

Careful Care Limited

# Careful Care Limited

## Inspection report

49 North Cerney  
Cirencester  
GL7 7BZ

Tel: 01285640420

Website: [www.carefulcareltd.co.uk](http://www.carefulcareltd.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Careful Care Limited is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 69 people were supported with their personal care needs.

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

At our previous inspection in November 2020, we found that effective systems were not being used to manage people's risks and monitor the quality of care being provided. Records relating to people's care and staff recruitment were not always complete and contemporaneous.

However, during this inspection, we found the provider had acted on our feedback and implemented their action plan and the regulatory requirements were now being met. There was evidence that the provider had improved their processes to assist them in the monitoring of people's care.

Each person's care needs had been comprehensively reviewed and documented. Staff had access to the information they needed to support people and the actions they should take to help mitigate and monitor people's personal risks. Medicine care plans described people's prescribed medicines and creams and dosages.

People reported that safe infection control practices were used when they were supported by staff. Staff had access to personal protective equipment and were aware of their responsibility to minimise the spread of infections.

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.

Systems to safely recruit staff had been reviewed and implemented. People were supported by sufficient numbers of staff who had been vetted and assessed as being of good character and competent before they provided care to people.

The registered manager worked in partnership with people, their families and health care professionals to achieve good outcomes for people and sought their feedback.

Quality assurance systems had been reviewed and developed to assist the registered manager in the monitoring the quality of care being provided and the management of staff. However further time was

needed to ensure that the systems implemented were fully embedded and that their quality assurance findings were recorded in more detail such as the observations of staff care practices.

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 (and update)

The last rating for this service was requires improvement (published 8 January 2021) and we identified two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

We carried out an announced focus inspection of this service on 11,12,13 November and 8 December 2020. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions 'Is the service Safe and Well-led?' which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Careful Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 well-led?**

**Good** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Careful Care Limited

## 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.

This was a focused inspection to check whether the provider had met the requirements in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection was carried out 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 that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 June 2021 and ended on 9 June 2021. We visited the office location on 3 June 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with the provider and registered manager and communicated with nine members of staff (both by telephone and email)

We reviewed a range of records. This included four people's care 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, including policies and procedures were reviewed.

#### After the inspection

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

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure effective and recorded control measures had been put into place to manage people's medicines and risks and their concern to care placing them at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- We found that people's personal support needs and the management of their risk had been comprehensively reviewed and updated to reflect their current support requirements.
- Staff had access to clear risk assessments and management plans which provided directions on how to support people to monitor and mitigate their risks. For example, risk management plans were in place for people who were at risk of choking and at risk of developing pressure ulcers.
- Staff told us they monitored people's well-being and would raise any concerns with the registered manager and relatives about changes in people's wellbeing and record any incidents. They worked collaboratively with health care professionals to achieve positive outcomes for people such as maintaining their levels of independence and mobility.
- Medicines care plans provided staff with clear information on details of people's prescribed medicines such as the reason for the prescribed medicines and dosage.
- The provider had reviewed their systems for staff to record when they administered people's medicines. We found these were accurately completed and showed that people received their medicines as prescribed.
- There were processes in place to monitor the management of people's medicines which showed issues had been identified and acted on promptly.
- Staff had been trained in the management of people's medicines and their medicines management practices were checked by senior staff.
- The registered manager agreed to review the protocols used to manage people's 'as required' medicines and ensure there was a clear description of the provider's role when there was shared responsibility for the management and administration of people's medicines. These documents would help reduce the risk of mismanagement of people's medicine and errors.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse and harm.
- Staff received safeguarding training and had a good understanding of the ways to keep people safe from

abuse. They told us they felt confident to raise concerns with the management team which would be acted on promptly.

- Policies and procedures in relation to safeguarding and whistleblowing were in place to help direct the managers and staff as required. The registered manager was able to describe the actions they would take when incidents would occur which included reporting to the Care Quality Commission and the local authority.
- People and their relatives told us the service they received was safe and they were happy with the nature and approach of the staff who supported them. One relative said, "Oh gosh, yes, very safe. No problems. They [staff] are all very kind."

