

Candid Health & Social Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Candid Health Care (CHC) Ltd is a domiciliary care agency that provides personal care and support to people living in their own homes and flats. 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. At the time of our inspection, 2 people were receiving personal care and support.

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

We found a breach of a regulation relating to good governance. Quality assurances systems were not effectively used to monitor the quality of care. For example, the provider did not ensure records of staff meetings and supervisions were maintained. In addition, quality assurance records were not consistently kept such as contact with people using the service and spot checks undertaken to monitor the quality of care provided.

Staff did not receive periodic supervisions and an annual appraisal of their performance in line with the provider's policy and procedures. The provider failed to note that all learning and development and required training completed should be monitored and appropriate action taken quickly when training requirements are not being met.

Despite these findings, people and their relatives were happy with the care provided. Their comments included, "I am very happy with my carers" and "[Staff] are pretty good with [person]. They are all caring [care staff]."

People received care when needed. People were cared for by staff who were recruited safely. Staff underwent an induction before they started providing care.

People were protected from the risk of avoidable harm. One relative told us, "I feel [family member] is safe when they go out. [Person is always happy with the [staff]]." Staff understood their responsibility to protect people from harm and abuse and to whistle blow concerns. Risk assessments were undertaken and support plans provided guidance to ensure staff were able to provide care safely. People were supported to take their medicines when required. Staff understood and followed infection control procedures to reduce the risk of contamination.

Staff told us they felt well supported in their roles. The manager told us the organisation was undergoing management change and had plans in place to formalise supervisions and any additional support provided to staff. People received the support they required to maintain good health and their well-being.

People received care from regular staff. This enabled them to develop positive and meaningful caring relationships. Staff upheld people's dignity and privacy. People told us they consented to the care delivered to them. People received support to maintain their independence and to make decisions and choices about

their daily living.

People's care and support needs were met. Reviews were undertaken and updates made to care and support plans to reflect changes to each person's needs. People received support to access health services when needed. People and their relatives knew how to make a complaint if they were unhappy with any aspect of their care.

People, their relatives and staff were happy with the running of the service. They felt their views were considered. The manager understood their responsibility to promote a culture of learning when things went wrong to minimise the risk of incidents happening again. The manager worked in partnership with other agencies and health and social care professionals to ensure people were supported as appropriate to meet their needs.

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

The last rating for this service was good (published 18 December 2018) at this inspection, the rating has deteriorated to Requires improvement.

Why we inspected

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

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 effective?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Candid Health & Social Care 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 1 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 not a registered manager in post. A new manager had been in post for three months and had submitted an application to register with the Care Quality Commission. We are currently assessing this application.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we

needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the manager, human resources/quality assurance manager, three care staff and the nominated individual. A nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 2 people's care records. We looked at staff files in relation to training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with 2 relatives of people using the service about their experience of the care provided. We did not speak with people using the service as they were unavailable to talk to us.

We continued to seek clarification from the provider to validate evidence found. We reviewed further risk assessment, care plans and information relating 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 Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were protected from abuse and avoidable harm. People told us they felt safe using the service. A relative told us, "[Person] is safe with the [staff]" and "I trust the [staff] with [person]."
- Staff received training in safeguarding adults and knew how to identify and report abuse. Staff understood how to whistle blow to internal and external agencies any concerns not resolved.
- People's care records included information about whether they needed support with their shopping. There were procedures in place to prevent the risk of financial abuse. Staff were required to keep receipts and record any shopping they had done for people.
- A safeguarding policy and procedure in place provided guidance to staff with the details of the process they were required to follow in reporting allegations of abuse. The provider understood their responsibility to report concerns as required to relevant agencies including the CQC.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and measures were put in place to mitigate these.
- Support plans showed guidance for staff in managing and minimising the risk of these occurring. For example, how they should support the person when their mental health showed signs of decline. Staff told us and records showed they had sufficient guidance which enabled them to provide care to people safely.
- Staff understood the risks to people's care including the risk of choking and developing skin sores. One member of staff told us they needed to be aware when, "Supporting a person to eat or drink, keeping an eye out for any risk of choking."
- Staff followed systems in place to support people to manage risks to them in a positive manner. For example, people were supported to go into the community and to take a lead role in making decisions about their day to day lives.
- Support plans took into account what people could safely do for themselves and what they needed support for. For example, one person's care plan contained a risk assessment on how they needed support from one member of staff to access the community safely.
- The provider ensured staff followed guidance provided by healthcare professionals which minimised the risk of harm to people using the service.

