

Careful Care Limited

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Inspection report

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Date of inspection visit:

11 November 2020

12 November 2020

13 November 2020

08 December 2020

Date of publication:

08 January 2021

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

Careful Care Ltd is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 80 people at the time of the inspection.

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

Careful Care Ltd provides care to people in their own homes in the rural area of the Cotswolds. The provider and registered manager monitored the care people received through feedback from people and observations of staff care practices. However further quality assurance checks were needed to ensure the service fully complied with legal requirements.

People were potentially at risk of receiving unsafe care and support as the provider had not always ensured that the assessment of people's risks and risk management plans were in place to guide staff on the best ways to support people and assist in mitigating people's risks.

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. However, we have made a recommendation that the provider seeks further guidance in obtaining people's consent in line with the principles of the Mental Capacity Act (2005).

The provider carried out employment and criminal background checks as part of their recruitment process, however more details of the recruitment process were needed to demonstrate that the registered manager was satisfied that new staff were of good character and fit to work. We have made a recommendation around the records relating to staff employment and criminal background checks.

Staff told us they felt trained and supported and were confident that the registered manager would address any concerns around their personal development and the safety of people who use the service.

People were supported by small consistent staff teams who were familiar with their needs. People complimented the staff and confirmed staff were kind and provided care which was personalised and responsive to their needs.

Staff were aware of their responsibilities to record and report any concerns of abuse, accidents, incidents and near misses.

The provider and registered manager were passionate about delivering good quality care to people. They

were open to learning and making improvements to the service. People's feedback and complaints were acted on and seen as an opportunity to learn and drive improvement.

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 was Good (published 28 June 2018).

Why we inspected

This was a planned focused inspection based on the previous rating. This report only covers our findings in relation to the Key Questions Safe and Well-led.

The ratings from the previous comprehensive inspection for the other key questions we did not look at on this occasion 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Careful Care Limited on our website at www.cqc.org.uk.

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.

We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

During this focused inspection we have identified breaches in relation to the management of people's risks and medicines and the effectiveness of the services governance processes at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for 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 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 ●

Careful 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 Care Act 2014.

Inspection team

This inspection was carried out by a lead inspector, a medicines 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.

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

This inspection was announced.

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 11 November and ended on 8 December 2020.

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.

During the inspection

We spoke with the registered manager and managing director of the service and nine care staff and reviewed a range of records. This included 12 people's care plans and medicines records including electronic care plans and risk assessments and medicines records. We looked at four staff files in relation to recruitment of staff. We looked at a variety of records relating to the governance arrangements and management of the service, including policies and procedures.

We spoke with seven people and seven relatives during the inspection to gain feedback about the service they received.

After the inspection

We continued to seek clarification from the provider to validate evidence found



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 deteriorated to 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; Using medicines safely

- People were not always protected from the risk of avoidable harm. There were care protocols in people's care plans covering areas that had been identified in people's local authority referral assessment including people's personal hygiene support requirements. Where these protocols identified risk to people, these risks had not always been assessed and appropriate risk management plans were not in place for people who may experience falls, epilepsy, swallowing difficulties. For example, the assessment and management plans for one person who was at risk of pressure ulcers had not been put into place. This meant staff may not have the information they need to manage and monitor people's risks.
- There was some evidence that the care manager had reassessed some people's risks when concerns were raised, such as risk of showering. However, risks that had not been identified by people's referral assessments had not always been identified by the service through their own risk assessment process. For example, the registered manager was not aware of one person who was at potential risk due to experiencing swallowing difficulties and seizures and therefore staff did not have detailed information about how these risks were to be mitigated.
- Staff may be at risk as they did not always have access to information about any risks of lone working and any associated environmental risks where to be mitigated when supporting people in their homes.
- Staff were trained and knowledgeable in the management of people's medicines. However, people were at risk of not receiving their regular and as required medicines and medicinal creams as prescribed as clear medicine management plans and protocols were not in place to guide staff on the safe administration of people's medicines.
- Medicines risk assessments were not in place which may put some people at risk of avoidable harm; for example, there was no clear risk assessment in place for people who are at increased risk when taking anticoagulants medicines.
- The registered manager and staff understood where people required support to reduce the risk of avoidable harm. People were supported by small consistent staff teams who were familiar with their needs.

We found no evidence that people had been harmed. However, effective control measures had not been put into place to manage people's medicines and risks and their consent to care placing them at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. The registered manager started to review the medicines management system and protocols as a result of our feedback. However further time was needed for these systems to be developed, implemented and evaluated to assess if they are effective in

safely managing people's medicines and people's individual risks.

