member said, "I enjoy the support I give to the people in order to help them live as independently as possible." A relative told us, "The carers help maintain [relative's] independence, they encourage her to do things."
- Staff treated people with dignity and respect. One person said, "The carers are very good, they do the things I need, I have no complaints." Another person told us, "I get on very well with the carers, they help me with personal care, I look forward to seeing them." Relatives were also positive about the care workers. One relative said, "They treat [relative] with respect and dignity, during personal care." Another relative told us, "The carers are all fine, they treat [relative] with dignity and respect, we have no complaints."
- Information held in the office was stored securely. Paper records were stored in locked filing cabinets. Electronic records were held on secure, password protected computers. Information was securely backed up. Care workers accessed care records on an electronic device, and access to records was restricted to those who needed the information to carry out their role.

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; End of life care and support

- Care was person centred and care records developed in partnership with the person and if appropriate their relatives. Relatives were encouraged to be involved in the care delivery if this was people's choice. Relatives told us they felt involved in their loved one's care. People were given choice and control over how they wanted to be supported.
- Peoples' care plans were reviewed regularly. People told us the care was tailored to their specific needs. A relative told us, "We had to get the times adjusted so [relative] wasn't left too long and this was done immediately."
- Communication between people, relatives and staff was effective. One relative said, "They keep me informed about things, for example, if any shopping is needed or if the central heating is working."
- Technology was used to support peoples' needs. Staff used the system to log in and out of care visits which meant the time spent with people could be calculated and monitored.
- The service provided care for people at the end of their lives. One relative told us, "I have no complaints. The carers were brilliant and cared for [relative] in the last stages of his life. They included us [the family] in the care. We had a good relationship with them, I can't overstate how good they were."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples' communication needs were recorded and understood by staff. Information was available and shared with people in formats which met their communication needs.
- A service user guide was given to each person receiving care and contained all relevant information about the service and what to expect. This guide was available in alternative languages and formats if this was required.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain if they had any concerns, although most people hadn't needed to raise any issues. One relative told us, "We have never had to complain but would feel able to if we did have to by phoning the office." Another relative said, "[Relative] has never had to make a complaint but they would speak to [registered manager] if they did have."

- Where complaints had been received, these were recorded, investigated and responded to in a timely manner. Lessons learned from complaints were shared through either written communications or during supervision sessions.
- The provider's complaints procedure was clearly set out in the service user guide and gave guidance on escalation of complaints if they weren't satisfied with the response from the provider.

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.

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

- The management and staff team demonstrated a commitment to providing person centred care and there was a caring, open culture.
- Staff told us they were comfortable approaching managers with any concerns. There was an on-call service to provide support and guidance to staff when the office was closed. One staff member said, "Managers and office staff are very supportive, there is always someone at the end of the phone at any time of day."
- People and relatives agreed that managers were approachable, and the organisation was well led. One person said, "They [Conscience Care] are well organised and I don't feel anything could be improved with the service." A relative told us, "The agency is well led, there have been problems with other agencies, but [relative] likes these carers."

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.

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

- Services providing health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The manager had correctly submitted notifications to CQC. A relative told us, "The manager is very approachable, any problems would be sorted out straight away."
- The provider had an electronic care management system in place. This enabled the management team to monitor care visits remotely and produce quality monitoring reports. The system had the capacity to monitor start and finish times of care visits; the tasks completed and outcomes of each visit through the task list and the visit notes. Service quality was also monitored through regular telephone calls to people and supervision and spot checking of care workers.

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

characteristics

- Surveys were carried out for people and staff. The most recent survey results were positive about the service. 95% of people said the service was good or very good. 100% of staff enjoyed their work and said they were treated with respect by the manager and office staff. A comment from a staff member read, "An amazing place to work and amazing people to work with. Everyone does a brilliant job."
- People and relatives said they felt involved in the service and they were listened to. One person said, "They include me and my best friend in the care plan. If I ring the office they know my name." A relative told us, "There is an information pack with the office number in it. The manager has visited us, and we have recently filled out a survey."
- Staff were invited to meetings and encouraged to contribute. They felt their views would be listened to. Staff told us they received important information or any changes through an electronic application or through a group chat. This ensured staff had up to date information about the people they were supporting. The management team was able to monitor that people had acknowledged the updates.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to continuous service improvement and to providing the best possible quality of care.
- Where complaints had been received, these were investigated, and changes made in the care delivery as a result. Lessons learned were documented and shared with the team through meetings or supervision sessions.
- The service had a good working relationship with the local authority and other health and social care professionals.