

Careessence Limited

Careessence

Inspection report

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11 December 2017

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

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 need including older adults. This was the first inspection of the service since the service registered with us on 13 December 2016. There was one person using the service at the time of our inspection, a privately funded person with low support needs, who had been using the service for around three months. We were unable to rate the service because there was insufficient evidence available for us to do so.

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.

Although staff were recruited via procedures to check their suitability, the provider did not always check staff had the right to work in the UK. When we identified this the provider then obtained the necessary evidence confirming the right to work in the UK and told us they would ensure they carried out more robust checks during recruitment. There were enough staff deployed to support people safely.

The provider did not always record administration of a topical cream in line with best practice. This meant there were insufficient records of medicine administration to provide a robust audit trail. The provider told us they would improve this immediately. We have made a recommendation in relation to recording of topical medicines administration.

Although a person received care in line with the Mental Capacity Act 2005 the registered manager was unsure about how to follow the Act if a person did not have capacity in relation to their care. The registered manager told us they would improve their knowledge in relation to this by reviewing relevant literature.

The provider trained staff in key topics to help them understand their role and also supervised staff to further support them.

The provider had systems in place to protect people from abuse and neglect.

Risks relating to people's care were reduced because the provider assessed and managed risks and put guidance in place for staff to follow. People's care plans contained sufficient detail about people to be reliable to staff in caring for people.

People were involved in decisions regarding their care. People were supported to maintain their health and were supported in relation to eating and drinking by staff. Staff understood people's needs and preferences.

The provider had a complaints procedure in place although they had not received any complaints.

A person and staff had confidence in the registered manager. However, we found the provider had not yet established systems to sufficiently audit the service and they had not identified the issues we found. We also identified some areas where the registered manager could improve the service and strengthen their knowledge.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

There was insufficient evidence to rate the service.

The provider did not always check staff had the right to work in the UK. The provider did not always record medicines administration appropriately.

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?

Inspected but not rated

There was insufficient evidence to rate the service.

The registered manager required further training in the Mental Capacity Act (2005) to understand their responsibilities in line with this Act.

The provider involved people in assessing their needs.

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

Staff received training and supervision to help them care for people.

Is the service caring?

Inspected but not rated

There was insufficient evidence to rate the service.

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?

Inspected but not rated

There was insufficient evidence to rate the service.

People's care plans were sufficiently detailed so they contained reliable information for staff to follow.

Processes were in place to respond to complaints.

Is the service well-led?

There was insufficient evidence to rate the service.

The provider had not audited the service sufficiently to identify the issues we found relating to recruitment, medicines management and the Mental Capacity Act (2005).

Inspected but not rated

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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.

Before the inspection we looked at all the information we had about the service. We sent out questionnaires to people using the service, staff and professionals and we reviewed the responses. We have referred to the responses within our report. We also reviewed the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

We visited the service on 11 December 2017. 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 a care worker. 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 one person using the service to gather their views on their care.

Is the service safe?

Our findings

People were cared for by staff who the provider did not always check thoroughly were suitable to support them. The provider had not carried out satisfactory checks that two staff had the right to work in the UK. The director told us they knew one staff member personally and knew they had the right to work in the UK. However, they had not ensured they retained a copy of the evidence for this as required by law. In addition, the provider had not carried out employer checks with the Home Office regarding a staff member who submitted paperwork to them stating their residence status was under review. The paperwork submitted by the staff member indicated in May 2017 the provider should obtain further evidence that the person remained permitted to work in the UK. However, the provider had failed to obtain this evidence and continued to provide the staff member with work. We requested the provider urgently carry out the necessary checks and obtain the required documentation. Soon after our inspection the provider supplied us with this confirmation.

In addition the provider told us some records relating to staff recruitment had been destroyed in error. This meant the provider was unable to evidence they had checked the employment history for one staff member as they told us their CV had been destroyed. The provider told us they would audit all staff files and ensure the necessary documents were retained and ensure all necessary documentation was retained on staff files for any new staff recruited. The provider checked applicants for any criminal records, checked their identification and reviewed their training and qualifications and obtained references from former employers as part of checking their suitability.

Records of medicines administered by staff to people were not always made following best practice. The director confirmed staff did not record administration of a topical cream prescribed by a person's GP. The provider had ensured the person's care plan contained details of how to support the person in relation to medicines, with a body map of where to apply the cream to guide staff. However, the lack of records of medicines administration meant the provider was not following best practice. The director told us they would begin recording administration of the topical cream as soon as possible.

We recommend the provider considers current guidance regarding the recording of topical medicines.

People were safeguarded from abuse and neglect. This was because the registered manager and staff understood the signs people may be being abused and how to respond to this. The provider trained staff in safeguarding adults at risk. The registered manager understood their requirements to report any allegations of safeguarding to the local authority and CQC but told us they had not had reason to do so since registering with us.