- Information about people's level of independence, involvement in decisions making and managing their own risks were known by staff but not always recorded to show how people had agreed to the risk management arrangements in place.
- People's consent to the management of their risks and supports needs had not always been obtained by the provider in line with the principles of the Mental Capacity Act (2005).

We recommend that the provider seeks further guidance in lawfully obtaining people's consent to care.

Staffing and recruitment

- The registered manager assured us that they vetted all new staff to ensure they were of good character and health to support people and carry out their role. Records relating to the pre-employment checks that had been completed required some more detail to support the registered manager's decision to employ them.

We recommend that the provider seeks further guidance on the records relating to staff employment and criminal background checks.

- Systems were in place to ensure that there were sufficient numbers of staff to meet people's needs in a timely manner. Most people confirmed staff were punctual and familiar with their needs. Some people felt communication could improve if staff were running late. The registered manager agreed to take immediate action to improve communication with people.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the potential risk of abuse because staff had received appropriate training and had a good understanding of safeguarding policies and procedures. Staff were clear of their responsibilities to report any suspicions of abuse and whistle-blow if they had any concerns about the quality of care. They told us they would contact external agencies if the registered manager did not act on their concerns.
- People told us that they felt safe with the staff in their home and that staff respected that they were in their home.

Preventing and controlling infection

- People were protected from the spread of infection as staff wore the appropriate personal protection equipment (PPE). This was confirmed by people who confirmed that staff wore the correct PPE when supporting them with their personal care.
- Staff had been trained in infection control and was aware of current COVID-19 and infection prevention control practices. Staff practices were observed by senior staff to ensure their infection control practices were maintained.

Learning lessons when things go wrong

- The registered manager reported that there had been no accidents or incidents since the last inspection. Staff understood their responsibility to report any concerns to the registered manager who assured us they would take prompt and appropriate action to address any issues.

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.

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

- Working arrangements and communication between the managers and staff and some quality checks were in place to assist the registered manager in monitoring the quality of care being provided and to enable the provider to identify risks in the service. These quality checks included staff observations and feedback from people, however these checks and reviews had not been effective in identifying the issues found during the inspection.
- Risks relating to people's care had not been assessed and some did not contain the necessary information about how risks to people were to be mitigated. This shortfall had not been identified by the provider's own quality checks prior to our inspection so that prompt action could be taken to address these risks.
- The documentation of medicines and the auditing of these records to ensure the safe management of people's medicines required improvement.
- The provider's quality checks had not identified that risks to staff from lone working had not always been identified and that improvements in the quality of the pre-employment checks of staff records were needed.

We found no evidence that people had been harmed. However, effective systems had not been established to assess and monitor the service being provided. Complete and contemporaneous records were not always in place relating to the care and support provided and the recruitment of staff. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found that these concerns had no impact on the care that people received as staff knew people well and told us they would always escalate any concerns to the care manager or registered manager. The registered manager told us they monitored the service by being in continual contact with staff and care manager.
- Throughout the inspection, there was an open approach by the provider and registered manager to make changes to improve people's care records and the governance and monitoring of the service and the care being delivered.

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; Continuous learning and improving care

- The registered manager and provider led by example and was passionate about ensuring staff were trained and supported to carry out a role which focused on delivering person centred care. Staff complimented the support they received from the management of the service.
- The registered manager was aware of their responsibility to be open with people, investigate when things went wrong and reports any significant incidents to CQC. They explained that staff were aware of reporting any concerns, accidents and near misses promptly and as a team they would take actions to prevent the incident reoccurring and learn from any mistakes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager sought the views of people who used the service through quality surveys and receiving feedback through staff or via an associated health care professional. This information was used to ensure that people were satisfied with the service they received. The provider recognised further improvement could be made to gain current feedback about people's experiences of the service.
- The managers of the service had an 'open door' policy and ensured staff felt supported and listened to. Staff told us they had all the information they needed to deliver care to people in their own homes as effective and open communication with managers and their colleagues was on-going during the COVID-19 lockdown.

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 12 HSCA RA Regulations 2014 Safe care and treatment Effective and recorded control measures had not been put into place to manage people's medicines and risks and their consent to care placing them at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems had not been established to assess and monitor the service being provided. Complete and contemporaneous records were not always in place relating to the care and support provided and the recruitment of staff.