

Careessence Limited

Careessence

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Careessence is a domiciliary care agency providing personal care to people living in their own homes or flats. The domiciliary care agency is registered to provide a service to people over and under the age of 65 years. The agency also provides 24-hour live-in care and support.

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 the inspection, one person was using the service who was receiving 24-hour care and support.

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

Risk assessments were not robust to ensure people received safe care. Care documentation was not always personalised and at times was contradictory or unclear. The provider's quality assurance framework failed to identify shortfalls with documentation or recognise how improvements could be made. Best practice guidance had not always been followed and medicine care plans lacked information on the medicines prescribed and potential side effects. We have made a recommendation about the management of medicines.

Relatives were happy with the care provided. One relative told us, "The manager is very knowledgeable, professional and hands on." Relatives felt the service and staff provided safe care. People received care from consistent staff members who knew and understood their care needs well. There were enough suitable staff to cover all the care calls. Staff understood their responsibilities for safeguarding adults.

People's care needs were assessed before they started to use the service. People were supported by staff who received a full induction to the service. Relatives felt staff were skilled and competent. Staff spoke highly of the support they received from the registered manager. A programme of supervisions and spot checks took place to ensure staff were well supported. People, relatives and staff were encouraged to offer feedback on the service and how it could be improved.

Procedures were in place to reduce the risk of infections and staff had regular access to personal protective equipment (PPE). Staff had received training on infection control and COVID-19 and had access to a range of infection control policies and procedures. People and relatives spoke highly of how staff had worked during the pandemic and managed the risks associated with COVID-19.

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 treated people with dignity and respect. Staff also understood the importance of promoting people's

independence. Relatives confirmed that their loved one's privacy and dignity was always respected. Staff had received training in equality and diversity. Staff understood the importance of people's faith and how it was important to them.

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 4 December 2019)

Why we inspected

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

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 breaches in relation to safe care and treatment and good governance

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Careessence

Detailed findings

Background to this inspection

The Inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Careessence 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 a Registered Manager in post.

Notice of Inspection

In line with our new approach, we gave short period notice of this inspection and explained what was involved under the new methodology. Inspection activity took place on 21 and 27 October 2022.

What we did before the inspection

We looked at all the information we held about the provider, which included information they provided us when they were registered. 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 sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with one relative. The person using the service was unable to speak with us due to communication needs. We spoke with three staff members and the registered manager. We reviewed a range of records. This included two staff files in relation to recruitment and staff supervision and care plans and risk assessments. We also looked at a variety of records relating to the management of the service, including policies and procedures.

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 changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Robust risk assessments were not consistently in place to ensure people received safe care.
- Care and support was provided to people living with complex health needs. Risks associated with their complex care needs were not always assessed, mitigated or documented.
- Staff provided support with diabetes management. A diabetes care plan was in place, but this lacked guidance on how to safely manage the risks associated with diabetes or what people's normal blood sugar glucose levels should be.
- Risks associated with constipation were not always mitigated, assessed or documented. Constipation risk assessments were not in place and guidance was not available on how to safely support people in the event of them not opening their bowels. Staff demonstrated a good understanding of how to support people. However, the lack of risk management placed people at risk of not receiving consistent and safe care.
- Risks associated with catheter care had not consistently been assessed. For example, a catheter care plan was in place, but an underpinning risk assessment had not been completed. Guidance was not available on how often the catheter leg bag should be changed; what to do in the event of a blockage or the signs and symptoms of an infection.
- Risks associated with PEG (percutaneous endoscopic gastrostomy - this is where a flexible feeding tube is placed through the abdominal wall and into the stomach) care had not always been documented. At the time of the inspection, generic guidance on safe PEG care was available for staff to access. Action was taking during the inspection to update and implement a personalised PEG care plan. However, whilst steps were taken to include personalised information, key guidance around the PEG tube type fitted, feed intervals and flushing volumes were still not documented. Lack of detailed guidance increased the risk of people receiving inconsistent care and support from staff.
- The registered manager and staff had been working with one person and healthcare professionals to help them reduce the amount of vomiting episodes they were experiencing. The registered manager told us that they had been working with the dietician and were trialling a reduction of fluid intake. Whilst this was helping to reduce the frequency of vomiting. A risk assessment had not been completed to demonstrate how the provider and staff would be monitoring the situation and how they would ensure the person continued to receive adequate hydration.
- Due to the small consistent team supporting the individual, staff were knowledgeable on how to support people and manage the risks associated with their care (and no harm had occurred to people). However, for new staff members, guidance was not readily available. Lack of guidance also meant the provider could not be assured that staff were supporting people in a consistent and safe manner.