#### Staffing and recruitment

- There were sufficient staff employed who were deployed and rostered to a regular geographical area. This helped to ensure people received a consistent and reliable service from the same staff members.
- Staff told us they had enough time to support people without being rushed. One staff member told us, "My schedule of visits are regular. I never feel rushed." They told us they would raise any concerns about time allocations to the registered manager.
- People told us visits were mainly not late or cut short. One person said, "If the carers are late there is usually a genuine reason for being late."
- Systems were in place to monitor the timeliness of staff and to ensure people had received their calls as required. Where possible, the provider had responded to people's feedback and adjusted their care visits to suit their requests. They provided examples of this practice but shared with us that they could not always accommodate people's requests in some rural parts of the county.
- The provider had recruited staff safely in line with their recruitment policy including checks of previous employment, health and Disclosure and Barring Service (DBS). However more details of the registered manager's assessment and decision to employ some staff were needed when there was limited information about their previous employment histories when requesting references.

#### Preventing and controlling infection

- The provider was following safe and current guidance to make sure infection outbreaks could be effectively prevented or managed.
- The provider ensured an adequate supply of personal protective equipment (PPE) was available to staff. Relatives confirmed that staff wore PPE during people's care visits.
- The provider's infection prevention and control policy were in date and included reference to COVID-19.

#### Learning lessons when things go wrong

- Systems were in place to monitor and learn from incidents and accidents. Records of incidents were detailed and reviewed by the registered manager. Actions were taken such as referring people to specialised health care services and GPs.
- Changes were made to people's care plans to reduce the risk of repeat incidents and shared with staff.

# 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 has remained 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

At our last inspection the provider had failed to ensure effective systems were in place to assess and monitor the service being provided and that complete records were in place relating to people; care and support and staff recruitment. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 17; however further time was needed to ensure the systems implemented were fully embedded and would be effective to drive improvement.

- We found the provider had taken immediate action to address our concerns and to meet their legal regulatory requirements. They had implemented and expanded on their quality assurance and auditing systems to help monitor the service and drive improvements. The provider stated, "We have completely overhauled the service since the last inspection." For example, each person's care needs and consent to care had been reviewed and documented. Staff now had access to a comprehensive record of people's care needs on the provider's electronic care management system.
- The provider had sourced a new training provider and staff had completed a wide-ranging package of training to ensure their skills remained current and relevant.
- However, the provider would benefit from implementing a system to monitor the frequency of COVID-19 testing of staff to ensure all staff are being routinely tested in line with government guidance.
- Systems are in place to monitor the administration of people's medicines and to address any medicines discrepancies and errors such as staff training. The registered manager was able to verify that the people had received their medicines in accordance to their prescription.
- We identified that further development of the environmental and lone working risk assessments to support staff safety was needed to reflect the provider's policies. This was immediately addressed and implemented by the provider.
- The care practices and competencies of staff were regularly checked; however more details of the provider's records of staff assessments would enable them to monitor staff development and identify if any additional training or support was required.
- Staff supported people to make their own decisions, however the provider had not fully understood the principles of obtaining people's consent to care when they lacked mental capacity to agree to their care

package. This was discussed with the registered manager who stated they would review how they obtained people's consent to care.

- The provider acknowledged our feedback and provided assurances that they would address our comments.

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

- The provider demonstrated that they had taken immediate action as a result of our last inspection to ensure the service met the legal requirements and to achieve positive outcomes for people.
- The provider's values helped to retain staff which ensured people were supported by a stable staff team with the right skills and attitude. The provider shared with us their challenges of recruiting new staff in a rural area and during the COVID-19 pandemic.

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 registered manager understood their responsibilities in notifying CQC of significant events and duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) when mistakes are made in relation to people's care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were asked for their views of the service through questionnaires and regular visits from the management team. People were generally positive about the communication from the office, however two people felt that communication about their care visits could improve. This was shared with the provider, who agreed to speak to people directly.
- Staff said they had opportunities to meet and discuss any changes to the provider's working practices and policies and to make suggestions. The provider had implemented alternative communication platforms to help to keep in touch with staff and share information during the COVID-19 restrictions.

Continuous learning and improving care

- Through the actions taken since our last inspection and the providers response to our feedback during this inspection, the provider demonstrated a willingness to learn and improve the service. They had recognised the benefits of having effective systems to assist them in monitoring the quality of care being provided and the development of staff

Working in partnership with others

- The service worked in partnership with the local authority, health and social care professionals and commissioners.
- The registered manager kept up to date with developments in practice through training and personal research. They had completed all the courses from the new training provider before requesting staff to complete the courses to ensure the course met their training requirements.