

Careessence Limited

Careessence

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people with a range of needs including older adults. One person was using the service and the registered manager was the primary member of staff who supported them.

At our last inspection on 11 December 2017 we were unable to rate the service because there was insufficient evidence to do so. At this inspection we found similar concerns to our previous inspection and found there was enough evidence to rate the service Requires Improvement.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the director of the service and had been in post since the service registered with us.

At this inspection we had sufficient evidence to rate the service Requires Improvement overall. The provider had not ensured people's care records were stored and maintained securely and the only copy of a person's care plan had gone missing. The provider lacked good oversight of the service as they had not identified the issues we found. These issues showed the registered manager lacked full understanding of their role and responsibilities.

As at our last inspection we found the provider had not always robustly checked staff had the right to work in the UK. When we raised our concerns, the provider carried out employer checks with the Home Office and sent us the required evidence.

The provider carried out other staff recruitment checks appropriately such as checks of any criminal records, work history, proof of identification and address, health conditions and references from former employers. There were enough staff deployed to support people safely.

The provider was no longer administering medicines so we did not look at medicines management at this inspection.

A person received care in line with the Mental Capacity Act 2005 and the registered manager had improved their understanding of the Act since our last inspection. Staff received training in the MCA.

Staff received training each year in key topics relevant to their role to help them understand their responsibilities.

The provider had systems in place to protect people from abuse and neglect and staff received annual training in safeguarding adults at risk.

The provider's risk assessment processes remained suitable. The registered manager told us they had not had reason to review the person's risk assessments since our last inspection but they would review them annually as standard or more often if required.

A person was involved in decisions regarding their care and received support with their day to day health. Staff were available to support people in relation to eating and drinking if this was part of the agreed package of care.

The provider had a complaints procedure to follow in investigating and responding to any complaints although they had not received any complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

There was service was not always safe. The provider did not robustly check staff had the right to work in the UK, an issue we also found at our previous inspection.

The provider carried out other suitable recruitment checks on staff.

People were protected from abuse and neglect.

Risks relating to people's care were reduced as the provider assessed and managed risks.

There were sufficient staff to support people.

Is the service effective?

Good ●

There service was effective.

Staff received suitable training and supervision to help them understand their roles.

People received care in line with the Mental Capacity Act 2005 (MCA).

The provider involved people in assessing their needs.

People were supported to maintain their health and in relation to eating and drinking.

Is the service caring?

Good ●

The service was Good. Staff were caring and knew the people they supported and respected people's privacy and dignity.

Staff had sufficient time to care for people.

Is the service responsive?

Requires Improvement ●

The service was not always responsive. The provider did not maintain a person's care plan securely and we were unable to check it met legal requirements.

Processes were in place to respond to complaints.

Is the service well-led?

The service was not always well-led. The provider had insufficient oversight of the service and had not identified the issues we found.

Our findings showed the registered manager did not have a full understanding of their role.

The provider gathered feedback from the person using the service and their relatives informally.

Requires Improvement 

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this, as well as other information we held about the service such as statutory notifications. Statutory notifications are used by the provider to inform us about information such as safeguarding allegations and police incidents, as required by law.

We visited the service on 24 August 2018. Our inspection was announced and carried out by a single inspector. We gave the provider two days' notice to ensure they would be available for our inspection as they are often out providing care to people using the service.

During our inspection we spoke with the director of the service who was also the registered manager, the office manager and operations manager. We looked at care records for the one person using the service, staff files for two staff members and other records relating to the running of the service.

After the inspection we spoke with the relative of one person using the service to gather their views.

Is the service safe?

Our findings

At our last inspection in December 2017 we found a person was cared for by staff who the provider did not always check thoroughly. The provider had not carried out satisfactory checks that two staff had the right to work in the UK although they obtained the necessary evidence soon after our inspection. The provider had destroyed some records relating to staff recruitment in error so the employment history for one staff member was lacking. Other recruitment checks were satisfactory.

At this inspection we found the provider had again not obtained evidence of the right to work in the UK for one staff member. The provider had accepted a letter from the Home Office when their visa ran out but had not contacted the Home Office to check the validity of this letter. When we raised our concerns the provider told us they would carry out employer checks with the Home Office to check this staff member had the right to work in the UK.

A person was supported by staff who the provider checked were suitable during recruitment. The provider checked applicants for any criminal records, checked their identification and reviewed their training and qualifications. The provider also obtained references from former employers as part of checking their suitability.

At our last inspection we found medicines management was suitable although the provider did not record administration of a cream prescribed by the GP. This meant the provider was not following best practice. The provider rectified their error immediately and began recording administration of the cream appropriately. At this inspection we found the provider was no longer administering medicines, including creams, to the person so we did not look at medicines management as part of this inspection.

As at our last inspection people were safeguarded from abuse and neglect. Staff received training to understand the signs a person may be being abused and how to respond to this. The registered manager understood their responsibilities in relation to safeguarding including the need to report any allegations of safeguarding to the local authority and CQC. There had been no safeguarding allegations since the service registered with us.

Risks relating to people's care were reduced by the provider and risk assessment processes remained suitable. The provider assessed risks and put management plans in place for staff to follow in relation to the risks. The registered manager told us they had not had reason to review risk assessments since our last inspection but would do so annually as standard, or more often if required.