Failure to sufficiently assess risk was a breach of Regulation 12 (Safe care and treatment) of the Health and

- Subsequent to the inspection, the registered manager confirmed that steps were being taken to amend and implement constipation care plans and catheter care plans. Examples of these care plans were reviewed post inspection. Whilst steps were being taken to ensure care plans and risk assessments were in place. Further work was required to ensure these care plans included key information on how to manage and mitigate the risk.

Using medicines safely

- The management of medicine required improvement.
- The provider had failed to follow best practice guidance (National Institute for Health and Care Excellence (NICE)) around medicine management. For example, NICE guidelines advise that medicine care plans include information on the medicines prescribed and include detailed information to help staff monitor people for side effects and effectiveness of the medicines prescribed.
- Medicine care plans and risk assessments lacked detailed information on the medicines prescribed and potential side effects. Guidance was therefore not available for staff on potential side effects of any medicines prescribed to be aware of.
- Due to the care and support needs of one person receiving care they required all medicines to be administered via their PEG tube. Care documentation and MAR charts failed to consistently reflect the route of administration for all medicine. For example, whether the medicine prescribed required manipulation prior to administration (tablets that might require crushing).
- Staff had completed training in the safe administration and management of medicines and the registered manager had assessed their competency to administer and manage medicines safely. However, care documentation lacked guidance and information to help aid staff on how to manage and administer medicines safely.

We recommend that the provider reviews best practice guidance on managing medicines safely in the community.

Systems and processes to safeguard people from the risk of abuse

- The provider understood their responsibility to protect people from the risk of harm.
- The service had a safeguarding policy and processes in place to guide staff to keep people safe from harm and abuse.
- Staff completed safeguarding adults training. The training provided them with enough information to identify abuse and take action to reduce the risks of harm. One staff member told us, "I have received safeguarding training and I am very conscious of any bruising, as that could be a sign of physical abuse or poor moving and handling."
- A relative told us that they felt confident that their loved one was safe when receiving care from staff members. They commented, "They are definitely safe."

Staffing and recruitment

- Safe recruitment practices were in place to ensure people were supported by suitable individuals. The provider carried out recruitment checks on care staff to ensure they were suitable to work in people's homes. This included Disclosure and Barring Service (DBS) and identity checks along with references to confirm they were of good character. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.
- People received care from a small team of consistent staff members. Staff received a rota each week detailing the care calls allocated to them. As staff provided care and support over a 24-hour period to the

individual, staff were primarily allocated 12-hour care calls. Where staff were unable to provide cover, the registered manager would also cover care calls to ensure consistency of staff.

Preventing and controlling infection

- There were systems to help prevent and control infection. These included policies, procedures and training for staff.
- Relatives confirmed that staff wore personal protective equipment (PPE) such as gloves and masks, and had good hygiene practices, such as hand washing. Staff told us they had enough PPE.
- Staff were encouraged to be vaccinated against COVID-19 and flu. This helps protect people against infection.
- Relatives praised the management of COVID-19. A relative told us, "They managed COVID-19 very well."
- The registered manager carried out checks which included observations to help make sure staff were following infection prevention and control procedures.
- Staff understood and were knowledgeable on the risks associated with infection control and safe PEG care. One staff member told us, "With the PEG we have infection control procedures to follow such as washing the peg site with cotton wool and warm water every day to minimise risk of infection. We also have to rotate the PEG every two days and follow our health and safety checklist. PEG care is very important."

Learning lessons when things go wrong

- There was an accident and incident reporting policy and procedure detailing how to respond in such an event.
- The registered manager told us there had been no recent incidents or accidents. However, they explained if there were any incidents these would be recorded and investigated, so all involved could learn and try to prevent in the future.

