

Carevex Limited

The Studio

Inspection report

Leeds Street
Sunderland
Tyne And Wear
SR6 9RF

Tel: 08008620445

Date of inspection visit:
11 May 2021
15 June 2021

Date of publication:
29 July 2021

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

The Studio is a domiciliary care service providing personal care to 14 people mostly aged 65 and over 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

People told us they received good care and staff were kind and considerate. They also confirmed they felt safe with the care staff.

The provider had policies and procedures for dealing with safeguarding and whistle blowing concerns. Staff knew how to raise concerns and were confident to do so.

Care staff were consistent and reliable and new staff were recruited safely. People received their medicines when they were due and staff followed good IPC practices.

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.

Staff were supported and accessed the training they needed. Staff supported people to have enough to eat and drink and to access health services when required.

People gave positive feedback about the service but knew how to complain if required.

People had detailed care plans which described how they wanted to be cared for. These were reviewed regularly to keep them up to date.

The provider prioritised people's needs. There were opportunities for people, relatives and staff to provide feedback. The provider had improved the quality assurance processes to ensure they were more effective in identifying issues.

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 has changed provider. This service was registered with us on 29 July 2020 and this is the first inspection. The last rating for the service under the previous provider was requires improvement published

on 7 November 2018.

Why we inspected

This was a planned inspection to assess the standard of care delivered by the service and award a rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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 not responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Studio

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

One inspector carried out this inspection.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 May and ended on 15 June 2021. We visited the office location on 10 June 2021.

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. 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 four people who used the service and received feedback via email from five care staff. We spoke with the provider and registered manager.

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

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.

This is the first inspection for 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

- The provider had effective policies to help keep people safe from abuse. One person told us, "Of course I feel very safe. They are all very lovely people; they couldn't be better people."
- There had been no safeguarding concerns raised. The provider had policies and procedures should this be needed.
- Staff completed safeguarding training and understood their role in keeping people safe. They also knew about the whistle blowing procedure and were confident to use it if required.

Assessing risk, safety monitoring and management

- The provider effectively managed risks to help ensure people received their care safely.
- The provider assessed potential risks to people as part of the care planning process. These covered a range of areas, including the person's living environment and specific health conditions. Assessments identified the measures required to reduce the risk of potential harm.

Staffing and recruitment

- The provider employed enough staff to provide the care people needed. People received care from a consistent and reliable team of care workers. People commented, "They are reliable, they turn up on time. I can't find any fault at all" and "They are always on time."
- New staff were recruited safely. The provider completed various checks to ensure new staff were suitable to work for the service.

Using medicines safely

- Medicines were managed safely. Trained staff ensured people received their medicine when they were due. One person said, "There are no problems with medicines."
- The provider carried out regular checks to help ensure staff followed the correct medicines procedures.

Preventing and controlling infection

- The provider had procedures to promote safe infection prevention and control (IPC) practices.
- Staff conformed they had completed IPC training and were supplied with the PPE they needed.

Learning lessons when things go wrong

- The provider had systems to investigate incidents and accidents. There hadn't been any incidents logged since the service was registered.

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

- People's needs were assessed to help ensure care was focused on what they wanted. This included considering religious, lifestyle or cultural needs. One person said, "They asked for information about medicines and any health problems."

Staff support: induction, training, skills and experience

- Most staff said they were supported in their role and had access to the training they needed. One staff member commented, "I feel very supported and know I can call at any time if I am unsure or need additional assistance."
- Some supervisions and training had been delayed due to the COVID-19 pandemic. Records confirmed these were now completed or planned.

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

- People were supported to have enough to eat and drink. One person said, "They [care staff] ask me what I want to eat and they make it for me."
- Care plans provided information about people's preferences and the support they needed with nutrition.

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

- Care plans included information about other agencies involved in people's care, such as health and social care professionals.
- Where people had more complex needs, health professionals were involved and advised staff about the care people needed.

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 Act 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 provider followed the requirements of the MCA. People were supported to make choices and decisions about their care.

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

- People received good care and staff treated them well.
- People gave only positive feedback about their care. They told us, "I don't think they could be better. I look forward to them coming. They are very wonderful and caring people" and "The girls [care staff] are very nice and caring."

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

- Care plans identified everyone involved in people's care network, including details of advocates.
- Relatives were actively involved in some people's care and advocated on behalf of some people, depending on their needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "They treat me nicely, I look forward to them coming in."
- Staff supported people to be as independent as possible. Care plans clearly identified people's abilities, as well as the care and support required. This helped staff understand what people could do for themselves.

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

- People's care had been planned in line with their needs and preferences. Care plans described how their care was to be provided, including the duties staff had to complete at each visit.
- Care plans had been reviewed and updated as people's needs changed. For example, where one person's dietary needs had changed.
- People could discuss their end of life care preferences and have these recorded in an advanced care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and a specific communication care plan developed.
- The provider had recently reviewed their care planning process in line with AIS. There were currently no people with specific needs relating to communication.

Improving care quality in response to complaints or concerns

- People gave positive feedback about their care; however, they knew how to complain if required. One person said, "I can't find any fault at all. They are fantastic."
- There had been no complaints made about the service since it was registered.

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 provider prioritised people's needs to help ensure care was person-centred. One person said, "They [care company] are fantastic, the best one of the lot. They [care staff] are very respectful and very caring." A staff member said, "It is a very caring company and the team provides a quality and caring service to the clients. The care staff are second to none and will always go the extra mile to help clients."
- People and staff told us the registered manager was approachable. One person commented, "She [registered manager] came as a carer initially. She is excellent."

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

- The service had a registered manager. They were proactive in submitting the required statutory notifications for significant events to the Commission.

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

- The provider engaged with people and staff. Questionnaires were sent out to gather feedback and the results were analysed to identify trends and patterns. The feedback from the last two surveys had been positive.
- The registered manager regularly contacted people and staff. One staff member commented, "I am able to raise issues and if things are suggested changes are made when needed."

Continuous learning and improving care

- The provider had recently acted to strengthen its approach to quality assurance. Regular checks were undertaken across a range of areas, including care planning, infection control and staffing records. The findings were used to improve and develop the service.
- The provider planned to reintroduce spot checks in people's homes now the COVID-19 restrictions were easing.

Working in partnership with others

- The provider worked with other health services to work towards promoting good outcomes for people.