Staffing and recruitment

- People received care when needed as there were enough staff deployed at the service. Relatives told us that they had regular care staff since they started receiving care. They told us, "I have just one carer who gets on really well with [family member]" and "I have a main carer who has been with us from the start and three other regular carers, not a massive change in staffing."

- Staff told us they had sufficient time to support people and enough travel time in between care calls. One care worker told us, "The rota is issued a week in advance. This makes it easier to check the routes and plan for any possible delays."
- People were happy with the staff's time keeping. They told us staff arrived on time and stayed the full duration of their call. One relative commented, "Regular times, always arrive together and stay until [person] is settled."
- The provider used manual allocation of staff as the service had a small number of people using the service. The manager monitored care calls to ensure care workers were attending visits on time and required staff to provide an update if they were expecting any delays. The manager provided cover when needed.
- The provider carried out pre-employment checks to ensure staff were suitable to provide care to vulnerable people. This included obtaining details of staff's employment history, two references, evidence of their right to work in the UK as well as criminal record checks through the Disclosure and Barring Service [DBS]. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely and when needed. People's care records included details of what medicines they were taking, in what dose and when they were required to take it. Staff had information about the level of support each person required when taking their medicines.
- Staff understood their responsibilities when supporting people with their medicines.
- Staff received training in medicine administration and had their competency tested to ensure they were safe to administer medicines.
- The provider ensured the medicines policy and procedures were up to date and available to staff for guidance.

Infection control

- People were supported by staff who followed good hygienic practices which minimised the risk of contamination. Relatives told us staff wore protective clothing when providing personal care. Comments included, "[Staff] always wear fresh aprons, masks and gloves every visit" and "[Staff] take care that everything is left clean and tidy, and gloves are disposed properly."
- The provider had appropriate systems in place to minimise and control the spread of infection.
- Staff received training in infection control and demonstrated a good understanding about their responsibilities when providing people with care.
- The provider had an infection control policy and procedure in place which staff accessed for guidance.

Learning lessons when things go wrong

- People were cared for by staff who were encouraged to learn lessons when things went wrong. The provider had appropriate systems to support staff. This included an accident and incident policy and procedure in place which provided details on how to record, report and investigate all accidents and incidents.
- Staff understood their responsibilities in relation to accidents and incidents. One care staff told us, "In case of an accident or emergency, I should call 999 and ask for an ambulance. I would then update the office as soon as practicable."
- There had not been any incidents in the last 12 months. The manager knew their responsibility to include details of what happened and how the incident had been managed. The provider knew they had a duty to conduct further learning through auditing all accidents and incidents.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider did not ensure staff received adequate and regular support through supervisions and refresher courses to enable them to keep their skills and knowledge up to date to enable them to consistently deliver effective care and support.
- Staff told us they had catch up calls with their managers, 1:1 sessions and staff meetings. We requested from the provider supervisions records during and after the inspection. We received two supervision records which indicated discussions were ad hoc and brief. Following discussions with staff and the managers, it was clear supervision sessions were not always recorded to enable follow up on action plans. The sessions were not as regular as the provider's policies and procedures required.
- Staff did not receive an appraisal of their performance. This meant the provider had not provided them with an opportunity to discuss their roles, career development, progress at work and share their ideas for improvements. Notwithstanding this, staff felt well supported in their roles.
- We spoke to the nominated individual about these concerns. They told us they were in the process of implementing changes to address some of the issues we identified. The provider had changed the management team. The new manager showed clear understanding of the shortcomings and what they needed to do to provide staff with appropriate support in a consistent manner. The provider had put an action plan to organise regular supervisions and refresher courses for staff.

We recommend the provider strengthens their governance systems in respect of training, professional development, supervision and appraisal.

- The provider had safe recruitment procedures in place. However, they had not undertaken any recruitment in the past 24 months. The manager understood new staff required support, induction, and training before they started work.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and support plans developed. One relative told us, "[Staff] involve us in assessing and planning of [person's] care."
- Support plans showed information provided by health and social care professionals who worked with people and understood their needs. Relatives where appropriate were involved in developing care and support plans. Staff followed guidance which enabled them to deliver care effectively in line with current standards, guidance and best practice.
- The provider had policies and procedures which highlighted specific legislation and guidance that staff

needed to be aware of and follow when delivering care.