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. The rating for this key question has remained. 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 before they started using the service. The registered manager met with them, and their relative, to discuss their needs and the support they wanted.
- Information relating to people's health and medical needs, routines, likes, dislikes and preferences was obtained during the assessment process and used when writing the care plan. Care plans covered topics including oral health, sleeping and pain management.

Staff support: induction, training, skills and experience

- Staff told us that they felt well supported and valued. One staff member told us, "Training has been very helpful. I've been working in care for over 20 years and the training provided to me here has been great. I am continuing to learn and grow."
- Specialist care and support was provided around diabetes care; catheter care, suctioning and PEG care (percutaneous endoscopic gastrostomy). Staff spoke highly of these specific specialist training courses.
- Relatives confirmed that they felt staff were skilled and competent. A relative told us, "I am confident that the staff are skilled and well trained."
- Staff were supported through regular supervision meetings and team meetings.
- Staff had a good understanding of equality and diversity, which was reinforced through training. They supported people to make choices to live in any way they wished, and ensured their rights were protected. One staff member told us, "Equality and diversity is at the top of my list. I always check in with the person and ensure that I do what I can to support them with their faith and religion."

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

- Staff provided ongoing support with nutrition and hydration. The person using the service required daily support with nutrition via their PEG.
- Staff and the registered manager worked in partnership with healthcare professionals, including the dietician to monitor a person's nutritional intake and weight. Recently, the registered manager and staff had been trialling a reduction of fluid intake to help reduce vomiting episodes. Whilst this was having a positive impact and the person's vomiting episodes had reduced. Care documentation and risk management plans failed to reflect how the provider and staff were monitoring the individual's fluid intake to ensure they continued to receive adequate hydration. We have further reported on these concerns in the 'Safe domain.'

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

- Staff worked with other agencies to provide timely care and support to people. People were supported to

live healthier lives. Where required, staff supported people to attend hospital appointments or GP appointments.

- Staff knew people well and were able to recognise if there were changes in their mental and physical wellbeing.
- Staff had a good understanding about the current medical and health conditions of the people they supported. For example, staff knew about the requirements to provide effective PEG care, such as ensuring regular rotations of the PEG.
- Relatives praised the actions of staff and the impact this was having on their loved ones. One relation commented how they were happy to see loved one improving.

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

- Systems were in place to obtain consent from people to provide care and support.
- Staff had received training around the MCA and understood how it impacted on the care they provided to people.
- Staff told us how they gained consent from the individual before providing any personal care. One staff member told us, "It is important to ask the person what they want and if they are happy for you to provide support."

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. 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 were supported by staff that were caring and treated them with kindness and respect. A relative told us, "My loved one is always treated with kindness. The staff cannot be faulted there."
- Staff had built respectful relationships with people and understood the importance of working within the principles of the Equality Act to support people in meeting their diverse needs. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexual orientation, race or gender.
- Staff had a robust understanding of people's faith and how to incorporate their faith into their daily routine at home. One staff member told us, "Their faith is very important to them."
- Staff were respectful of people's individual cultures. Staff supported people with their appearance and understood and recognised how maintaining their appearance was a vital element of their identity and culture.

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

- People, and their relatives where appropriate, were fully involved and central to making decisions and choices about their care and support. A relative told us, "The manager is in frequent contact, and we have regular communication about the care that my loved one receives."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff understood the importance of promoting people's dignity and supporting people to be as independent as possible. One staff member told us, "We always encourage the person to do what they can for 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. 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: 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

- Before people received care a full assessment of their needs was completed by the registered manager. In agreement with people and relatives a care plan was formulated identifying their care needs.
- People received care that was responsive to their needs. Staff demonstrated a clear understanding of people's individual needs and how to provide person centred care.
- Care plans included information on a number of areas, including moving and handling, continence, oral care, sleeping and personal care. However, care plans and risk assessments were not always person centred. For example, guidance was sometime generic and not based on the individual needs of people. We have further reported on these concerns within the 'Well-Led domain.'
- Staff spoke with dedication and compassion on how they supported people with daily living. One staff member told us, "I spend the day with the person as if I am spending the day with a relative. We chat about what's important to them, watch their favourite television programmes or put their favourite music on."
- The registered manager told us how they had recently received further funding from the local authority to help support one individual with accessing the community and promoting their social wellbeing. They commented, "We have started accessing a local day centre and hopefully this is something we can continue."

