

Care With Pride Ltd

Care with Pride

Inspection report

6-8 Stuart Street
Luton
Bedfordshire
LU1 2SJ

Tel: 01582380158

Website: www.carewithpride.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Care with Pride is a domiciliary care service providing personal care to people living in their own homes. The service provides support to people living with dementia, older people, younger adults and people living with physical disabilities and sensory impairment. At the time of our inspection there were 28 people using the service.

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.

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

People were at risk of poor care and support because governance systems were not effective and needed strengthening. Although audits were taking place they had failed to identify the issues we found during our inspection, in relation to: poor staff recruitment practices, an incomplete log of incidents, a lack of personalised care plans, risk assessment and medicine records.

Risks associated with people's care was assessed but the provider needed to ensure risks regarding specific health conditions, were assessed fully and staff had the correct information to care for people in a safe way.

There were enough staff to meet people's care and support needs.

People felt safe with the care and support provided by the service. All staff had received safeguarding training and knew how to protect people from harm.

The services infection prevention and control policies and protocols were being adhered to, ensuring both staff and people using the service were protected from cross contamination.

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 had completed core training. Observational checks of staff practice were taking place.

Feedback was sought from people and their relatives about the quality of the care, and action taken to improve the service.

The service worked with a wide range of key organisations who were also involved in people's care.

People and relatives were positive about the registered manager. Staff felt supported by the manager who

they found approachable.

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 16 January 2018).

Why we inspected

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

We undertook a focused inspection to review the key questions of safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care with Pride on our website at www.cqc.org.uk

Enforcement and Recommendations

We have identified a breach in relation to the management oversight of the service at this inspection. We have also made recommendations that the provider considers guidance in relation to recruitment of new staff and ensuring information relating to risks and safety is up to date.

Please see 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.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Care with Pride

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 team consisted of 1 inspector and 1 Expert by Experience who made phone calls to people and relatives. 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 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 service a short period of notice of our intention to undertake an inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to

support the inspection.

Inspection activity started on 30 October 2023 and ended on 1 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 2 relatives about their experience of care provided. We received email feedback from 3 care staff. We spoke with 3 members of staff including a care workers, a supervisor, and the registered manager.

We reviewed a range of records. This included 4 people's care records. We looked at 2 recruitment files. We also reviewed a range of documents relating to the management of the service including policies and procedures and the provider's training matrix. We continued to source information and clarification from the registered manager throughout the assessment period.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video and telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.' Inspection activity started on 30 October 2023 and concluded on 1 December 2023 when feedback was given to the registered manager.

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

- The provider had assessed a variety of risks including those relating to falls, choking, seizures, medication and people's eating and drinking. Some of these assessed risks were embedded into the care plan, and others were standalone. Care plans documented actions for staff to take to mitigate risk to people, for example, in relation to personal care and skin integrity concerns. However, some specific risks required a more robust assessment. For example, one person had bed rails attached to their hospital bed, and this required a more in-depth risk assessment to guide staff on how to identify and manage those associated risks.
- There was no evidence that any person had been harmed due to the lack of guidance and people were supported by a core staff team which helped ensure continuity of care.
- The registered manager took immediate action and provided detailed risk assessment records and advised us they would complete a review of all care records to ensure safe and effective care.
- One person said, "I'm more than happy, they'll do anything for me, they are lovely. They help me get up, shower, and get my breakfast, and they always wear a mask, which I like."
- Staff understood how to support people in line with assessed risks. One staff member said, "I will encourage people to use walkers if their mobility is poor. The electronic care planning system has all the information we need to support people."

We recommend the provider review all care records to ensure information about risks and safety is comprehensive and up to date.

Staffing and recruitment

- The registered manager had not ensured safe recruitment practices were being followed.
- Prior to new staff commencing employment the registered manager was required to check staff suitability for their job role. However, we reviewed 2 recruitment records and found that new staff's full career history along with a written explanation of any gaps hadn't been explored by the registered manager. The provider arranged for new staff to complete a health declaration form, however, this record did not question whether staff required any reasonable adjustments to carry out their role.
- The provider had completed Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider took immediate action and provided us with a full career history for all staff along with an explanation of gaps of employment.

- There were enough suitably trained staff to meet people's care and support requirements. Staff rotas confirmed that staff in the main were arriving within an acceptable time frame. However, we received mixed feedback from people about the care visits. One person said, "[Staff's] time keeping is generally good. They now provide a rota, it took a while, sometimes you do need to push quite hard, but we find that very helpful. Another person said, "[Staff] do come at different times, but it doesn't bother me they just turn up, they are really lovely caring people." Other people said they would prefer the carers to attend at a different time.

We recommend the provider review their recruitment records and consider current guidance to ensure the recruitment practices are robust and safe.

Using medicines safely

- People received the medicines they needed, but record keeping needed to be reviewed and improved further. For example, the code recorded on a medicine administration record (MAR) relating to medicine doses not being available was not consistently recorded by staff. Information relating to people's GP practice wasn't always recorded.
- Additional notes and exceptions when a person did not receive their medicines were recorded within their care notes, against individual days. Good practice principles recommend MAR charts should provide the facility for care workers to record the reasons why medicines had not been given.
- We found information contained within a PRN protocol regarding someone's ability to hold equipment to support the administration of medicines. This wasn't recorded on the eMAR or in any other care record.
- One person said, "[Staff] manage my medicines, tip the pills into a little cup, and they always check it." Another person said, "[Name of staff] is brilliant, they know how to look after and help me, they know all the different creams I use."
- These issues were discussed with the registered manager who confirmed they would contact the company who has designed their medication management system to ensure the necessary improvements were made.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- Staff received training in safeguarding and whistleblowing, had access to policies and were aware of the procedures to follow if they suspected someone was being abused.
- People told us they felt safe with the staff who supported them. One person told us, "I feel safe with Care with Pride, and they are respectful." Another person told us, "I'm in very safe hands."
- The registered manager had reported safeguarding concerns to the relevant professionals.