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

- People were supported to eat and drink to maintain a balanced diet. Care records included details of their nutritional and special dietary needs and preferences. Where people required any specific dietary support, we saw their care plan contained specific advice for care staff in how to meet these.
- Staff were able to describe people's dietary needs as well as their likes and dislikes in relation to food and the support they required.
- Some people required prompting to eat and drink. Records showed staff supported as appropriate.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured staff worked with other agencies to deliver effective care. Staff worked closely with people's GPs and other professionals which ensured people received care when needed.
- Staff followed guidance from health and social care professionals which enabled them to deliver effective care, for example supporting a person to eat and drink safely.
- Staff worked closely with people and their relatives where appropriate to help them to manage their health conditions.

Supporting people to live healthier lives, access healthcare services and support

- People received the support they required for healthy living and to access healthcare services for their well-being. A relative told us, "[Staff] always show me if they have noticed changes to [person's] skin or their health in general. If a situation starts to get worse, they let me know if I have to get the district nurses involved."
- Care records included details relating to each person's health conditions and information about how these affected them.
- Staff supported people to attend hospital appointments such as dental check-ups and health reviews with their doctor when needed.

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.

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.

- We found the service was working within the principles of the MCA.
- People told us staff sought their consent before supporting them. People made decisions about their care and staff respected the choices they made.
- Staff were trained and understood their responsibilities in relation to the MCA. The provider ensured staff had access to the MCA policy to inform the way they provided care. Care records and our discussion with staff showed they upheld the rights of people.
- The provider knew their responsibility to carry out mental capacity assessments and best interests' meetings when needed. Support plans were clear about what decisions people could make for themselves and where they may require more support, for example to manage or make decisions about their personal care or medicines administration.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with their care and felt well supported. Their comments included, "[Staff] are very nice, chatty and reliable" and "[Staff] treat [person] with kindness. They respect [person's] religious beliefs and culture." Relatives described the carers as caring and kind. One relative told us, "[Staff] do care."
- People received care from a regular team of staff. This enabled staff to understand people's needs and to develop positive relationships with them.
- Staff provided care in a manner that upheld people's equality and diversity. Care records showed staff respected people's individuality that related to disability, gender, ethnicity and faith.

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

- People were supported to express their views and make decisions about their care.
- Relatives told us where appropriate they were involved in planning people's care. Their comments included, "We are often asked about what support [person] requires" and "[Staff] check if they are providing the right service for [person]."
- Records showed people and their relatives where appropriate were involved in making decisions about their care. For example, planning outings and support to go to places of worship.
- The life history, preferences, routines, spiritual and cultural needs of people were recorded. Staff told us this enabled them to deliver appropriate care. Care records showed staff made changes to their call times when needed to support people to attend appointments or outings.
- People told us staff provided care in line with their choices and preferences about how they wanted their care provided. Records confirmed people received their care as planned.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a manner that respected and promoted their privacy, dignity and independence. Relatives' comments included, "[Staff] don't rush [person]" and "[Care staff] are respectful."
- Staff understood their responsibilities to keep information about people confidential.
- People were encouraged and supported to maintain their existing skills and to develop new ones to keep their independence as far as practicable.
- Staff had information about what people were able to do independently and the areas they required support such as meal preparation or finishing off personal care tasks such as dressing themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support that met their individual needs and preferences. Comments included, "We get a call every 4 weeks and get asked if we need more help" and "Had another assessment last month. The carers do what's needed and am pleased with them. The manager has asked if we need extra help."
- People and their relatives where appropriate were involved in planning for their care and support. Care records detailed people's care needs and preferences.
- People were supported to attend reviews with health and social care professionals to help them manage their health needs such as dietary and mental health conditions.
- Staff told us they received communication regularly about people's changing needs and the support they required. Care plans were reviewed regularly, and people's views were recorded to include any changes they wanted to the way their care was delivered.

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.

- The provider was meeting the Accessible Information Standard
- People's communication needs were understood and supported. These were recorded in their care plans.
- People and their relatives told us they had effective communication between them and staff, as the information was presented in a format they understood.
- The provider understood their responsibility to make information available in different formats if required for example, items in larger print.

