

Catchers Care Limited

# Catchers Care

## Inspection report

Bank Chambers  
The Square, Angmering  
Littlehampton  
BN16 4EA

Tel: 01903770123

Date of inspection visit:  
06 September 2022

Date of publication:  
10 October 2022

## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Catchers Care is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection there were 16 people using the service who had various health needs, including dementia. 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. When they do we also consider any wider social care provided.

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

Risks to people had not always been identified or assessed in sufficient detail to provide information and guidance for staff or to mitigate risk. There was no evidence to show this lack of recording had a negative impact on the care and support people received. One person said, "As far as I'm concerned, it works and is well managed. The best thing is the reliability, knowing they always come".

People spoke highly of the management team and felt the service was well run. One person said, "I would recommend this service to others because they are the tops. They are on time and they never let me down".

People felt safe and supported by staff. A relative told us, "She has the same carers every day and gets a weekly rota which arrives either on Saturday or just before. It mostly remains the same, but if there are any changes, they always let me know". People received support with their medicines as required by trained staff.

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. People felt staff were trained for their roles and one person told us, "I feel they know absolutely what they have to do and how to do it; I don't have to tell them anything". Where needed, staff supported people to access healthcare professionals and services.

People were looked after by kind and caring staff who knew them well. They were involved in all aspects of their care and their consent was obtained by staff. Referring to their carers, one person told us, "They're lovely and kind, they can't do enough. They will pick up things that I've dropped and can't get to, they tease and chat, we have lots of laughs".

Care was personalised and reflected people's wishes and preferences, such as whether they wanted to be supported by male or female staff. People knew how to make a complaint and who to contact.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 18 December 2019. In July 2022, there was a change of legal entity

and transfer of shares to the new provider; this is the first inspection.

#### Why we inspected

The service was inspected because it is a new service and had not yet been rated.

We have found evidence that the provider needs to make improvements. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Well Led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to records and the assessment, monitoring and mitigation of risks regarding the health, safety and welfare of people using the service.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Catchers Care

## 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

The inspection was undertaken by an 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 not a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 September 2022 and ended on 8 September 2022. We visited the location's office/service on 6 September 2022.

#### What we did before the 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.

We reviewed information about the service, including statutory notifications, which the provider is required to send to us by law. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives to ask for their feedback. We spoke with the provider, the care manager, the registered manager of the provider's other service and two care and support workers.

We reviewed a range of records including four care plans. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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.

### Assessing risk, safety monitoring and management

- Risks to people had not always been identified and fully assessed within their care plans and we have written about this in the Well Led section of this report. This had no detrimental effect on people or the care and support they received.
- People and their relatives felt safely supported by staff. One person explained how staff supported them with dressing and with their medications and added, "I'm very safely supported by staff. I can't grip things sometimes and it's why I need their help and they're very good. I've never had any concerns". Another person said, "I have balance problems. I usually use my trolley indoors and the walker outside. Staff are very aware of how I can lose my balance and do everything to make it safe".
- Accidents and incidents were reported and recorded, with any actions taken to mitigate the particular risks. For example, one person experienced discomfort, so carers were advised to ensure they drank plenty of fluids as they were also prone to urinary tract infections. A referral was made to a healthcare professional who prescribed some antibiotics.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm.
- A relative explained how staff supported their family member with personal care and said, "Oh yes, I do think he feels very safe with them and they support him well. There is no problem and he's very happy with all the carers". Another person told us, "I feel very safe with them. They make sure I take all my tablets as well, they care".
- Staff had completed safeguarding training. One carer said, "If you think a client is at risk from family, or if there are any concerns, we ring the office and the manager will deal with that".
- The provider's safeguarding policies contained guidance for staff and information about the types of abuse they might encounter. Since this service had recently changed providers, there had been no incidences of abuse or alleged abuse and consequently no notifications or safeguarding referrals had been required.