Preventing and controlling infections

- The service had policies and protocols in place to help staff work in accordance with current guidance on infection prevention and control (IPC).
- Measures were in place to reduce the risk of people catching and spreading infection. For example, people had individual COVID-19 risk assessments which provided a detailed description of how staff should support people and what measures should be taken to prevent the risk of cross contamination.
- Staff confirmed plentiful supplies of personal protective equipment (PPE) were available for use, when required.

Learning lessons when things go wrong

- The provider had a system in place to identify when incidents happened and to take the necessary action to reduce the risk of reoccurrence. However, two incidents involving the same person were not recorded on the log. (See our well-led section for more about records).

- Although the incidents mentioned above had not been recorded on the providers log, the registered manager confirmed relevant information had been shared with other social care professionals; to ensure the right care was in place for the person.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Staff received training in the Mental Capacity Act (MCA) and knew how to put this into practice. At the time of the inspection no people were subject to any deprivation of liberty restrictions.
- People agreed with their care plans and signed to confirm they were happy to receive care and treatment. This meant the provider obtained people's consent to receive personal care.
- People were offered choices and supported to make everyday decisions.

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

- The registered manager was clear about their roles and responsibilities. However, the quality assurance systems in place had not always identified and addressed areas for improvement.
- Risk assessments and care records relating to specific conditions were not received upon our first request, these had to be asked for again. There was a lack of oversight in relation to staff training. The initial training matrix received had not been updated to reflect training that had been completed. These had to be requested again on several occasions, which delayed the inspection process.
- The providers governance systems to monitor quality and safety of the service were not effective. Regular audits had taken place, with clear actions; however, the registered manager did not ensure the audits were robust and had failed to identify the concerns we found during our inspection. For example, known risks for people had not been robustly risk assessed and safe recruitment practices were not taking place. There was a lack of personalisation in care records, including information relating to people's life history and their likes and dislikes, insensitive recording in one care plan, missing and inaccurate data on eMAR's. There were spelling errors in both care and audit records and an element of copying and pasting within daily note records, which does not give a true reflection of a person's day. This meant the providers audits were not effective.
- A falls risk assessment highlighted that a person had had two falls in one month. The provider had a log of incidents and accidents; however, the registered manager had failed to record these two incidents involving the same person. This meant information relating to actions taken to support this person had not been recorded.

We found no evidence people had been harmed. The provider had not operated an effective system to assess, monitor, and improve the quality and safety of the service provided. This placed people at risk of harm. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An update was received from the registered manager. They confirmed the status of people's medicine administration by sharing their daily notes. Detailed risk assessment records and specific care plans were provided. The incident had not been recorded on the incident and accident log as the person had fallen prior to the carer arriving for the scheduled call. However, they have taken our advice and will include these incidents on their log in future.
- The registered manager provided an updated training matrix, however, we shared good practice guidance

with them surrounding frequency of learning.

- Where medicine errors occurred, there was a clear process to follow. Medicine audits were completed regularly and learning from these were shared with staff to improve practice.
- Staff performance was being monitored through regular one to one supervision, competency, and spot checks. Staff we spoke with said they felt listened to by the manager; and were able to put forward suggestions in terms of shifts and travel time.

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

- Oversight of incidents and accidents were not effective. Opportunities to prevent reoccurrence and learn lessons could have been missed.
- The registered manager was aware of their duty of candour. They apologised to people and relatives when things went wrong.
- One person said, "I did have a bit of a problem once, and the manager came to see me. They listened to both sides of the problem, and they sorted it out. It's all okay now."

Continuous learning and improving care

- The registered manager was keen to continually improve the service and explained how they regularly meet with the provider to discuss the services quality improvement plan.
- The provider was a member of a local care association which provides guidance and support, services and training to social care providers.

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

- Senior staff had weekly handover meetings to discuss people's needs and whether changes or actions were required. The quality improvement plan indicated a record of these meetings had not been recorded. However, the registered manager was able to evidence the last three meetings. This meant that staff who could not attend were informed of any discussions that took place.
- Staff had opportunities to feedback, share their views and receive support through regular monthly team meetings.
- The provider sought feedback from staff, people, and their relatives via questionnaires and telephone calls. The survey demonstrated people were in the main happy with their care. Concerns related to care calls, and which carer would be in attendance. The information gathered was analysed by the provider and actions taken to improve the quality of the service. One person said, "They phone up for a survey, to make sure everything's alright, which is good."
- The registered manager worked in partnership with key agencies and organisations including the local authority teams, social workers, GPs, district nurses and voluntary services to ensure care was joined up, safe and effective. We saw evidence the registered manager responded to requests for information from the local safeguarding team.
- We received positive feedback from several social care professionals. One said, "I feel the manager is always well informed with each case I have dealt with, and they have ensured that actions requested have been given to staff in a timely manner and recorded any outcomes."

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

- The registered manager told us, "We support people holistically, organising patient transport for them to attend hospital appointments, when they do not have any family or friends to provide this type of support. The service work closely with voluntary services ensuring people remain safe outside of their care visits."

- Most of the service users and relatives we spoke to praised the registered manager. Comments included, "They are very nice indeed." and "They are very helpful."
- Staff said about the management at the service. "The management arrangements run well." and "[The registered manager] encourages us and they appreciate our hard work."

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure quality of the care and treatment provided was regularly monitored, assessed and steps taken to improve the quality and safety of the services provided in the carrying on of the regulated activity.