

Careshaw Ltd

CARESHAW LTD

Inspection report

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04 October 2021

05 October 2021

06 October 2021

07 October 2021

12 October 2021

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03 November 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

CARESHAW LTD is a domiciliary care service providing care and support to people living in their own home. At the time of the inspection there were 36 people using the service, 28 of whom were receiving support with 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

Risks to people's health, safety and welfare had been identified and risk management plans were in place. However, the plans were basic and required more detail.

People were protected against avoidable harm or abuse.

Care plans contained information about people's individual needs, preferences and routines. However, information was basic more detail was required.

Medicines were managed safely. However, guidance documents for administering medicines people only needed occasionally were basic and required more detail.

Safe recruitment practices were followed and appropriate pre-employment checks were carried out. There were enough staff employed to ensure people received timely care.

The culture in the service was positive and people were treated with kindness and respect. 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.

Management of the service had improved and audits were in place. The registered manager and provider worked in an open and transparent way. However, more time was needed to ensure systems to monitor care were fully embedded.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 20 April 2021) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since April 2020. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key

questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate 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 CARESHAW LTD on our website at www.cqc.org.uk.

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?

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 ●

CARESHAW 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

The inspection was carried out by three inspectors 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

We gave a short period of notice of the inspection 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 4 October 2021 and ended on 15 October 2021. We visited the office location on 6 October 2021.

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 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 three people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff, including the provider and registered manager, a care team leader, care workers and the office receptionist.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a further care plan, training data and quality assurance records.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant for some aspects of the service 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; Preventing and controlling infection

At our last inspection the provider had failed to ensure risks associated with people's care had been identified and mitigated; they had failed to monitor medicines using robust processes and they had failed to ensure people were protected from the risk of infection. In addition, the provider had failed to ensure measures were in place to mitigate risks in case an event stopped the service from running safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. However, further improvements were needed.

- Since the last inspection the provider had reviewed systems and processes for identifying and managing risks to people's health, safety and welfare. Risk assessments were now in place for needs such as skin care and moving and handling. However, information was basic and the provider acknowledged further improvements were needed.
- Since the last inspection the provider had carried out risk assessments with people and staff to ensure those who may be at higher risk of significant effects of COVID-19 were identified and protected. For example, people who received palliative care. However, the provider acknowledged further work was needed to ensure care plans fully reflected the care provided.
- People felt safe with the care they received. One person said, "[Staff] have been very good and very helpful in keeping me safe in my home." A relative told us, "I am here all the time so I see how it's going but I have no safety concerns whatsoever."
- Since the last inspection the new electronic system for medicines management had been embedded and completion of records had improved, including the recording of allergies. Protocols for medicines people needed only when necessary (PRN) were available to guide staff. However, information was basic and the provider acknowledged further improvements were needed.
- Staff working in or visiting the office followed the provider's and national guidance in relation to preventing and controlling the spread of infection. People told us staff followed infection prevention and control guidance when providing their care.
- The provider had reviewed and updated their business continuity plan to ensure people's needs were prioritised and would continue to be met in the event of an emergency or crisis.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure staff were fully trained in safeguarding and had the knowledge to identify potential harm or abuse. People were charged for more care than they received. This was a breach of Regulation 13 (Safeguarding service users from abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- Since the last inspection the provider had reviewed the systems and processes in place to protect people from the risk of harm and abuse. Staff had received training about how to keep people safe. However, the training matrix did not fully reflect the training staff had received. This will be addressed in the well-led section of this report
- Staff demonstrated their knowledge and understanding of how to identify if people were at risk of harm or abuse. In addition, they knew how to report any concerns to the provider and external agencies.
- The provider had issued a new card for staff to carry with them whilst carrying out care calls. The card contained contact information for external agencies in the event they identified situations where people may be at risk of harm or abuse.
- Since the last inspection the provider had reviewed their call charging systems. We reviewed the care call records for seven people against the invoices issued by the provider and found people had been charged for the hours of care they had received.
- People and their relatives told us they felt safe with staff and the care they provided. One person said, "They are jolly nice people who just want to keep me safe and well in my own home."

Staffing and recruitment

- Since the last inspection systems for ensuring staff were recruited safely had improved. For example, checks on an applicant's conduct in previous employment were now more robust and timely. The provider continued to carry out criminal record checks and confirm an applicant's identity before offering employment.
- There were enough staff employed to ensure people received the care and support they needed. Staff told us travel time between calls was scheduled.
- Staff received induction training to ensure they provided the right care for people. One member of staff said, "We all have training when we start."

Learning lessons when things go wrong

- Systems were in place to ensure any learning from incidents or accidents was identified and measures put in place to reduce the risks of them reoccurring.
- Staff told us learning was shared with them through staff meetings and supervision meetings and records confirmed this. This helped staff to continuously improve their care practices.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure they had robust systems and processes in place which effectively identified shortfalls in the service. The registered manager did not have oversight of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17. However, further improvements were needed.

- Oversight of the service had improved. However, the provider acknowledged audits would benefit from further development. For example, audits had not identified issues with the quality and detail of COVID-19 care plans and PRN protocols. In addition, audits had not identified that the staff training matrix did not fully represent the training staff had received.
- Daily care records were checked on a monthly basis. However, the provider acknowledged these checks would benefit from review to ensure any issues would be identified and resolved in a timelier manner.
- Call monitoring systems and processes were now in place. People received calls within their contracted times and were invoiced for calls appropriately.
- Recruitment systems and processes had improved and audits were now more robust. This meant the provider was better able to identify short falls in this process.
- In addition, the provider had developed systems to support staff recruitment and retention. For example, they offered staff the opportunity to learn to drive by providing financial help and time to complete lessons.
- Complaints, accidents and incidents were managed in-line with the provider's policies. People mostly felt their concerns had been listened to and resolved. One person told us, "If I'm worried [registered manager] comes." Staff were clear about the reporting processes when accidents and incidents occurred.

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

At our last inspection the provider had failed to ensure people's care was planned in a person-centred way. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9. However, further improvements were needed.

- Since the last inspection the provider had improved the way care plans were written to ensure they were more person-centred. Care plans included information about personal needs, choices and preferences and were reviewed regularly with people. However, information was basic and the provider acknowledged further improvements were needed.
- People told us they always had quick and helpful response when they contacted the office or out of hours on-call. One person told us about a time when they contacted on-call support for help outside their contracted call times. They told us help was quickly arranged and provided.
- Staff had built positive, professional relationships with people and knew them well.
- People and staff told us the culture within the service was positive and achieved good outcomes. One person told us, "We would never leave Careshaw and cannot recommend them highly enough." A staff member said, "I'm comfortable to go to [registered manager], I know they'll listen and put things right; they treat their staff and service users really well."
- The provider understood their responsibilities in relation to duty of candour. Duty of candour requires providers to be open about any incidents in which people were harmed or at risk of harm.

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

- The provider worked well with other agencies to provide care for people. One person told us about effective teamwork with the provider, the local hospital and district nurses to ensure essential healthcare was provided.
- Practical needs were met by the service when people were discharged from hospital with palliative care requirements. The provider had a palliative care 'starter' pack, with items such as wipes and pads, which was given to people to help them until hospice services could put them in place.
- People were actively involved in the development of the service. There was a regular newsletter which included activities that people could complete. People were involved in voting for staff recognition awards.
- Feedback was sought from people about the quality of the services provided. People completed surveys and all feedback we saw was positive.
- The registered manager held regular staff meetings. The agenda showed staff had the opportunity to feedback their views and ideas to help the service develop.
- The provider regularly engaged in charity fund raising events for the benefit of people who used the service and local community.