

Careaid Limited

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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

Careaid Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger disabled adults and older people, some living with dementia and with mental health problems.

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 the provider was supporting 65 people with personal care.

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

People and their relatives were very positive about the kind, respectful and compassionate attitudes of the whole staff team. A person said, "It is a wonderful service, I can't praise them enough."

Risks to people's safety and health conditions were reviewed and assessed, with detailed guidance in place to help staff support them safely. People told us they felt safe when staff were in their home and staff had a good understanding of their health conditions.

The provider spent time with people to understand how they liked to be supported and ensured staff knew the most effective ways of communicating with people.

People and their relatives were fully involved in decisions around agreed levels of care. Care was person-centred, which had positive outcomes for people.

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

People and their relatives were positive about the management of the service and praised the supportive approach of the registered manager and office team.

Where issues were raised, the management team worked closely with people, their families and the relevant health and social care professionals to resolve them. Health and social care professionals told us the provider excelled at managing complex issues and resolving any concerns.

People were supported by staff who felt valued and appreciated in their role and were very positive about the open and fair culture created by the registered manager.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 the service was good (published 16 January 2018).

Why we inspected

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

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 ●

Careaid Limited

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

This inspection was carried out by 1 inspector and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Careaid Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

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

We gave the provider a few days' notice because we needed to ensure they would be available to assist us with the inspection.

Inspection activity started on 11 October and ended on 6 November 2023. We visited the office location on 11 and 13 October 2023 to see the registered manager and to review a range of records related to the service.

We requested a range of further documents related to people's care and the management of the service that

was sent to us by the registered manager between 11 October and 1 November 2023. We made calls to people who used the service, their relatives and care staff between 13 and 27 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. We used the information the provider sent us in the provider information return (PIR), which was sent in on 6 December 2022. 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 also reviewed the previous inspection report. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records related to 7 people's care and support. This included people's care plans, risk assessments and medicines information. We reviewed 7 staff files in relation to recruitment, training and supervision. We reviewed records related to the management of the service, which included safeguarding incidents, complaints, quality assurance records, minutes of staff meetings and a range of policies and procedures.

We spoke with 3 staff members. This included the registered manager and 2 administrators.

We also spoke with a number of care workers, both over the telephone and via email. We asked the registered manager to share a questionnaire with all active care workers to give them an opportunity to provide feedback about their experience of working for the service. In total, we received feedback from 27 care workers.

We contacted 40 people and managed to speak with 16 people and 14 relatives. We also spoke with 4 health and social care professionals who had experience of working with the service.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at further records related to people's care, a training matrix, correspondence with a range of health and social care professionals and further quality assurance records.

We provided formal feedback to the registered manager on 6 November 2023.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust safeguarding policies and procedures in place and staff had a good understanding of their safeguarding responsibilities.
- Where safeguarding incidents or concerns occurred, staff followed the correct procedures and investigations were carried out. Detailed investigation reports were shared with the relevant organisations. Health and social care professionals confirmed the provider always reported safeguarding concerns immediately.
- Staff completed safeguarding training and had regular opportunities to discuss and review their understanding. All staff were confident the registered manager would respond appropriately if needed. A staff member added, "He takes it very seriously. My manager will not ignore any issues."

Assessing risk, safety monitoring and management

- The provider had systems in place to ensure risks to people's health were assessed before the service started or if their health deteriorated. Risk assessments were completed with detailed guidance in place for staff to follow to support people safely.
- Where people had more complex care needs, the provider had the support of a clinical lead to ensure staff were competent and equipment was safely maintained.
- There were also internal environment assessments in place to manage any possible risks within people's homes. This included best practice related to any possible fire risks.

Staffing and recruitment

- Safer recruitment procedures were followed to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff were in place along with appropriate references and any documents related to their legal right to work in the UK. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff to support people and the provider had procedures in place to ensure calls were provided on time.
- At the time of the inspection, the provider was implementing a new electronic call monitoring (ECM). Interim checks were in place, which included telephone calls and daily log audits. The registered manager told us the ECM system would be in place by the end of October 2023.
- Feedback was generally positive about timekeeping and staff stayed the full length of their visits. Staff told us they worked in local areas and did not have any travel issues with their rotas.