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, recorded and highlighted in care plans.
- The registered manager was aware of how to access support to provide people with information in different formats to suit their needs, such as using large font.

Improving care quality in response to complaints or concerns

- There were systems in place to monitor and respond to any complaints. At the time of the inspection the service had not received any recent formal complaints.
- Relatives were confident any concerns or complaints would be addressed and dealt with. A relative told us, "Any concerns I contact the manager."

End of life care and support

- At the time of the inspection the service was not supporting anyone with 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: Continuous learning and improving care

- Quality assurance checks completed by the provider were not always effective at identifying improvement or recognising shortfalls.
- The registered manager completed regular governance audits and care planning audits. However, these audits failed to identify the shortfalls we found during the inspection. For example, lack of personalised risk assessments around constipation, PEG (percutaneous endoscopic gastrostomy) care and diabetes management.
- Care documentation was often contradictory and had not been updated following a change in the person's care needs. For example, one person using the service required support with catheter care. However, their continence care plan stated that they were fully continent. It also failed to reference that they could experience constipation.
- Following a recent mobility assessment, one person now required the assistance of two staff members. However, their moving and handling risk assessment only stated that one staff member was required.
- Staff were also supported by another care agency for one person who visited throughout the day to assist with moving and handling. Documentation and risk assessments failed to reflect that this support was provided. Risk assessments and documentation also failed to identify how staff should safely support the person in the absence of two staff members. One staff member told us, "There are occasions when we need to support the person to move and the carers from the other agency are not here. It's a judgement call on whether it can be done safely or if you need to wait for assistance." Inconsistent and contradictory documentation posed a risk that staff did not have access to the most up to date guidance and information on how to safely support people.
- Quality assurance checks failed to identify shortfalls with documentation and how improvements could be made. Staff provided care and support to one person living with a PEG. Guidance provided by the dietician reflected the importance of the person being positioned at 45 degrees during their feed. Whilst staff confirmed that they ensured the person was always positioned at 45 degrees, documentation failed to reflect this. People with a PEG tube can also be at risk of aspiration. Best practice guidance advises that during moving and handling, people's feed is paused 30 minutes prior to moving to reduce the risk of aspiration. Whilst staff told us that they regularly paused the feed during moving and handling, documentation failed to reflect these actions completed by staff. We discussed these concerns with the registered manager who confirmed that guidance was available to staff on the importance of positioning the person at 45 degrees. However, documentation failed to evidence that staff recorded this on a daily basis. Failure to maintain accurate and up to date documentation meant that the provider was unable to

demonstrate that safe care was consistently being provided.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the quality and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open culture at the service and staff and the registered manager were dedicated to ensuring people received a good service which promoted positive outcomes.
- Staff were clearly dedicated to providing good care and ensuring people received care that promoted their wellbeing. One staff member told us, "Every day is different and when the person knows you, they brighten up which is lovely."
- Staff spoke highly of the service and of the registered manager. One staff member told us, "The registered manager always goes above and beyond."
- There were regular staff meetings. Staff told us they felt confident voicing their opinions and ideas and felt listened too by the registered manager.
- Staff's views were regularly captured and used to develop the service. Staff satisfaction surveys were used as a forum to obtain feedback from staff.
- Relatives and people were regularly asked for their feedback on the service and how improvements could be made. One relative told us, "I am regularly asked for my feedback."

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

- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- There were clear policies and procedures which reflected the provider's values and current legislation.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The registered manager and staff worked in partnership with other agencies to ensure people received support to meet their needs.
- Staff gave us examples of working in partnership with a range of health and social care professionals.
- Staff recognised the importance of honest and open communication. As staff were providing care and support over a 24-hour period, staff received a robust handover at the beginning of their care call. Clear and open communication enabled staff to identify any concerns. One staff member told us, "Communication between staff is good. We handover between care shifts and always ensure clear notes are maintained during any care shifts."

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users. Regulation 12 (1) (2) (Safe Care and Treatment).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Regulation 17 (1) (2) (a) (Good Governance).