### Staffing and recruitment

- There were sufficient trained staff to ensure people's care and support needs were met.
- One person said, "I usually see the same two staff who share the rota. For me it's really nice to get to know them". Their relative added, "We get a weekly rota and it rarely changes from what is on it". Another person told us, "They try and keep the same ones [staff]. The most regular one is lovely and we get on well. I can't think the weekly rota has changed, but if it did, they would phone me".
- A staff member said, "We all pitch in and cover shifts. We are only a small team and when staff are on

holiday we cover, we work as a team. I don't think we're rushed. If we run over by five minutes or so, it's fine". Another staff member told us, "We now have enough staff and the work we have is fine. I have helped to cover shifts with holidays recently. We all look after each other and help each other out".

- We asked people whether staff arrived on time or whether they were informed if they were going to be late. One person said, "They certainly do arrive on time. If they do run behind, I get a call so there are no surprises". Another person told us, "Staff can be a bit late, they've been a bit short-staffed lately but they do stay the full time".
- New staff were recruited safely. Records showed an application form was completed, references obtained and potential new staff had their employment histories verified. Disclosure and Barring Service (DBS) checks were completed. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- All aspects of medicines management were handled safely.
- People explained how staff supported them with their medicines. One person said, "I have support to administer eye drops every morning. It's only because I'm not able to grip the bottle, so I need help. I am very happy with the support". Another person took their medicines without staff support, but added, "They always ask me if I've taken them".
- Medication administration records were completed electronically by care staff. One carer said, "We have an eMAR system and we have company mobiles, so everything is on there, care plans as well".
- Staff completed medicines training before being permitted to administer medicines to people.
- Any medication incidents were recorded and acted upon. For example, the number of tablets for a particular medicine for a person identified a shortfall of one. The stock levels of this person's medicines were re-checked and the staff member was required to complete refresher training. The provider's medicines policy included information about medication errors and how these were to be managed.

#### Preventing and controlling infection

People confirmed that staff wore disposable aprons, gloves and masks when providing personal care. One person said, "Yes, they do, and they put them in a separate bag at the end and they are taken away".

Staff completed training on infection prevention and control. They were supplied with adequate stocks of personal protective equipment such as aprons, gloves, masks and goggles. One staff member told us, "I collect this from the office, so there are no issues".

#### Learning lessons when things go wrong

- Lessons could be learned when things went wrong. The provider said, "When something goes wrong, it's about drilling down to find out what went wrong, why it went wrong and how to avoid it in the future. We've always been very open about this if we've made a mistake, what we can do to avoid it in the future". Staff meetings provided opportunities for any concerns or issues to be discussed and for shared learning. For example, staff were reminded to complete count sheets for medicines.
- The provider's whistleblowing policy set out the values, principles and policies underpinning the service's approach to whistleblowing.

# 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 would be assessed before they started to receive a service. However, since the business had transferred to a new provider, a decision had been taken not to support any new clients until additional staff had been recruited.

Staff support: induction, training, skills and experience

- An induction programme had been organised and new staff would complete this with mandatory training based on their skills and experience.
- People felt that staff were well trained to support their needs. One person said, "They all know what they are doing and it's very reassuring. I feel very safe with them when they help me shower". A relative told us, "When a new carer comes, they shadow a regular one, then they know what to do".
- The induction for new staff comprised health and safety training, moving and handling, food hygiene, infection control, fire safety, medication, first aid, mental capacity, equality and diversity, and safeguarding.
- Certificates we reviewed and a training matrix confirmed staff had completed the required training.
- One carer told us, "I did online training and I've worked towards certificates. When I went out to clients I shadowed for about two weeks until I was happy to work on my own. I have supervision and the manager is always on hand if I need anything. All carers meet up once a month on payday. We have an agenda and the manager will tell us what is happening, any concerns about clients, we get it all sorted". Records confirmed that staff meetings were held monthly.
- In addition to face to face supervisions and monthly staff meetings, staff had an annual appraisal. Spot checks were also completed when care staff were observed by senior staff when they supported people in their own homes.

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

- Where assessed as needed, staff supported people in the preparation of meals.
- Information about people's nutritional and hydrational needs was contained within their care plans for staff to follow. Where people were at risk of not eating or drinking in sufficient quantities, staff logged what had been consumed in food and fluid charts. For example, people at risk of urinary tract infections were encouraged to drink more and drinks were left for them between visits. The volume that people drank was recorded on their fluid charts and monitored by staff in the office to identify any potential concerns.
- One carer told us, "A lot of what we prepare is just microwave meals, or we might make a sandwich or toast at teatime".

