

Caronne Care Limited

Caronne Care Essex Branch

Inspection report

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Date of inspection visit:
07 September 2022

Date of publication:
05 October 2022

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

Caronne Care is a domiciliary care agency providing the regulated activity of personal care to people in their own homes. The service provides support to children and young people, young adults under 65, older people and those living with dementia, people with a physical, sensory, learning disability and autistic people, people who misuse drugs and alcohol and those with mental ill health. At the time of our inspection, 46 people were receiving personal care.

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

People received safe care from staff who knew them well. There was a safeguarding policy in place and the registered manager and staff knew how to identify and report any concerns.

The service had enough staff to meet the needs of the people using the service. Staff had been safely recruited, with minor improvement needed.

Staff supported people with their medicines. People told us they received their medicines on time. Staff had access to personal protective equipment and there were effective infection prevention and control measures in place.

Staff had received an induction and training to enable them to meet people's needs. We saw that supervisions and spot checks for staff were carried out and staff told us they felt supported to perform their role by the management and office team.

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 caring and kind. They provided care and support to people in a respectful way.

The service carried out an assessment of each person's needs and how they liked to be cared for and care plans included guidance for staff on how to meet those needs. Assessments of people at risk were identified and plans put in place to mitigate those risks.

People's nutritional needs were met. They received support to eat and drink enough to maintain a balanced diet. No-one at the service was receiving end of life care.

The registered manager sought support and liaised with health and social care professionals when needed. As a result, staff met people's need safely and effectively.

People, relatives and staff spoke positively about the management of the service. Governance systems were

in place to monitor, maintain and improve the quality of the service.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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 25 February 2022 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

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 

Caronne Care Essex Branch

Detailed findings

Background to this 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 one 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 we needed to ensure someone would be in the office to meet with us.

Inspection activity started on 5 September 2022 and ended on 19 September 2022. We visited the location's office on 7 September 2022.

What we did before the inspection

We looked at all the information we held about this service. We used all of this to plan our inspection. 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.

During the inspection

We spoke with four people using the service, seven relatives and one friend. We spoke with seven staff including the registered manager, operations director, quality assurance manager, four care staff and had an email from one care staff. We also received feedback from three health and social care professionals about the service.

We reviewed a range of records. This included four people's care plans and medicine records. We looked at three staff files in relation to recruitment and a variety of records 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.

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.

Staffing and recruitment

- Recruitment procedures were in place which included obtaining references and Disclosure and Barring Services (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, we found some gaps in people's employment history and made the registered manager aware of this. Before the end of the inspection, they had corrected this, amended the wording on their application form and all staff's employment history was completed.
- There were enough staff to meet people's needs. Management and office staff were all trained in a caring role and could provide care when needed.
- People told us calls had not been missed, but some reported they could be late, but understood the reasons why with traffic and delays. If staff were running late, they would usually be contacted. One person said, "The staff are all really good. They turn up on the arranged dates and times when expected which is good. It's working well." Another person said, "There are issues with the staff being late sometimes. They are supposed to phone me if they are 30-45 minutes late, but they don't always."

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.
- Staff had undertaken safeguarding training and knew how to identify and report any concerns. One staff member said, "Anything, however small, we report to the office. They always take our worries about a person seriously and know they would take action." A social care professional told us, "The staff are very observant and will report anything they suspect is not right and raise it as a concern."
- People felt safe with staff providing their care. A family member said, "I feel that my [relative] is safe with this company."

Assessing risk, safety monitoring and management

- Risks associated with people's care and their living environment had been identified and assessed. People had risk assessments in place which included how risks to people could be minimised.
- Risks to people's health and wellbeing were monitored and discussed at regular management meetings. Any missed or late calls or issues regarding medicines for example were monitored and dealt with quickly as systems were in place to highlight and manage safety and risk.
- A social care professional told us, "The caring role the staff provide is one friendly and two they adhere to safe manual handling practices and understand the need for risk assessments and plans in the home."

Using medicines safely

- Medicines were managed safely. Staff received training in safe medicine management and were assessed as competent before administering to people. A staff member told us, "They come and check that I am giving people their medicines in the right way. I appreciate this."
- People told us they received their medicines when they needed them. Where people administered their own medicines, this was very clear in the care plan.
- Medicine records were audited regularly and where any concerns were identified, action was taken with the staff member.

