

Care Carers Ltd

Care Carers

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

Care Carers is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection five people were receiving 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

Risks to people, such as those relating to the care they received, were suitably managed. The provider checked staff were suitable to work with people through recruitment checks. There were enough staff to support people safely and staff timekeeping was good. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE) to reduce the risk of COVID-19 transmission, and followed best practice. Staff supported people with their medicines safely and the registered manager had good oversight of this.

Staff received a suitable induction, being trained directly by the registered manager with ongoing training and support on how to meet people's needs. People were supported to maintain their health and staff were trained to check people's pressure areas daily where appropriate. People received food and drink of their choice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were very positive about the staff who supported them and developed good relationships with them. People received consistency of care from a small number of staff who knew them well. Staff treated people with dignity and respect. People were involved in their care and their care plans were based on their individual needs and preferences. The provider had a suitable complaints policy and people were encouraged to raise any concerns or complaints.

A registered manager was in post who understood their role and responsibilities well, as did staff. Staff felt well supported by the management team. People and staff told us the service was well-led and the provider engaged well with them. The registered manager had good oversight of the service and carried out a range of checks to ensure people received a good standard of care.

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 inspected 30 October 2020 and we looked at the key questions good and well-led which were both rated good. This was the first comprehensive inspection since the service registered with us.

Why we inspected

This inspection was prompted because the service had not received a comprehensive inspection since they registered with us in September 2019.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

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 ●

Care Carers

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

Our inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be available to support the inspection. We also needed to obtain the consent from people using the service and relatives to be contacted by us to obtain feedback on their experience of using the service.

The inspection activity started on 2 July 2021 by visiting the provider's office to meet with the registered manager. We then made phone calls to people using the service, their relatives and staff, and inspection activity ended on 19 July 2021.

What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. We had not asked the provider to send us a 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. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and we reviewed a range of records. These included care and staff records and records relating to the management of the service.

After the inspection

We spoke with two relatives about their experience of the care provided and one care worker. 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.

At the last inspection this key question was rated as good. At this inspection the rating remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager assessed risks to people and put clear guidance in place for staff to follow to reduce the risks, such as those relating to moving and handling and pressure ulcers. Relatives told us staff understood the risks and how to keep people safe.
- Staff understood how to respond to accident and incidents and records showed staff took appropriate action. The registered manager understood how to review accident and incidents and reduce the risk of reoccurrence.

Using medicines safely

- The registered manager assessed risks relating to medicines management and put sufficient care plans in place for staff to follow.
- Only staff who had received suitable training administered medicines to people. The registered manager carried out annual medicines competency checks on staff to check they retained the right skills and knowledge. One relative told us, "With medicines they do everything to the book and the records are good."
- Staff recorded medicines administration appropriately and the registered manager regularly checked people received their medicines as prescribed.

Staffing and recruitment

- There were enough staff to support people safely and the registered manager cared for people directly when needed.
- Staff had sufficient time to travel to calls and people and relatives told us timekeeping was good. A relative told us, "The staff don't have their eyes on the clock. They finish the job, however long it takes."
- No new staff had been recruited since our last inspection, where we found recruitment checks were satisfactory, so we did not check recruitment.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them, people and their relatives told us this.
- Systems were in place to protect people from the potential risk of abuse and the registered manager understood their responsibilities.
- Our discussions showed staff understood their responsibilities in relation to safeguarding and staff received training to keep their knowledge current.

Preventing and controlling infection

- Staff followed suitable infection control procedures to keep people safe. People and their relatives told us

staff followed safe infection control procedures.

- Staff received training in relation to infection control, including COVID-19 and PPE usage, and followed best practice to reduce the risks to people. Staff also received training in food hygiene and people were satisfied with how staff handled their food. A relative told us, "Staff always wear the masks and the shield. They always put gloves on."
- The registered manager carried out regular checks of infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.
- The provider assessed risks related to COVID-19 for staff and people using the service.

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 the last inspection this key question was not inspected. At this inspection the rating was good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Staff understood people's individual healthcare needs as they had received training and support in relation to them. Staff understood how to check people's pressure areas for any concerns. A relative told us, "Staff had shadowing and the right training." A second relative said, "When the care first started the registered manager came to every visit. I could hear her briefing the staff totally. She monitored them while they were here too."
- Staff supported people to see the healthcare professionals they needed to maintain their health including specialist nurses and their GPs.
- People and their relatives told us staff provided food and drink as agreed in their care plans. A relative told us, "I am happy with the way they prepare the food."

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

- Before providing care to people the registered manager met with them and their relatives and reviewed any professional reports to check they could meet their needs.
- The registered manager continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people, their relatives and others involved in their care.