Using medicines safely

- There were procedures in place to ensure people received their medicines safely. Medicines risk assessments were completed and people's records had information about their medicines, including if any family members were involved in providing support.
- Staff completed training and had their competency assessed before they started supporting people with their medicines. Feedback from staff about medicines training was positive and felt it gave them the confidence and skills to follow best practice.
- Staff completed accurate records and the registered manager had further oversight of people's medicines, which included spot checks and monthly medicines audits.

Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and staff had a good understanding of any procedures to follow. Staff told us they had opportunities to learn from incidents and there were regular reminders shared across the service.
- We saw an example where learning was shared across the service in relation to a safeguarding incident that identified daily records were not always being completed accurately. This was discussed in team meetings and led to changes in staff training and monthly audits.
- Staff confirmed this and were also positive about the supportive environment around reporting incidents. A care worker added, "We are given opportunities to learn to prepare us and increase our knowledge for what to do in the future if it happens again. Our manager always educates us about this."

Preventing and controlling infection

- There were systems in place to ensure people were protected by the prevention of infection. Infection and prevention control (IPC) responsibilities were regularly discussed with staff and followed up with spot checks in people's homes to ensure staff were aware of best practice.
- Staff completed IPC training and confirmed they had sufficient supplies of personal protective equipment (PPE). A care worker added, "My company constantly updates us and reminds us of guidance and best practice to follow for infection control."
- People and their relatives confirmed staff wore the appropriate PPE and had a good understanding of their responsibilities. We saw a recent team meeting had discussed reminders for staff about reducing the risk of COVID-19 and other respiratory infections in the build up to winter.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a training and induction programme when they started at the service. This consisted of both practical and online modules to support staff learning.
- The induction programme was focused on 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.
- Where people required more complex care, staff completed further training along with shadowing shifts and were signed off as competent before supporting people. Feedback from staff was positive about the quality and detail of training to help them understand their role and responsibilities.
- Staff also received regular supervision to support them in their role. We saw a positive example where a supervision record discussed a person's distressed and agitated behaviour. The care worker was given advice and discussed techniques on how to respond if the person was upset or distressed.

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

- People were supported to eat and drink if this was part of their agreed care and support needs. Care records included information about people's dietary requirements and preferences.
- It was clear from reviewing people's daily records they were supported with meals and drinks in line with their preferences and choices.
- Staff were aware of people's preferences and where appropriate, completed food and fluid charts to monitor people's nutrition.
- People and their relatives confirmed they were happy with this support. A person said, "They make all my meals and cook it from fresh. They do my breakfast and I might have a sandwich or an omelette and they do all that."

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

- The provider worked closely with a range of health and social care professionals to ensure people received effective care and support.
- Staff knew they were responsible for monitoring people's health and wellbeing and they reported any changes or deterioration in health to the relevant health and social care professionals. Staff were regularly reminded during team meetings and supervision.
- Staff had a good understanding of how to respond in the event of an emergency or if a person became unwell. A care worker said, "My company take all reports on people's health and wellbeing very seriously."

They follow up and respond appropriately ensuring that all issues are dealt with thoroughly. Procedures on handling emergencies are always discussed with us."

- People and their relatives told us staff responded appropriately and reported concerns when needed. A relative was positive about how staff responded to changes in their family member's skin condition. They added, "If they see a blister or anything they are straight on at me or the GP and get it healed up. They are spot on for that."

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 registered manager had a good understanding of their responsibilities around the MCA and ensured people had consented to their care. Records stated if people were able to communicate their needs and how they were supported to be included in everyday decisions about their care.
- Capacity assessments were completed as part of the initial assessment process and where appropriate, relatives with the legal authority had consented to the care and support for their family member.
- Staff completed MCA training and had a good understanding of the importance of involving people in decisions about their care. A care worker said, "For one of my clients, I always give them options and choices, and confirm where they want to go, what they want to do."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed to understand the level of support that was required. The registered manager met with people, their relatives and the relevant health and social care professionals to gather important information about health conditions and care needs.
- The provider worked closely with health and social care professionals, such as occupational therapists to ensure staff were aware of best practice around moving and handling guidelines, with guidance in place for staff to follow.
- A health and social care professional told us they had observed staff and felt they had a good awareness and understanding of people's needs. They added, "Staff are also welcoming when we come to observe, and open to advice and recommendations."