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- The service consulted with a range of agencies, including healthcare professionals, to support people to remain well. The manager told us they liaised with GPs and social workers.
- We asked people if staff supported them to contact healthcare professionals when needed. One person said, "Carers certainly notice everything. One said just the other day, 'Your eye looks better this morning'. I feel sure they would suggest a doctor if I needed it. I make my own appointments so I haven't needed them to do that, but in the future I may need that". A relative told us, "Carers might notice something different and they will tell me. He can be unsteady, he can be dizzy, and they will spot it straight away if he's not good and they always let me know. I can decide what to do".
- A carer said, "I haven't had to contact a doctor yet, but if someone did become unwell, I would ring the manager or the person's next of kin. If it was an emergency I would ring 999".

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.

- Consent to care and support was gained lawfully. At the time of the inspection, no-one was under the Court of Protection.
- People told us that staff asked for their consent and agreement before providing care. One person said, "It's become a bit of a routine, but nevertheless they always ask me what I want when they come. I can't imagine any of them doing something without me agreeing first".
- People's capacity to make specific decisions had been assessed. For example, a best interests decision had been made on behalf of one person to keep their medicines in a locked box. This decision had been made after consultation with the person, their relatives and service staff.

# 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's diverse needs were catered for and they were treated well.
- One person said, "Staff are very patient, very kind. I couldn't criticise anything about any of them. I feel very respected and it feels mutual. They tell me about their families and we have a good relationship. I feel I can ask them anything at all. I'm very happy and I look forward to them coming".
- Staff completed training on equality and diversity and treated people equally acknowledging their differences and respecting individuality.
- Any cultural or religious beliefs were recorded in people's care plans.

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

- People were supported and involved in decisions relating to their care.
- People told us that staff listened to them and acted on their needs and preferences. One person said, "Always, yes, staff listen to me, even down to the tiniest things like which soap I like best". Another person commented, "I do feel in control yes. I speak to the boss lots and she sorts things too, they do what I have asked of them and if I need something they listen".
- Reviews were conducted with people and their feedback was obtained. For example, one person was asked if they remained happy with the times the care staff visited and if they were always informed when staff might be running late.
- A staff member said, "People know what they want, so when you go in and assist them with the shower or a wash, they will tell you".

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and they were encouraged to be as independent as possible.
- One person described how staff supported them with dressing and said, "No-one can interrupt. We close the doors and the blinds are pulled already". A relative explained how carers covered their loved one with towels when assisting them with washing in the bathroom. They told us, "They cover him with a towel in between so he's completely dignified; he hasn't indicated any concerns so I think it's fine".
- We asked people how staff supported them with their independence. One person said, "They don't automatically jump in all the time and do things for me; they respect that I can do things and want to do things, but they are alert. I was doing a bit of gardening this morning and I was a bit puffed. The carer came out immediately and asked if I was all right".
- Staff promoted people's independence and respected their privacy. One carer described how they assisted one person to the toilet, then went away closing the door. The person would then call out to the

carer when they had finished and were ready to be supported.

# 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 received personalised care that met their needs.
- One person said, "I always tell them what I need and if anything changes I just ring up the boss. She was here a week ago and we went through it all. I think everything is running perfectly". A relative told us about their family member's care plan which was kept in a folder in their home. They explained, "When care started, it was a long meeting. They came to us and asked what I wanted the carers to do for him. There have been a couple of changes since, but it's working well".
- Care plans included information about people's personal histories, wishes and preferences. From our conversations with staff, it was clear they knew people well.

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.

- People's communication needs were identified and assessed as needed. For example, people with a visual or hearing impairment required adjustments to be made according to their preferences.
- When asked about accessible communication, the manager responded, "We have clients who are hearing impaired. The carers support by ensuring hearing aids are inserted and functioning correctly, adjusting the level of their voice, making eye contact. If the client and carer prefer, to remove masks during communication to aid lip reading. If required and identified at assessment stage, a white board or similar could be provided to aid a hearing impaired individual or an electronic device as appropriate. The carer will also ensure the client is wearing glasses if required to aid face to face communication".

