

Castrian Group Ltd

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Inspection report

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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

Castrian Group Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was supporting 26 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 14 people were receiving a regulated activity.

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

People told us they felt safe and relatives confirmed they had no safety concerns. Systems were in place to safeguard people if staff suspected any form of abuse. Policies and procedures were available for staff to ensure the safeguarding procedures were followed. No safeguarding concerns were raised with us during this inspection.

There were enough staff employed to meet people's assessed needs. People were supported by a consistent staff team who knew people well. Recruitment procedures did not always robustly assess candidate's suitability for employment. We have made a recommendation the provider considers current best practice guidance relating to the recruitment of staff.

Risks people were exposed to were assessed and action taken to mitigate any known risks. Staff feedback confirmed they felt well supported by the registered manager/provider. Staff told us they felt they were well trained to meet people's needs. There were some gaps in training records to evidence staff had completed all the training the provider had assessed was mandatory. We have made a recommendation about this.

Assessments of people's needs were completed. Records contained person centred information which was specific to the individual. People and their relatives told us staff were kind, treated them respectfully and listened to any feedback they provided. Any equality and cultural needs of people were considered during the assessment process and people were encouraged to express how they wanted their care to be delivered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 14/08/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of the provider's registration with CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Castrian Group Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted 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 used 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 homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service very short 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 2 November 2021 and ended on 14 January 2022. We visited the office location on 2 and 12 November 2021.

What we did before the inspection

We reviewed information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with two members of staff including the registered manager. We contacted a further 13 staff by email to request their feedback and we received two replies.

We looked at three staff recruitment files, three people's care plans and a variety of records including policies and procedures relating to the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse and people told us they felt safe. One relative said, "Staff could not get in, so they phoned me straight away. [Name of person] is quite safe and knowing they [staff] show concern for people's safety and well-being and ensuring they are alright is reassuring."

Assessing risk, safety monitoring and management

- Risk assessments were in place. Records detailed the risks people were exposed to and the measures in place to mitigate the risks.
- Risk assessments considered any environmental factors within a person's home and personal emergency evacuation plans [PEEP] were in place for people.

Staffing and recruitment

- Staff were deployed effectively to meet the needs of people.
- Recruitment procedures were in place. However, information collected about candidates prior to them starting employment had not always been robustly assessed. For example, the provider's application form did not request a full employment history and some employment gaps on candidate applications forms had not been explored during the recruitment process. We brought this to the attention of the registered manager/provider who took immediate action to update their recruitment systems.

We recommend the provider ensures best practice guidelines in relation to the recruitment of staff is followed.

Using medicines safely

- Staff were trained in the safe administration of medicines. If a medicines error was identified, action was taken to review the cause of the error. Where necessary staff received additional training and had their competency reassessed before administering medicines to people again.

Preventing and controlling infection

- Policies and procedures were in place to support the prevention and control of infection. Sufficient stock of PPE was available, and staff received training in how to use this safely.
- Systems were in place to share information with staff on a weekly basis to ensure they were kept up to date with guidance related to COVID-19.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed. Reviews considered alternative ways of working to prevent any future reoccurrence and considered if any improvement actions could be made to improve quality.

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

- Assessments of people's needs were completed. Assessments included gathering person centred information relevant to each individual. For example, assessments included information about each person's physical health, medical conditions and religious and cultural beliefs.

Staff support: induction, training, skills and experience

- Systems were in place to oversee staff performance and staff told us they felt supported at work. Records confirmed staff received regular supervision.
- Newly recruited staff received an induction before delivering any support to people. This ensured staff had the necessary skills to undertake the job they were employed to do. One staff member said, "My induction was very good I went around a lot of clients numerous times until I was comfortable and competent to do this myself."
- Staff completed the care certificate training. The care certificate sets out the skills, knowledge and expectations of staff in care-based roles.
- The provider had identified training they considered mandatory for staff. There were some gaps in the training matrix we reviewed to evidence staff had completed all training courses the provider had identified.

We recommend the provider reviews the systems in place to ensure all staff receive the necessary training relevant for their job role.

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

- People were supported with their nutritional and hydration needs where this was part of their care plan.

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

- Systems were in place to ensure people's health needs were met. This included reviews of people's health needs and where necessary sharing information with relatives and the relevant health or social care professional.
- Relatives confirmed staff communicated with them to meet people's health needs. One relative told us, "Staff call if the slightest concern is seen."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service were aware of their responsibilities under the MCA. They told us no one using the service was subject to any restrictions placed upon them by the Court of Protection.
- Staff had received MCA training. The registered manager/provider told us staff had a good understanding of the importance of obtaining consent from people before providing any 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.