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. The rating for this key question has remained 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 their relatives were positive about the kind and caring nature of the staff team and told us they were treated well and with respect.
- Comments included, "They go above and beyond, they really do. They are very kind to me, sit and have a chat and don't rush away" and "The carer has a very caring attitude and is very compassionate. I can see that [family member] is very happy."
- A relative told us staff had a good understanding of how to engage with their family member depending on what kind of mood they were in. They added, "They are good at working this out and engaging in conversation."
- Staff understood the importance of building positive relationships with people. A health and social care professional confirmed this and had positive feedback about interactions they had observed. They added, "I've seen carers go above and beyond what is in the support plan to ensure that the service users are comfortable. This is very impressive as it shows that the carer genuinely cares about the wellbeing of their service user."

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

- People were supported to be fully involved in decisions about their care. We saw the registered manager had regular contact with people, and where appropriate, their relatives, to discuss important information about the level of care provided.
- People and their relatives confirmed this. A relative said, "I am confident all the places [family member] goes are their choice and they are fully involved. I can see they are always happy when they come back so I know it is what he/she wanted."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who understood the importance of respecting their privacy and dignity and promoting their independence. Spot checks were carried out to observe how staff interacted with people in their own home.
- Staff told us this was regularly discussed with them to ensure they understood their responsibilities. A care worker said, "I always ensure I respect their privacy so they don't feel vulnerable. I support people with the same respect I would want for myself or my own family member."
- We saw feedback from a health and social care professional that praised the professionalism of care staff who helped to maintain a person's dignity when they became unwell and stayed longer to help provide personal care until an ambulance arrived.

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. The rating for this key question has remained 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 told us they received personalised care from staff who knew them well and had a good understanding of their care to ensure their needs were fully met.
- People's records had information about people's lives, their personal histories and what they wanted to achieve from the care they received. It was clear from samples of detailed daily records people received the level of care they wanted in line with their preferences.
- Staff confirmed they completed shadowing visits before they started working with people to help them understand how people liked to be supported. A care worker added, "The manager always explains the care before we start, and it is very detailed. He will also call us and make sure we understand what is needed."
- Comments from people and their relatives included, "I have regular talks with the manager on how to adapt the care to suit their needs" and "They came and asked everything in the beginning, down to nutrition and everything. I was impressed with this."

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.

- The registered manager had a good awareness of their responsibilities around the AIS. Where appropriate, people's records had been provided in alternative formats, which included easy read care plans in line with best practice.
- People's communication needs were discussed and recorded during their initial assessment. Staff had the relevant information about people's communication needs to help them understand the most effective ways to communicate with them.

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 follow their interests and/or be supported in the community if this was an agreed part of their care, which also helped them to avoid social isolation.
- A relative told us they were very happy with the support their family member received which ensured they were regularly supported to places they wanted to go, which had a positive impact on their life.
- We also saw samples of daily logs and video recordings of a person who was regularly supported to be part of their community and access a wide range of activities, places of interest and their favourite restaurants.

- Where possible, we saw the provider tried to support people's cultural needs. People confirmed they had care staff of their preferred gender, which was important to them. Some people had staff who were able to communicate with them in their first language.

Improving care quality in response to complaints or concerns

- There were clear systems in place to respond to any concerns or complaints with the service people received. People were given the complaints procedure and this was discussed with them during their initial assessment.
- People and their relatives were also given regular opportunities to raise any complaints they might have and told us they knew how to raise a complaint if needed. A complaints log was in place which recorded any actions taken and the final outcome.
- People and their relatives confirmed they felt comfortable raising issues and were confident the registered manager would listen and work to resolve any issues. The registered manager told us he felt regular contact with people helped to deal with minor issues before they could escalate.
- Health and social care professionals were extremely positive in how the registered manager dealt with complaints. A professional said, "He is good at managing complex issues and unrealistic demands around care. They are the agency we go to if we have challenges and they are very good at resolving issues and keeping the peace."