Staff support: induction, training, skills and experience

- Staff understood their role and responsibilities and were trained directly by the registered manager to meet people's individual needs.
- People were supported by staff who completed the 'Care Certificate' during their induction. This meant staff met nationally recognised care standards. Staff received annual training in a wide range of topics to help them understand people's needs, including dementia, health and safety, nutrition and how to use equipment safely. Staff were enrolled on diploma's in health and social care to further their knowledge.
- Staff received regular supervision and told us they felt supported by the management team. However, the registered manager did not always record supervisions and told us they would immediately improve.

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 checked whether people had someone legally appointed to make decisions relating to their health and welfare and consulted with that person where appropriate. Details were recorded in people's care plans for staff to refer to.
- Where people did not have someone legally appointed to make decisions on their behalf the registered manager followed the MCA where necessary, although this had not been required at the time of our inspection.
- Staff understood their responsibilities in relation to the MCA and they received annual training in this.

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 the last inspection this key question was not inspected. At this inspection the rating was good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff provided care in line with people's preferences, including how they liked to receive their personal care and their food and drink preferences. A relative told us, "The staff know all the unique ways [of my family member] as they know her well. They do their absolute best."
- The provider called and visited and spoke with people regularly to find out their views on their care and whether any changes to their care were necessary.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff developed good relationships with people and were kind and caring. Comments included, "The staff are very patient even though my family member can be difficult to communicate with" and "They are wonderful with my family member."
- People received consistency of care from staff who knew them well, with the same three staff providing care, including the registered manager.
- Staff were not rushed and had time to engage with people, providing meaningful care.
- Staff received training in equality and diversity and understood people's religious, cultural and social needs. These needs were reflected in care planning. For example people were provided with a person of the same gender if requested.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity when carrying out personal care and the registered manager encouraged this. A relative said, "The staff are lovely, very respectful, always give privacy. They always greet my family member and introduce themselves as she forgets who we all are."
- Our discussions with staff showed they understood how to maintain people's confidentiality. Staff received training to understand their responsibilities in relation to this.
- Staff supported people to maintain their independent living skills as far as possible by encouraging them to be involved in their personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was not inspected. At this inspection the rating was good. This meant people's needs were met through good organisation and delivery.

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; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people's individual needs and preferences well as they worked closely with them and understood their care plans.
- People's care plans were personalised. They detailed their health needs, backgrounds, personalities, those who were important to them and how they preferred to receive their care. Care plans were kept up to date so they remained reliable for staff to follow.
- People were involved in their care plans as the registered manager ensured these reflected people's needs and preferences through talking with them. A relative told us, "We have a copy of the care plan. I commented on it and they changed it."
- Staff were available to support people to stay in touch with those who were important to them, and to follow their interests, where this was an agreed part of their care.

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 provider met the AIS and key information could be provided to people in alternative formats if necessary.
- The provider recorded people's communication needs in their care plans and how best to communicate with them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which was suitable and people were provided with a summary of this.
- People and relatives knew how to raise a concern and they had confidence the provider would investigate and respond appropriately. A relative told us, "I have a copy of the complaints policy and we have full confidence in the registered manager as she is very competent."

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, the registered manager told us they would work closely with the person, their relatives, the local hospice and others involved in their care

when receiving end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection the rating remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was experienced and our discussions and findings showed they understood their role and responsibilities, as did staff. The registered manager kept themselves up to date by attending regular training courses on key topics, as did staff.
- The provider had a system of audits to check people received a good standard of care. These included checks of daily care logs and medicines records, care plans and risk assessments, staff recruitment records and staff training. The registered manager took action to improve the service where they identified any flaws.
- The provider sent us notifications in relation to significant events that had occurred in the service as required by law.

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; Working in partnership with others

- The registered manager communicated well with people, relatives and staff about any changes to people's care or any developments at the service. One relative told us, "I'd give it five stars! All the staff and the registered manager have a great attitude and did their 100% best. I couldn't criticise them at all." A second relative said, "The registered manager is always available and is very good."
- People and staff were asked their views on the service through regular phone calls, visits and questionnaires. We viewed recent questionnaires and saw feedback was positive and people were happy with their care.
- The provider considered people's equality characteristics during care planning and review to check people's needs were met and staff had information to refer to.
- The provider understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Relatives told us the registered manager was open and transparent.
- The provider communicated with external health and social care professionals, specialist nurses, GPs and occupational therapists to ensure people received the care they needed. A relative told us, "We did have a District Nurse. Care Carers were really good at working together with them."