Preventing and controlling infection

- Staff had received training in infection control practices. Personal protective equipment (PPE) such as gloves, masks and aprons were provided for them. Spot checks were undertaken which showed staff were following good practice.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place to monitor accident, incidents, safeguards complaints and compliments.
- The registered manager told us about the lessons they had learnt when things go wrong. One example they gave included putting systems in place regarding people at risk of financial scams and providing information and support to raise awareness of this abuse and the actions to take.

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 prior to their care and support commencing with the service.
- People's protected characteristics such as their age, gender, religion, culture, ethnicity and sexual orientation were recorded to ensure the service met their individual lifestyle choices effectively.
- The registered manager was resourceful in utilising information from a range of sources in order to keep up to date with current guidance and good practice.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role. This included a thorough induction and shadowing experienced staff until they felt confident in their role.
- Two managers were qualified to train staff in the theory and practice of moving and handling people, first aid and medicines. One staff member said, "It's the best induction to a company I have ever had."
- We saw new members of staff had been supported in completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received supervision and spot checks and told us they felt valued and well supported. Comments included, "I have been so supported coming to this company. They really know how to look after their staff." And, "I am so well supported by [name of staff member], who is absolutely great. I have gone to them when needed to, they have been brilliant."

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

- People were supported to eat and drink in line with their care plans. We saw from daily notes and care plans that people's preferences, likes and dislikes had been recorded. A family member said, "The staff have got my [relative] eating better. There is a food chart kept in the kitchen which the staff update after each meal and both of us look at this every day."
- Staff were trained in meeting people's nutritional needs. One staff member said, "We have food hygiene training and I use fluid and food charts if we need to keep a check on a person." Another said, "I follow the care plan, but if the person wants say a tin of soup and not a sandwich, then I give them their choice."

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

- The service worked effectively with other professionals. For example, when people's needs changed, they made referrals to relevant services to ensure people received the support they needed. A social care

professional told us, "Issues and concerns are clearly raised and open for conversation. They have made time available to meet at the property and to have joint conversations with the person and a robust plan made."

- People and relatives told us the service was flexible if they needed to go to a hospital or physio appointment and were proactive in getting additional community resources where 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 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

- We saw documented evidence where people and relatives were consulted and asked for their or their family members consent before providing care and support.
- Where a person lacked capacity, it had been recorded if there was a Lasting Power of Attorney (LPA). A LPA allows an individual(s) to make Best Interests decisions for and on behalf of a person who lacks capacity to make their own decisions.
- Staff completed MCA training and encouraged and supported people to make their own decisions. One staff member told us, "I work with one person and I know their memory is changing each time I visit. I help them to remember things they have forgotten. I have raised it as a concern, so the managers know."

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 and relatives told us that staff were caring, treated them well and they felt respected. One person told us, "The staff are really nice and care for me well." A family member said, "The staff have always seemed to be kind, helpful and friendly which is lovely."
- People were supported by staff who had got to know them well. One family member said, "The staff are lovely, they have built up a good rapport with my [relative]. They have a nice routine and my [relative] thinks they are very good." A social care professional said, "I am very happy with the care they provide, being good at what they do. For one person they supported, they put themselves out and went over and beyond to support them at the right time they needed it."
- Staff spoke positively about their roles and the people they care for. One member of staff told us, "One person I go to is very reluctant to have care. I know them well and have developed ways to coax and encourage them. If I walk away and go to another room, they will eventually let me help them, but it's at their own pace and I have to respect that." Another said, "The people I meet, well, all I can say is they are fantastic. What a job I have!"

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

- People and their relatives were actively involved in making decisions about the support they received. We saw people's views had been gathered during regular reviews and spot checks. One person said, "The staff are all really good. They help me to sort myself out and we chat about better ways to do things to make it easier." One family member said, "I think that I would recommend this company as I feel that the staff know what they are supposed to be doing and I am confident with the care my relatives are receiving."
- An online review posted by a person using the service said, "I feel the staff listen to my own choices and follow my instructions which makes me feel independent."

