

Careessence Limited

# Careessence

## Inspection report

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Date of inspection visit:  
19 September 2019

Date of publication:  
03 December 2019

### 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

Careessence provides personal care for people in their own homes. At the time of this inspection the service was providing personal care to three people, some of whom were receiving end of life care.

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

The provider checked candidates were suitable to care for people. There were enough staff to support people safely. The provider assessed risks to people and supported them in relation to these risks. People received their medicines safely. Staff followed suitable infection control practices and received training to understand their responsibilities.

Staff received training and support to care for people, including those at the end of their lives. People received the support they needed to maintain their day to day health and in relation to eating and drinking. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness, dignity and respect. People made their own decisions regarding their care. People received care from staff who knew them well and their care was personalised to meet their needs and preferences. Some people received social and emotional support from staff and this support was based on the individual. The provider told us they would provide information to people in alternative formats to meet people's communication needs. The provider had a suitable process in place to respond to any concerns or complaints.

A registered manager was in post who was also a director of the company. Relatives and staff told us they thought the service was well-led and the provider engaged well with them. The provider had sufficient oversight of the service, working closely with people to check they were satisfied with their care and monitoring staff performance through spot checks and observations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (report published October 2018).

### Why we inspected

This was a planned inspection based on the rating at the last inspection.

### 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?

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.

# Careessence

## 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 team consisted of 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 two days' notice of the inspection. This was because the service is small and the registered manager is often out delivering personal care to people. We wanted to make sure someone would be available to meet with us

The inspection site visit took place on 19 September 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). 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 this information to plan our

inspection.

During the inspection

We spoke with the registered manager and the office administrator. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed. After our visit to the provider's office we spoke with two relatives and two care workers via the telephone.

# 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 requires improvement. At this inspection this key question improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At our last inspection we found the provider had not robustly checked that staff had the right to work in the UK, an issue we also found at a previous inspection. At this inspection we found the provider had improved in relation to this.
- The provider carried out other recruitment checks on staff. The provider checked for any criminal records, previous work history and proof of identification and fitness to work.
- People, relatives and staff told us there were enough staff to support people to meet their needs and staff timekeeping was good. One relative told us, "They have never been late so there's no anxiety about what time they're coming."

### Assessing risk, safety monitoring and management

- Relatives told us staff supported people to manage their risks well. Our discussions with staff supported this.
- The provider had not assessed some risks to people such as moving and handling, catheter and stoma care. They had not put guidance in place for staff to follow and told us they would rectify this immediately. Staff understood the risks to people and had received relevant training and a relative commented on how well staff understand stoma and catheter care. The provider assessed other risks and put guidance in place for staff to follow.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the potential risk of abuse. The registered manager understood how to respond to any allegations of abuse and told us there had been no such allegations in the past year.
- Our discussions with staff showed they understood their responsibilities in relation to safeguarding. Records showed staff received training in this to keep their knowledge current.
- The provider told us there had been no accidents or incidents in the past year, although we found they understood the need to learn and improve if things went wrong.

### Using medicines safely

- Our checks of medicines records showed people received their medicines as prescribed and the provider carried out checks of medicines records to monitor this.
- Support plans were in place to identify individual needs, although the provider had not always assessed risks relating to medicines for each person in line with national guidance. The provider told us they would improve in relation to this.

- Staff understood how to administer medicines safely as they had regular training. The provider told us they planned to assess the competency of staff each year.

#### Preventing and controlling infection

- Staff received training in relation to infection control and followed best practice, including reducing the risk of food borne infections. Our discussions with staff showed they understood their responsibilities in relation to this.

# 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 rated as good. At this inspection this key question remained the same. 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

- Pre-assessments were completed before people started using the service for the provider to check they could meet people's needs. The assessment process involved meeting people and their relatives and reviewing any professional reports. A relative told us, "They asked [my relative's] medical history and wrote everything down."
- People received care in line with national standards and we found legal requirements were met.

Staff support: induction, training, skills and experience

- People were supported by staff who received training to understand their needs. The provider scheduled annual training for staff to keep their knowledge current.
- New staff completed the care certificate (the nationally recognised standard in inductions for care services) and so met the expected national standards. New staff were closely supported by the registered manager and experienced staff during their induction period. A relative told us, "Everyone is well trained" and described how the registered manager worked with a new member of staff saying, "[The registered manager] waits until she's 100% confident about staff before allowing them to work alone with people."
- Staff felt supported by the management team and staff received regular spot checks and observations to identify whether they needed any additional support or training. Staff received supervision and the provider was putting in place a programme to ensure supervision was regular for all staff.