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 told us they were treated with kindness and respect. People and their relatives spoke positively about the caring nature of staff. One person told us, "The carers are all very good I have nothing to complain about. They are all chatty, compassionate and caring." A relative told us, "They [staff] are great all of them, 10 out of 10 from me. They are gentle, take their time, communicate well and show 100% a caring nature."
- The registered manager/provider told us systems were in place to monitor staff interactions with people. This included obtaining feedback from people and relatives during reviews of how they felt staff treated them.

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

- Care plans evidenced people or where necessary, their representative had been involved in making decisions about their care and support.
- Care plans contained person-centred information which was specific to each individual. The registered manager/provider explained care plans were constructed to reflect the expressed needs and preferences of people.
- People's communication needs were recorded in care plans. Staff understood the best communication methods and any support people required with communication was recorded in care plans.

Respecting and promoting people's privacy, dignity and independence

- The provider had an identified mission statement. This set out the ethos of the service. The registered manager/provider told us, "The focus is on enriching people's lives through personalised, high-quality support to assist people to maximise their potential to enable them to live their life to the full."
- Systems were in place to store people's confidential information securely. Staff had access to electronic records when required. This meant people's confidentiality was maintained as only people authorised to view records could see them.

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

- Systems were in place to plan people's care and support. Care plans contained person-centred information which was relevant to the individual support needs and preferences of the person.
- Care records reflected people had been consulted and involved in the development of their care plans. The registered manager/provider told us, "We understand that every individual will make decisions that reflect their own preferences."
- Equality and diversity was reflected in people's care plans. One relative told us, "[Name of person] is able to say what they want and has their own copy of their care plan."

Meeting people's communication needs

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

- People's communication needs were assessed. This ensured any literature and documentation was provided to people in a format which reflected the identified needs or preferences of the person. For example, easy read documents could be produced for people who needed information presented in this way.

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 maintain relationships with people important to them and to participate in activities where this was included as part of their care plan.

Improving care quality in response to complaints or concerns

- The provider had a policy in place to respond to any concerns or complaints and staff followed the procedure in place.
- People and their relatives told us they were aware of who to contact to raise any concerns. One person told us they had previously raised a concern and were happy with how this had been responded to. They told us, "The company dealt with this issue immediately after I told them. I was very pleased with the response and speed from them [provider] when I brought my concern to their attention."

End of life care and support

- No one using the service was receiving end of life support at the time of the inspection.

- The registered manager/provider told us any staff providing end of life care received training which reflected the care of individuals at the end of their life. However, records did not demonstrate staff had completed end of life care training.

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.

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

- A range of audits were completed to monitor quality. For example, a monthly review of care plans and key performance indicators were undertaken to review the quality of documentation.
- The registered manager/provider understood their responsibilities in relation to the duty of candour regulation. They worked in an open and transparent way.
- Staff told us morale at the service was good and people worked well together as a team. Systems were in place to assess the competency of staff to ensure they delivered care to people of the required standard.

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

- Systems were in place to show staff they were valued by the registered manager/provider. This included an 'Employee of the Month' and an 'Employee of the Year' award. The registered manager/provider told us, "This is recognition of the commitment and dedication of the team."
- The service had identified values staff were expected to follow. The registered manager/provider told us these values were, "Quality, Compassion, Comfort, Dignity, Integrity and Equality." Staff performance was monitored to ensure staff followed these values to meet the identified outcomes for people.

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

- Systems were in place to gather feedback from people and their relatives. This included regular discussions with people at reviews and the use of questionnaires to gather written feedback. One relative told us, "I have found them [management] to be very sensitive and personalised and all carers knew what to do and were well briefed. I would most certainly recommend them [Castrian Group Ltd] and there are no improvements to make in my opinion."
- Staff described feeling supported at work and of there being good communication systems from the management team.
- The registered manager/provider had considered ways of retaining staff to provide consistency for the service. This included ensuring staff had a minimum number of contracted hours to work each week.

Continuous learning and improving care

- Systems were in place to review all aspects of the service. If reviews identified any lessons learnt, action

was taken to implement changes to make the required improvements.

- The whole staff team were proud of an award the service received. The registered manager/provider told us, "We were honoured to receive an accolade as one of the top 20 home care providers in the North East 2021. This award reflected the positive reviews given by our clients and their families."