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy were maintained and staff were respectful. One person told us, "I would recommend this company. One reason is that they are all female staff, and I would not want a male staff member in my home, so I am reassured by that."
- People were supported with maintaining their independence. Referrals were made quickly to request professional assessments. This included equipment and input to support people's mental health so that people remained at home. A social care professional told us, "From my observation the care I have seen has always been of excellent quality."

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

- People's physical, sensory, mental health, personal care and social care needs were thoroughly assessed, and their care plans were regularly reviewed. People's oral health and ways of communicating were also recorded.
- People told us staff were very responsive to their needs. Care plans were written in a person-centred way, easy to read and updated as their needs changed. Daily notes were written after each visit and provided details of tasks undertaken.
- The service was responsive to people's views about their care. One person said, "I had trouble with one staff member. I talked to [name of staff member], who comes to me regularly and they said they would report it to the office. They did this and I got a call from the office apologising and I have not seen that staff member again. I was really relieved about this and appreciated their prompt action."

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 (AIS). The AIS 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 registered manager was aware of their responsibilities under the AIS. People's care records contained information about their preferred ways of communicating.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint. Comments included, "When I contacted the office about the times in-between visits they did apologise and accepted their timing was not good and it has not happened again." And, "The company has acted when I have raised concerns which is positive. If anything important happens then we get a phone call straight away, which is what you want."
- The provider's complaints process demonstrated that when complaints had been received, they were investigated, responded to and lessons learnt as a result. One person told us, "When I have had to contact the office, I have felt that they do listen to my concerns and do address them as and when they can but usually in good time."

End of life care and support

- Staff had received training in how to care for people at the end of their life. The registered manager told us they would be able to respond to people's needs to receive end of life support at home, without having to go

into hospital if that was their request.

- People's needs were assessed and discussed as and when they needed palliative or end of life care. People could be supported through the provision of daytime or live in care if required.
- No-one using the service was 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.

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 registered manager and operations manager promoted a person-centred approach to care. They were good role models with expertise and insight. They were caring, proactive and responsive in ensuring the company provided good outcomes for people and their relatives and staff who worked there. One family member said, "The person who came to do my [relative's] assessment was so professional and empathetic, they were brilliant."
- Staff were very positive about the service and they all worked as a team. Morale and communication were good between care staff and management and they told us it was a good place to work. One staff member said, "I would 100% recommend them as a place to work. I get thanked for my hard work. I don't feel like a number and feel like I make a difference to people's lives." Another said, "I can't believe I work in a place where people say thank you so much. People I visit are amazing, and I am very happy working with them to make their lives a little bit better."

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 registered manager was aware of their legal responsibilities and was open and honest in discussing when things had gone wrong. Records showed how they had dealt with incidents and accidents and how to prevent them from happening again.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notification appropriately to CQC.

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

- The service was well-led. The day to day running of the service was coordinated and managed by a registered manager, with support from staff with clearly defined roles such as operations director, quality assurance manager, recruitment and field care supervisors. This provided a defined staffing structure and staff were clear about their roles and responsibilities.
- The provider had effective quality assurance systems in place. The audits we saw included daily records, medicine management records, care plans and risk assessments. The provider used various trackers to monitor staff's training, accidents, safeguarding concerns and other occurrences. These were discussed during management and team meetings.

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

- People and their family members were able to feedback their views during spot checks, regular reviews and surveys. All felt able to call the office if needed. One person said, "I do feel that I am listened to when I contact them with any issues."
- There was a package of support available to staff. This included access to an independent counselling service and wellbeing information made available. A reward system included bonuses for recommending people to work for the company and 'care worker of the month' which recognised staff members' good practice. The operations director told us of a difficult situation where staff really stepped up, completed extra shifts, worked on their days off to support a person to return home safely.
- There was regular contact with people so that any concerns could be dealt with quickly. A family member said, "I would definitely recommend this company and it is good to finally get to this point where my [relative] is getting good care." A social care professional told us, "The service works in a collaborative way and puts in effort to ensure the care plan is appropriate and meeting the person's needs with risks identified. The team have been very proactive to work with."