Risks relating to people's care were reduced by the provider. This was because the provider assessed risks and put management plans in place for staff to follow in relation to the risks. The provider told us they would review risk assessments annually or more often if necessary if risks relating to people's care changed.

There were enough staff deployed to care for people. A person told us they received care from sufficient

numbers of staff and the care workers were usually on time. The registered manager told us they themselves often provided care to the person and other, regular, staff were scheduled to provide care to the person each week. This meant the person received consistency of care.

Is the service effective?

Our findings

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.

We found people were cared for in line with the MCA. The registered manager explained they were providing care to a person with full capacity and they respected any decisions they made regarding their care. However, through our discussions with the registered manager we identified their knowledge of the MCA was lacking in some areas, such as those regarding mental capacity assessments and best interests planning when people lacked capacity. When we raised our concerns with the registered manager they told us they would refresh their knowledge of the MCA. After the inspection the registered manager informed us they knew their responsibilities under the MCA.

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 would follow processes if this changed, and they would refresh themselves regarding these processes.

The provider assessed people's needs and developed care plans based on their choices. A person told us how the provider met with them and their family members to develop the care plan. The provider met with people before providing care to them to find out how they wanted care delivered to them and kept records of discussions.

The provider supported people to maintain their health. A person's care plan contained details of any health conditions and how staff should support them in relation to these. 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.

People were supported by staff who received relevant training. The provider told us they only recruited staff who received recent key training from other providers in topics including moving and handling, infection control, health and safety and the Mental Capacity Act (2005). The provider then trained staff during an annual training day in key topics. The provider also trained staff to carry out specific care related tasks to meet the person's health care needs. The provider supervised staff each with one to one meetings where they discussed any issues relating to their work as well as training needs. The provider also told us they would provide staff with an annual appraisal in due course to review their performance and set goals for the coming year.

Is the service caring?

Our findings

The person using the service told us staff were caring and understood their needs well. Our discussions with the registered manager, who was the main care worker who supported the person, showed they knew the person well. The provider involved the person in decisions relating to their care and their care plan was based on their own wishes and preferences. The person told us staff treated them respectfully and maintained their privacy and dignity when caring for them. In addition, staff only provided the care to the person as agreed, not doing tasks the person was able to do themselves. In this way the person was supported to maintain their independence.

Staff had sufficient time to provide care so people. The person receiving care told us they did not feel rushed when receiving care. They had determined the amount of time staff required to care for them and told us this was sufficient and staff always stayed for the allocated time.

The provider told us they would seek accessible ways to communicate with people in line with the Equality Act when necessary, although this was not necessary at the time of our inspection.

The provider also told us they would look into providing information to people about external bodies, community organisations and advocacy services that can provide independent support and advice.

Is the service responsive?

Our findings

A person's care was responsive to their needs. A person's care plan was sufficiently detailed to reflect their current needs and the registered manager told us they planned to keep care plans under review to ensure they remained reliable for staff to follow. Care plans were focused on the person as an individual and were 'person-centred' based on how the person themselves would like to receive care. This was because the person themselves and their relatives were involved in planning their care. They included the person's background, individual preferences, interests and details about health conditions.

At the time of our inspection people did not have any particular communication needs. However, the registered manager told us they would identify any communication needs of people with a disability or sensory loss during the pre-assessment process and would record and share this information with the staff who supported them, with people's consent.

People were aware of how to complain as details about this were included in information they received from the provider when they began receiving care. A person told us, "They take things very seriously" and described how the provider put things in place almost immediately if they requested any changes. The provider had a complaints process in place but told us they had not received any complaints.

Is the service well-led?

Our findings

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 and had managed the service since it was registered with CQC. A person told us, "[The registered manager] is excellent." The registered manager was a registered nurse and this was their first experience of managing a service registered by CQC. Staff told us the registered manager was supportive and approachable. However, our inspection findings showed they did not have a full understanding of their role and responsibilities in some areas.

The registered manager worked with a small team of care workers to deliver care to the person using the service. Staff told us the team worked well together and the registered manager was supportive and provided any feedback in a constructive way.

The provider had not audited the service sufficiently to identify the issues we found relating to recruitment, medicines management, and the Mental Capacity Act (2005). This meant the auditing systems in place required improvement. In addition, the registered manager had carried out a spot check of a staff member providing care to a person to check they followed best practice. However, their findings were not recorded clearly, and consisted of brief comments in the daily log. The provider told us they would use a more comprehensive form to carry out spot checks and observations in future.

The registered manager told us they checked the person receiving care was satisfied informally during the regular visits they made to them to provide care to them, so in this way promoted open communication. The registered manager told us they would introduce formal systems to record their feedback.

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, they had not had reason to do so as yet.