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

- Our discussion with staff showed they understood people's health care needs. Key information about people's needs was recorded in their care plans for staff to refer to.
- Staff supported people to access health care professionals when this was an agreed part of their care.
- Staff understood people's individual dietary needs and prepared food to meet any cultural needs where this was part of their care. A relative told us, "For meals staff go out of their way to ensure [my family member] eats good meals and they keep [them] hydrated. They're fantastic."

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had capacity to make all their own decisions and no one needed to be deprived of their liberty at the time of our inspection. However, the provider understood their responsibilities in line with MCA.

# 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 rated as good. At this inspection this key question remained the same. 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 relatives told us staff were and kind and treated them well. One relative told us, "They're so good! When [my family member] has been down or in pain staff will stay longer to make sure she is comfortable. They're very kind and caring." A second relative told us, "The care was brilliant, I couldn't fault them."
- Our discussions with staff showed they understood people's needs and preferences and enjoyed caring for them. People received consistency of care from staff who knew them well. A relative told us, "They decided to care for [my family member] with just four carers only. That consistency has made so much difference."
- Staff received training in respecting equality and diversity and our discussions showed they respected people's differences.

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

- People told us they made their own decisions regarding their care and staff always supported this.
- People's views regarding their care were recorded in their care plans for staff to follow.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff ensured people's privacy and dignity when carrying out personal care. A relative told us, "Staff promote dignity and respect, [my family member] is always covered when bathing."
- Our discussions with staff showed they understood how to maintain people's confidentiality and had received training in this.
- Our discussions with staff showed they supported people to maintain their independence by involving them in their care as much as possible.

# 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 rated as requires improvement. At this inspection this key question improved to 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

- At the last inspection we found the provider had not maintained a person's care plan securely as they did not hold a copy and the copy in the person's home was lost. This meant we were unable to check it met legal requirements. At this inspection we found the provider had improved and the provider held people's records securely.
- People's care plans were personalised, being tailored to their individual needs and preferences.
- People told us staff understood their care needs well and followed their care plans. This meant people received care based on their individual needs and preferences.
- The provider reviewed people's care plans so they reflected people's current needs and were reliable for staff to follow.

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 told us they would provide information about the service in alternative formats if required. However, at the time of our inspection no one required information produced in an alternative format.
- The provider recorded people's preferred methods of communication in their care plans so staff had clear information to refer to.

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

- Staff provided social and emotional support for some people. Staff gave us examples of how they explored people's interests with them, such as knitting and talking about topics of interest.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place although the provider had not received any complaints since our last inspection.
- Relatives knew how to raise a concern if necessary and they had confidence the registered manager would investigate and respond appropriately.

End of life care and support

- A relative told us when their family member passed away staff came soon after, "Staff were very helpful

and they ensured mum was laid out respectfully."

- Many people referred to the service were receiving end of life care and received support from the local hospice and specialist nurses. The provider told us they followed any end of life care plan in place and worked closely with the other professionals. The provider was reviewing recording how people would like to receive their care at the end of their lives in their own care plans.
- Training in end of life care was provided to staff to help them understand how to deliver 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 requires improvement. At this inspection this key question improved to good. 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

At our last inspection the provider had insufficient oversight of the service as they had not identified the issues we found relating to checking staff had the right to work in the UK and maintaining care plans securely. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service was led by a registered manager who was also a registered nurse and a director of the company. Relatives and staff were positive about the leadership and management of the service. One relative told us, "They have brilliant leadership and management, better than any I've ever seen." A second relative said at the start of the care, "I had lots of queries and questions and [the registered manager] really did listen. I felt comfortable at the end of the conversation and that everything would be ok."
- The provider displayed the rating awarded at their last CQC inspection at the service and on their website. This was important as it helps inform people about the quality and safety of the service.
- The provider submitted notifications of any significant incidents, such as the death of a person while using the service, to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 planned people's care openly and in partnership with them and others involved in their care. This ensured care was centred on individual needs. The registered manager worked directly with people using the service and used this time to build good relationships and check they were satisfied with their care.
- The provider had systems to involve people and their relatives in any investigations if things went wrong, although this had not been necessary since our last inspection.
- The provider held weekly office meeting and occasional meetings for care workers where they communicated with staff about service developments. Staff told us the provider communicated well with them and that office staff regularly called them to update them on any changes.

#### Working in partnership with others

- The registered manager communicated well with external health and social care professionals, such as those involved in people's end of life care, to ensure people received the care they needed. A relative told us, "They work very well with other professionals, they have good relationships with the district nurses and they share info with each other."