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 were supported to stay in touch with family and friends.
- A relative told us, "Staff are responsive to my Mum's needs. They know that how they are and what they do changes dependent on Mum's moods, they adapt instantly".

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy. This stated that complaints would be acknowledged within 48 hours and resolved within seven days.

- One person told us they had raised an issue and this had been resolved quickly and said, "We got it sorted and I was very satisfied. There is information in my home folder regarding what to do if I had any concerns, but I just do the obvious and ring the office". Another person told us they had never made a complaint and added, "I'm very happy with everything".
- The manager told us no complaints had been received since the change of ownership of the service.

#### End of life care and support

- At the time of the inspection, no-one 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 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

- Details about people's risks and how these were managed were lacking in the care plans we reviewed. For example, in one person's care plan it stated they had sustained a 'few falls recently' and they required a walking frame to aid their mobility. There was no information or guidance for staff on how to manage this person's risk of falling or suggested measures to mitigate the risk such as a referral to healthcare professionals. The person also had skin lesions on one part of their body, but no further information had been recorded nor was there any guidance for staff on how to manage this condition. Another person lived with dementia which impacted on all aspects of their daily living. Whilst some reference was made to their condition in their care plan, there was no separate dementia care plan or assessment of risks and how these were to be managed by staff.
- There was no evidence that the shortfall of information within care plans had an impact on people receiving support or indication that people were at risk of unsafe care. People told us they felt safe when receiving care. Staff knew people well, including any risks. The concern was solely in relation to risk management within care records.

The provider had failed to fully assess, monitor and mitigate risks within care records relating to the health, safety and welfare of people using the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans provided information about people's needs and preferences and had transferred from the old provider to the new. The manager was aware that these care plans needed to be reviewed and updated.
- After the inspection, the provider sent us examples of two people's care plans that had been reviewed and included some risk assessments such as moving and handling and medicines. Further work was needed to ensure these risk assessments contained detailed information and guidance for staff to mitigate risk.
- At the time of the inspection, there was no registered manager in post. The provider told us there were plans for the registered manager of their other service to also register as manager at Catchers Care. The service had only recently changed ownership to the new provider.
- The proposed new manager demonstrated a good understanding of regulatory requirements and compliance.

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

- People received personalised care that achieved good outcomes and promoted their independence.
- One person said they would recommend the service to others and added, "My friend needed carers, so I said have these, they are all lovely and brilliant". A relative told us, "It's because of the standard of care Mum gets, I've no qualms about them. I'm very grateful for the care we get, and I couldn't function without them".
- The provider explained their understanding of duty of candour and said, "Being clear, open and transparent. We would see the next of kin, and involve the person we support too".

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

- People were involved in developing the service and spoke positively about their experiences and of the management team.
- One person said, "Whenever I have had to contact the office, it has always been answered, and they are very helpful". Another person told us, "The manager came here 10 days ago, and we went through everything". A relative told us they had frequent contact with the manager and said, "She's very receptive and very understanding. I'd say she takes constructive criticism well too, like we had a period when there were lots of different carers. They listened and got it sorted".
- Since the recent change of ownership of the service, there had been no formal system implemented to obtain people's feedback. However, people told us they were asked for their views through conversations with staff or could communicate via email.
- Staff felt supported in their roles and by the management team. One carer said, "I have seen lots of changes in staff and management, and now this is a definite plus. It's lovely to know you're helping people and to help them stay independent in their own homes. I wouldn't change anything, although it would be lovely to have more staff".

Continuous learning and improving care

- A system of audits had been devised to measure and monitor the care and support people received and the service overall.
- Care plans were reviewed and included tasks undertaken and completed by carers, such as food and fluid monitoring charts, and medication records.
- Any accidents or incidents were reported, recorded and analysed to identify any possible themes or trends.
- Call times and when care staff arrived and left people's homes were documented and reviewed by office staff.

Working in partnership with others

- The service worked with a variety of health, social care and commissioning services.
- The provider explained that referrals for support could come from the local authority as the service was on the framework for the southern area.

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 had failed to fully assess, monitor and mitigate risks within care records relating to the health, safety and welfare of people using the service.</p> <p>Regulation 17(1) (2)(b)(c)</p>