End of life care and support

- There were systems in place to ensure people who were supported with end of life care received the necessary care and support from compassionate staff at this sensitive time. Records included important information for staff about people's diagnosis and any wishes or advanced decisions.
- Staff completed specific end of life training and had a good understanding of their responsibilities. Records showed staff also provided emotional support to people and their relatives when needed.
- We saw end of life care had been a topic of discussion in a recent team meeting, which included examples of best practice and further training resources to support staff with their learning. Staff commented positively about how they were supported in this area.
- A health and social care professional said, "I feel they are very good with end of life care. They have good training and the staff are experienced. I have total confidence in them with this kind of 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. The rating for this key question has remained 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

- The registered manager had a detailed understanding of their responsibilities regarding notifiable incidents as part of their regulatory requirements. They knew when notifications had to be submitted and all relevant incidents had been submitted without delay. The registered manager had also contacted the CQC regarding any notifiable incidents for advice if needed.
- Regular management meetings discussed a wide range of topics across the service to ensure the staff team were aware of any actions that needed to be taken. This included learning from incidents and any changes in related guidance or legislation.
- Staff received regular updates and reminders about their responsibilities to ensure they were following best practice and people's needs were being met. A care worker said, "I get a lot of encouragement and they teach us to learn from people's experiences. They push us to provide an excellent service."

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

- The registered manager and office team were passionate about providing person-centred care that was tailored to meet people's needs. Where issues arose, the registered manager was open and liaised with the relevant health and social care professionals for advice and guidance.
- Feedback about the management of the service was positive, as people and their relatives told us they would recommend the service to others. A person said, "The manager gets things done. They have been really supportive and made sure I get what I need."
- A relative praised the support their family member received and the positive impact it has had on their life. They added, "This has been the best service we have ever had. I know [family member's] health will not change, but I look at them, see they are happy, which makes me happy. This is good for me."
- Care workers were also positive about the open, warm and welcoming culture of the organisation and how it created an enjoyable work environment. Comments included, "I am really happy to be part of this company. My manager is kind-hearted and a good human being", "They make me feel part of the family and this makes you want to give the best you can to people" and "I thank them for investing in my professional development, being flexible and having access to wellbeing sessions."

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

- The provider had regular contact with people to understand their experiences of the care they received.

This included satisfaction surveys and service reviews. People and their relatives told us it was never an issue to speak with the office or management team.

- Staff highlighted the high level of support they received and felt truly valued and appreciated as part of the company. Staff confirmed there were equal opportunities for all staff with no discrimination, which enabled a supportive work environment.
- Staff who had been recruited from overseas praised the support when they first moved to the UK. A care worker added, "It took time for me to understand the culture and work environment. They were so supportive and helped me to adapt quickly."
- The registered manager had also translated some memos and updates for people and staff to ensure they could fully understand important messages that were being shared. For example, this had been done regarding some recent cold weather guidance.

Continuous learning and improving care

- There were robust systems in place to monitor the levels of care across the service, which helped to identify what was working well and where improvements could be made.
- Unannounced spot checks and telephone monitoring calls were carried out to observe staff practice and suitability, along with feedback about the quality of care provided. Staff confirmed this was completed regularly. A care worker added, "These checks are out of nowhere and very detailed. They are helpful for me as I get praise and encouragement or advice on how to improve."
- There were also a range of quality assurance audits in place to give the registered manager oversight and help them identify any further learning opportunities. This included monthly checks of people's medicines records and daily logs.
- We saw findings were discussed across the staff team in team meetings, staff supervision and shared via group updates and memos. This helped ensure staff understood correct procedures and best practice.

Working in partnership with others

- The registered manager had developed close links with a range of health and social care professionals to discuss people's health and wellbeing and ensure their needs were met. We saw samples of correspondence where concerns were raised or requests for advice and support was sought.
- We saw a positive example of partnership working for a person which resulted in support to attend an outdoor walking therapy group. The care worker had a good understanding about this and explained the positive benefits this had on the person's health and wellbeing, which their relative confirmed.
- The registered manager was also involved with support organisations, including local authority and registered manager forums for further advice, support and learning within the health and social care sector.
- Health and social care professionals were very positive about the working relationships they had developed with the registered manager and felt they were responsive, approachable and excelled at managing complex and challenging care packages.

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 provider was aware of their responsibilities to be open and honest with people if something went wrong with the care they received. Health and social care professionals had confidence in the registered manager and felt they were an open and honest provider, that had kept them updated with any issues that occurred across the service.