Carerose Cares Limited

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## Inspection report

12 Harris House
Cawley Hatch
Harlow
Essex
CM19 5AN

Date of inspection visit:
13 December 2019
03 January 2020
06 January 2020

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28 January 2020

## 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

Carerose Cares Ltd is a domiciliary care service providing personal care to people living in their own homes. At the time of our inspection there were 35 people receiving personal care support.

People's experience of using this service and what we found
Staff received training in safeguarding and there were systems in place designed to reduce the risks of abuse. Risk assessments helped protect the health and welfare of people who used the service. There were enough skilled and safely recruited staff available to meet people's needs. People's medicines were managed safely, and senior staff were overseeing medicine processes. People told us they felt safe.

Staff received regular training updates and felt supported in their roles. 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.

The registered manager carried out assessments of people's care and support needs before they started using the service. Their care and support were reviewed on a regular basis to ensure their needs continued to be met by staff.

People and their relatives were positive about the care provided. The registered manager and staff knew people well. The service had a complaints policy and all concerns included minor concerns were recorded with actions taken. Care plans included guidance on the support required during each visit.

Whilst no-one was currently receiving end of life care we have made a recommendation about documenting people's future wishes for end of life care.

Systems were in place to assess and monitor the service provided. People's views were sought relating to the service provided and these were used to drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was good (published 09 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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 effective?**

Good

The service is 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.

# Carerose Cares 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.

Inspection team
This 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
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 13 December 2019 and ended on 06 January 2020.

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.

During the inspection
We spoke with five people who used the service and three relatives about their experience of the care provided, including visiting two people in their own homes. We spoke with five members of staff including

the registered manager.

We reviewed a range of records. This included seven people's care records and medication records. We looked at four 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. We looked at training data and quality assurance records. We contacted four professionals who knew the service.

Good

# 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 this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People were protected from the risks of abuse. There was a safeguarding policy in place which informed staff about their responsibilities to protect people and what constituted abuse.
• People told us they felt safe. A person said, "I don't have any trouble with any of them and I feel safe all of the time."

Assessing risk, safety monitoring and management
• People's care records demonstrated risks in people's daily living relating to the care they received was assessed and mitigated. This included risks associated with moving and handling and their home environment. A professional told us, "[Registered manager] is easily accessible, and reports to me quickly when they have issues or concerns regarding the adults. Carers are also great at reporting concerns, which can then be quickly managed.
• A staff member told us, "[Care co-ordinator] always introduces us to new people and tells us all about them before we work with people."

Staffing and recruitment
• The registered provider employed enough numbers of staff to keep people safe and had a safe recruitment process in place. One person told us, "So far it has been the same carers who have come. They were a little behind one day, but traffic was very bad. A relative said, "They always turn up and they will let me know if they are going to be delayed. They are very reliable."
• The service kept a log of missed or late visits with action taken. When staff were running late people received phone calls to let them know what was happening and give an update on when their staff were due to arrive.

Using medicines safely
• The service only supported four people with medicines. The care co-ordinator checked medicine administration records (MAR) regularly. This helped to ensure people received their medicines as prescribed. Appropriate action was taken if an error was found.
• Staff were trained to administer medicines and had their competencies checked.

Preventing and controlling infection
• People were protected from the spread of infection by staff who had received appropriate training.

Learning lessons when things go wrong
• All incidents and accidents had been documented and investigated by the registered manager. Any areas

of learning identified were shared appropriately with staff to improve safety.

Good

# 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 has 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
• The registered manager assessed people's care and support needs, so they could be certain their needs could be met. Information was used to develop a more detailed care plan for each person which recorded the person's needs and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. One person told us, "Two people came and explained everything, so far so good."

Staff support: induction, training, skills and experience
• All new staff received induction training in line with nationally recognised standards and a period of shadowing before they were permitted to provide care independently. Staff told us this training was informative and useful. A staff member told us, I have completed manual handling, medicines administration and a lot of on-line training. I think the training is helpful and it did prepare me for my job."
• Staff received one to one supervision meetings. These provided staff the opportunity to discuss their work, receive feedback and identify any training needs.

Supporting people to eat and drink enough to maintain a balanced diet
• People's care plans gave clear information about the support they required with meals, snacks and drinks. These included any specific dietary needs or preferences. During our visits one person did not want their delivered meal so the staff immediately offered to make them something else.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Appropriate referrals were made to other healthcare professionals as required. For example, one person was referred for a further moving and handling assessment following concerns regarding their mobility. A healthcare professional told us, "Communication is quick and efficient, which is very important to reduce risks involved with the adults and meet their needs."

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.
• Staff received training in MCA and had an understanding about the legislation. For instance, working with families in people's best interests if they lacked capacity.
• People's capacity was monitored, and people's decision-making capabilities were recorded in their care plan. The registered manager told us this would be kept under review if people's circumstances changed.