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 received the support they required to maintain relationships, follow their interests and take part in activities that were appropriate to them. This included going shopping, walks and attend places of religious worship which ensured their social contact and wellbeing needs were met.
- People's records contained details about people's hobbies, interests, likes and dislikes.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- People and their relatives told us they knew how to make a complaint about any aspect of their care that did not meet expectations. Comments included, "I have got a number to contact if I have an issue. No complaints from me" and "Haven't had the need to complain, I know if I have an issue and cannot sort out myself with the carer I would speak with (name) new manager." The provider had not received any complaints in the last 12 months. The manager explained they would follow their procedures and keep people updated on the progress of resolving the issues if they received a complaint.
- The provider ensured people and their relatives were provided with the complaints policy and procedure which detailed how to raise concerns about any aspect of their care and to understand how the complaint would be dealt with.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- People were encouraged to discuss their end of lives wishes. Care records included people's plans when they chose to share their preferences.
- The registered manager understood their responsibility to undertake assessments of people's needs when a person required end of life care. Staff received training to provide end of life care.
- The provider knew how to access resources to ensure people were supported to receive appropriate care at the end of their lives. This included working closely with other health and social care professionals such as district nurses and the palliative care team.
- The provider had an end of life policy in place. At the time of our inspection, there was no person receiving end of life care.

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 good. At this inspection the rating has changed 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

- The provider did not effectively use the systems and processes in place to identify the shortfalls highlighted in the report about the quality and safety of the service delivery.
- Audits failed to identify staff did not receive regular appraisal of their performance and that any learning and development needs were identified, planned for and supported.
- In addition, the provider's quality assurance systems were not robust and failed to highlight that information about the service should be up to date, accurate and reviewed. Record keeping of staff supervisions and audits of care delivery were inconsistent and missing despite staff, people and their relatives confirming that some of these took place.

The provider did not ensure that their audit and governance systems remained effective. This was a breach of regulation 17(2) (a) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care staff had a good understanding about their responsibilities towards people in their care. They were clear about their expectations of the role and worked in line with their job descriptions.
- The manager who had been in post for three months showed understanding about quality performance and risks. They were in the process of developing plans with the provider to ensure quality assurances systems were effectively used to address the shortcomings we identified.

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

- The provider promoted a positive culture that achieved good outcomes for people. People told us they found the staff responsive and helpful.
- Care staff provided positive feedback about the service and said they enjoyed working there. Their comments included, "The new manager is a breath of fresh air. She is available when needed" and "Communication is great. The management team is open to suggestions and quite approachable."
- Staff told us they had regular catch ups and team meetings which they found enjoyable as well as informative. However, records of the meetings were not consistently recorded. The provider told us they would take action to improve this.

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 provider understood their legal responsibility to be open and transparent when things went wrong.

They knew when to submit notifications to the CQC or the local authority when things went wrong.

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

- The provider engaged and involved people using the service and staff, while considering their equality characteristics.
- People and their relatives told us the provider conducted monitoring calls to ensure they were happy with their care. Relatives told us the manager telephoned them regularly to check that care staff were performing their duties and asked for feedback. Comments included, "I get a call every 2-3 weeks asking if everything is okay, do we need any more help and any problems" and "On an ad hoc basis, the manager will call to check to see if we were happy with the service."
- The provider also conducted care worker meetings where they discussed staffing, incidents, and people's needs. Staff told us they used the meetings to share their views about the service and to discuss any concerns. However, the record keeping had been inconsistent which meant we were not assured any follow up actions that were required took place.

Continuous learning and improving care

- The provider undertook a range of audits to learn and improve care. One relative told us, "Manager has been out as a carer, always asks what I think about the service."
- Staff told us the manager undertook spot checks and reviewed care records, risk assessments and support plans.
- The provider had undertaken a reorganisation of the service. The provider held meetings with the manager at which they reviewed the service against a number of quality indicators including staffing, people using the service and their needs and care planning. At the time of inspection, the provider told us they would be implementing a new system for record keeping, care planning and quality assurance.

Working in partnership with others

- The provider worked with other agencies in the provision of care. Care records showed the involvement of other healthcare professionals where needed, including physiotherapists and the GP to help staff get a better understanding of people's complex conditions.
- People told us the provider worked closely with them which ensured they received effective care that met their needs.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems or processes were not established and operated effectively to monitor and improve the quality and safety of the service and to maintain records as are necessary in relation to the management of the service.</p>