

Circle Care Ltd

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Inspection report

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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

Circle Care Ltd is a domiciliary care service, providing personal care to people living in London.

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. On the day of the site visit, three people were receiving the regulated activity of personal care.

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

Relatives told us they felt the service was safe. Staff understood what action to take if they suspected somebody was being harmed or abused. Staff knew how to report accidents and incidents. People had risk assessments to keep them safe from the risks they may face. These were updated as needed and used to inform reviews of people's care.

People were supported by enough staff who had been recruited safely. The provider did not support people with medicines.

The provider ensured there was infection control guidance in place. Staff confirmed they were provided with enough personal protective equipment such as masks and gloves.

People's healthcare-associated risks were identified and assessed. People's needs were assessed before they received care from the service. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met effectively.

Relatives told us staff were caring and treated their family with respect and dignity. People and their relatives were involved in making decisions regarding their care. People were supported to remain as independent as possible.

Care records were up to date, and person centred. People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people and relatives knew how to make a complaint.

Relatives and staff told us the management of the service were supportive. Staff told us they felt well supported by the registered manager. The service had quality assurance processes in place. The service worked with other organisations to improve people's experiences.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 27/08/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and when the service had begun to provide care to people.

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 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.

Circle Care Ltd

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

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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. We also sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. These included three people's care records. We looked at three staff files in relation to recruitment. 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 reviewed documentation provided. The people who used the service were unable to speak about their experiences therefore we spoke with two relatives about the care provided. We also spoke with two care workers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Relatives told us they felt the service was safe. One relative said, "Very safe. [Staff] look after [relative]."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "We know about whistleblowing. We have training and policies, and one to one with the manager. I would immediately report to my manager." Another staff member told us, "I did safeguarding training in induction. I would report it to my manager. If he [did nothing] I would report to the safeguarding team and CQC."
- 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.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. They were for areas such as communication, personal care, washing and dressing, toileting, eating and drinking, pressure sore care, social recreational, moving and handling, memory, sleep, pain, and environment.
- Risks were regularly reviewed, and any changes were shared with staff to ensure they had up to date information before any care was given.
- Staff knew about people's individual risks in detail. One staff member said, "I would tell my manager [if person's needs changed]. [Registered manager] would do a risk assessment, he does a care plan review every two or three months. [Registered manager asks] my comments as I monitor [person]."

Staffing and recruitment

- The service followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records. The provider completed an employment gap analysis for new staff members.
- Through our discussions with the registered manager, staff, and relatives we found that there were enough staff. Relatives told us staff were punctual. A relative told us, "Yes [enough staff]. [Staff] are not late." Another relative told us, "[Staff] are on time. [Staff member] doesn't live far. [Staff member] will call [if running late or cannot come] and [they] will ring manager to get cover."
- Staff told us they had enough time to support people without being rushed. One staff member told us, "We have a lot of staff who are ready [to work]. [Provider has] staff available." Another staff member said, "Other

staff are available if I am not there. Yes, we do [have enough staff]."

Using medicines safely

- The provider had suitable systems in place to ensure medicines were managed safely.
- Staff told us they had received medicines training and their competency was assessed. Records confirmed this. One staff member said, "The family provide the [medicines administration]. I have had medication training." Another staff member told us, "I am trained with medication. I know how to do it. The manager went through the medication chart with me."
- The registered manager told us they were not supporting people with medicines administration at the time of the inspection. Relatives and staff also told us the service did not support people with medicines.

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. One relative told us, "[Staff] wear the mask, gloves, and apron." Another relative said, "The manager brings us [PPE]. [Staff] always come with mask and wear all the equipment."
- We saw a large supply of PPE stored in the office location. One staff member told us, "I have PPE. [Registered manager] provides extra PPE in [people's] house. Always PPE available in office. I explain PPE to the [person]. It is very important."
- The provider's infection prevention and control policy was in date and included reference to COVID-19.