There were enough staff deployed to care for people. A relative told us staff numbers were sufficient. The registered manager told us they usually provided care to the person themselves although the person was now using the service only on occasion. Two other staff had worked with the person previously and were available to provide care to them should the registered manager be unavailable.

Is the service effective?

Our findings

A person was supported by staff who received suitable training. A relative told us, "I think staff have the right training" and told us how the registered manager trained staff to use a device to help their family member put on their compression stockings. The provider continued to recruit only staff who already had relevant training and experience. The provider then trained staff during an annual training day in key topics including moving and handling, infection control, health and safety and safeguarding. The provider also trained staff informally to carry out specific care related tasks to meet the person's health care needs. The provider continued to supervise staff with one to one meetings where they discussed any issues relating to their work as well as training needs.

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.

As at our last inspection we found people were cared for in line with the MCA. The registered manager had improved their knowledge of the MCA since our last inspection. Staff received training in the MCA annually to help them understand their responsibilities. The registered manager told us there were no capacity issues that required assessment at the present time. However, the registered manager understood the action to take if they suspected a person lacked capacity in relation to their care in the future.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a different process for people who receive care in their own home which involves an application to the Court of Protection. The registered manager told us no people were deprived of their liberty at the time of our inspection but they understood processes to follow if this changed in the future.

The provider assessed a person's needs and developed a care plan based on their choices. Records showed the provider met with a person and their relatives to find out their needs prior to providing care. The provider had not carried out any assessments since our previous inspection although their assessment processes remained suitable.

A person was supported to maintain their health. The provider assessed the support a person required with their healthcare needs and provided guidance for staff to follow. The provider was available to support people to attend any health care appointments if requested to do so. Staff were available to provide food and drink to people if this was part of the agreed care package although this was not required at the time of our inspection.

Is the service caring?

Our findings

A person's relative was positive about the staff who supported their family member and told us staff continued to be kind and caring and understood their family member's needs well. The relative told us, "[The registered manager] is absolutely excellent and the other staff are very good too." The family member told us staff involved the person in decisions relating to their care and any care was based on their family member's preferences. Our discussions with the registered manager, who was the main care worker who supported the person, showed they continued to know the person well.

The person's relative told us staff provided care in a way which was dignified and respectful and that staff maintained the person's privacy. The relative commented staff encouraged the person to do tasks themselves as much as possible to help maintain their independence. Staff received training in providing dignified and respectful care and to promote people's independence.

Staff had sufficient time to provide care to people and provided care at the agreed times. The relative told us staff did not rush when providing care and stayed for the agreed amount of time.

The registered manager told us they had not had reason to signpost people to other organisations such as advocacy services and advisory organisations, but they would do so if necessary in the future.

Is the service responsive?

Our findings

A person's care plan was not well maintained and stored securely. The person's relative told us the care plan remained suitable and was reviewed regularly. However, the registered manager told us due to their concerns about data protection regulations they had chosen to leave the only copy of the person's care plan with the person themselves. We found the registered manager was in error as data protection regulations would have no impact on this. There was a concern about access to the person's care plan with a risk staff would not be able to refer to information about the support the person required and information. As we could not view the care plan during our inspection we were also concerned it may not have been up to date and regularly reviewed. When we raised our concerns with the registered manager they told us they would ensure a copy of the care plan was held securely at the office at all times. After the inspection the registered manager forwarded us a copy of the care plan and we saw people's needs were recorded appropriately and it was kept up to date.

The issue of records not been maintained securely formed part of the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were aware of how to complain as details about this were provided to people when they began using the service. A relative told us, "We certainly have confidence in [the registered manager] and we had no complaints or concerns." The provider had a complaints process in place but told us they had not received any complaints since the service began operating.

Staff were available to help people access activities they were interested in and to maintain social contacts to reduce social isolation, if this was part of the agreed package of care, but this was not required at the time of our inspection.

The service did not provide end of life care at the time of our inspection so we did not look at this type of service provision.

Is the service well-led?

Our findings

Although a relative told us they found the service was well-run our inspection findings were in contrast to this. Our inspection findings showed the registered manager did not have a full understanding of their role and responsibilities in some areas. The registered manager had insufficient oversight of the service as they had not ensured staff had the right to work in the UK, a failing we also found at our previous inspection. We also found a person's care records were not maintained and stored securely.

This issue formed part of the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was also the director and had managed the service since it was registered with CQC. They continued to do training which helped them to keep their knowledge current and to revalidate their nursing qualification. The registered manager also provided some training to staff as they had some assessor qualifications. The registered manager was supported by the office manager, operations director and an administrator who worked together to grow the business, particularly in the non-regulated activity of providing care staff to care homes, GPs and hospitals.

The registered manager continued to check the person was satisfied with their care informally when they visited the person. The person's relative told us they were satisfied with the care provided by the service and were able to contact the registered manager whenever necessary. The relative told us the provider contacted them to let them know if they would be delayed in providing care for any reason.

At our last inspection we found the provider had not always carried out robust checks of staff providing care to the person receiving domiciliary care. At this inspection we found the registered manager understood the importance of such observations, but no other staff besides themselves had provided care to the person in the last six months so these observations had not been required.

The registered manager confirmed they would work in partnership with key organisations, such as the local authority, safeguarding teams and healthcare professionals whenever the need arose in providing joined-up care to people. However, as we found at our last inspection they had not had reason to do so as yet.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The registered person also did not always maintain securely records relating to people using the service and staff.</p> <p>Regulation 17(2)(a)(c)(d)(i)</p>