Good

# 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 has 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 their relatives spoke positively about the standard of care provided and said staff treated them well. Comments included, "They seem very experienced and they are very good"," I think they all seem very kind and very good,"," They are all very nice and I am happy with them and I think they like coming here."
• Staff said before supporting new people, they had an opportunity to meet them so they got to know their needs and they were familiar to the person before providing care.
• Records seen included information about people's preferences, including their preferred name and any important details.
• Staff enjoyed supporting people and one member of staff told us, "I am happy working for Carerose and I think people are getting a good service. People get choices, one person likes their feet soaked every day so that is what we do."
• During our visits staff communicated with people in the way they preferred, and staff and people laughed and chatted together.

Supporting people to express their views and be involved in making decisions about their care
• People had been involved in developing their plan of care to enable them to state their likes, dislikes and how they wished to be supported. One person told us, "They always check to see if I am happy with everything." A relative said, "They call us regularly to ask us things and update us."
• Customer feedback forms were completed regularly. One feedback form recorded, "They [staff] are all very hard working, cheerful and friendly and I, and certainly [person], both look forward to their visits. They have been extremely helpful to us both at this difficult time. Until I met the carers, I thought caring was a job anyone could do. How wrong I was! I know now that training and dedication are required to do such a demanding job."

Respecting and promoting people's privacy, dignity and independence
• People told us their privacy and dignity was respected by the staff working with them.
• Care plans recorded people's strengths and things they liked to do themselves. For example, one care plan recorded, "Encourage [person] to brush their teeth, morning and evening. A staff member said, "We encourage people's independence by getting them to do as much as they can themselves." A professional said, "The care that I have witnessed has been a good standard of care, where carers inform the adult of what they are about to do and promote the adult to be independent."
• Staff told us about ways to protect people's privacy and dignity when providing care, such as using towels to keep them covered and closing doors and curtains.

Good

# 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 good. At this inspection this key question has remained the same. 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
• Care Plans varied in detail and quality. Some key information was not always contained within the care files we looked at. When we requested this information, the registered manager was able to produce it. He told us he would check all care plans to ensure all relevant information required was present.
• People and their relatives were involved in the development and on-going review of their care. Care plans were reviewed regularly or as and when their needs changed.
• Staff were kept informed about changes in people's care and support needs by office staff, usually by phone. This helped staff to stay up to date with information about people's needs. A staff member told us, "They tell us everything and give us time to read the care plans."
• Staff gave examples of when care had been provided which met people's needs and preferences. One staff member told us, "[Person] likes to have their breakfast and a cup of tea before they have a wash or shower. They tell us exactly how they want things to be done."

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.
• People's communication needs were identified, recorded, and highlighted in care plans. These needs were shared appropriately with others.
• During one visit we observed staff communicating with one person who mainly used gestures. A staff member said, "We understand a lot more now or we work it out with [person]. The other day one sock was not quite straight and [person] let me know something was not right. We usually work it out."

Improving care quality in response to complaints or concerns
• The registered manager had a complaints process in place that was accessible, and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager. One person told us, "I have nothing to complain about."

End of life care and support
• Staff had access to end of life training.
• There was nobody receiving end of life care at the time of the inspection.
• People's future wishes for end of life care were not always documented.

We recommend the provider consider current guidance on documenting people's future wishes in relation to their end of life care.

Good

# 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 this key question has 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.

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

• People, their relatives and staff were positive about the way the service was managed. They all knew the registered manager very well and felt able to raise any issues of concerns with them and all senior staff. One relative told us, "They explained everything when we started and overall we are happy with the service." A staff member told us, "If we want any additional training [registered manager] and [provider] will find it for us. Staff are happy working for Carerose and turnover is quite low." Another staff member said, "We have a very good team and our care co-ordinator makes sure people receive a good service, they would not have it any other way."

• Staff knew people and their backgrounds well, which enabled positive relationships to develop and contributed towards good outcomes for people. The care co-ordinators introduced staff to all new people prior to them providing care.

• A professional told us "We rarely receive negative feedback on the service into our team, we have very good communication with the office and the Manager and feel the staff are approachable and helpful."

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

• The registered manager understood duty of candour and acted on this. Incidents were shared with the appropriate people in an open and transparent way. The registered manager told us about a recent incident where it was identified an incident required a safeguarding referral which they then referred. The registered manager acknowledged that the incident should have been referred earlier and openly shared this with us. They said, "I realised once it was pointed out this should have been shared and we have learnt from this, I now check the guidance for all incidents."

• There were systems in place to check on the quality of the care people received. For example, audits and spot checks were carried out on a regular basis to ensure people had their needs met.

• Where issues were identified actions were taken. For example, where gaps had been identified on a MAR chart the issue was investigated and appropriate procedures followed. During a visit we identified one gap on a MAR, the care co-ordinator acted immediately to follow this up. They told us, "We contact staff straight away to arrange a meeting to establish the facts. If we are concerned about a staff member we will arrange additional training and competency checks.

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

characteristics
• People told us they regularly spoke with staff about their care and support.
• Staff attended meetings about the service and told us they felt listened to. Staff received regular support from senior staff in their role.

Continuous learning and improving care; Working in partnership with others
• Systems were in place to monitor and evaluate care provided to people. The registered manager reviewed any incidents or accidents and notifications.
• The service worked closely with others, for example, the district nurses, occupational therapists and GPs to support care provision. A professional told us, "Overall, I highly rate Carerose Cares, and they are my favourite care company to work with in Harlow."