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 service carried out an initial assessment before the service began. This included the person who was going to use the service and relatives being involved. A relative told us, "[Registered manager] did assessment at the beginning to ask lots of questions to find out what [person] needs."
- Relatives told us staff knew the needs and provided individualised care. A staff member told us, "[Registered manager] spoke to me about [person]. [Registered manager] told me about the care plan, the [initial] assessment and health conditions, what [person] likes and how to support. I knew everything about [person]."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. One staff member said, "I did induction for two days with the [registered manager]. I shadowed a more experienced carer and also the [registered] manager was there."
- Staff training was offered on a regular basis. Records confirmed this. A staff member said, "The training is fantastic. It is important we understand the risks of the jobs. It teaches us how to treat [people] with the best care. Training is part of the job."
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision regularly took place, where staff could discuss any concerns and share ideas. Records confirmed this. A staff member told us, "I get [supervision] every month. We talk about [people who used the service], training, [and] any support I might need. It helps me with my career path."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their meals when needed. A relative said, "[Staff] prepare fresh food. [Person] likes the fresh food and how [staff] cook." Another relative told us, "[Staff] do good food for [person]. They do [culturally specific] food for [person]."
- People's dietary needs were recorded in their care plans along with any associated risks and instructions for staff to meet those needs safely. Care plan's recorded people's food likes and dislikes. For example, one care plan stated, "I only eat [culturally specific] food. I don't have any allergies. I try to have a balanced diet every day, but I also enjoy [culturally specific] rice and chicken and often fish. I also like having a glass of orange juice every morning with my breakfast."
- Records confirmed staff had received training in food hygiene and safety.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked effectively with other agencies and health professionals to ensure people received effective care. Records showed correspondence with social and health care professionals when people's needs changed.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought. One staff member said, "If [person] was unwell, I would contact the doctor. I have the number. If it was an emergency, I would call 999."
- People's care records showed relevant health care professionals contact details.

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.

- There were systems in place to assess people's mental capacity to consent to care. Capacity and consent forms were available when appropriate.
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. A relative told us, "[Staff] ask [person] permission all the time. [Staff] always ask." Another relative told us, "[Staff] ask [person] what they need today and what [person] wants helps with."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The service had staff that supported and treated people with kindness. One relative, "[Staff] care for my [relative]. I don't have any issues about the care." Another relative said, "[Staff] get on very good [with relative]. [Person] enjoys being with [staff member]. [Person] looks forward to seeing [staff member]."
- Staff we spoke with showed they knew people well and had built good relationships with people. One staff member said, "It is very good professional relationship. [Person] is happy to see. We have built trust which is really good and important to me. [Person] is happy and that is the main focus." Another staff member told us, "We are very friendly with each other. [Person] trusts me."
- Discussions with the staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member told us, "I would support [LGBT people] equally. We had training in equality and diversity, so I know how to treat LGBT people." Another staff member said, "We would support [LGBT people] the way they like to be supported. We learnt about the LGBT community in the training and how to support them and make them feel comfortable and be part of the community. [Registered manager] also spoke to me about LGBT awareness." The registered manager said, "We don't discriminate. All our staff are trained on equality and diversity. Everyone has to be included."
- Staff had a good understanding of protecting and respecting people's human rights. Care records documented people's preferences and information about their backgrounds.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews.

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity. Relatives told us staff respected people's dignity. One relative said, "[Staff] respect [person]. They close the [door] so no one can see." Another relative told us, "[Staff] make [person] feel like a normal person and talk to [them] in a nice way."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "If I am supporting [person with personal care] I make sure the door is closed and curtains. Make [person] feel comfortable. We did training on dignity and respect. I have got to know [person] so I know exactly how [they] like things but I will still always ask [them]." Another staff member said, "I make sure [person] has privacy. I respect [person] when I give personal care. I make sure I close the door when providing care."
- Staff helped maintain people's independence as much as possible. One staff member commented, "We

always want to promote independence. Lots of things [person] likes to do by [themselves]." Another staff member said, "I support [person] but I ask [them] to do some things independently. When I give [person] a bath I ask if [they] want me to wash [them] or [they] want to do it [themselves]."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were supported with their personal needs and as per their wishes. People's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences.
- Daily records showed the support provided and capture any changes in people's needs.

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 had been assessed and were recorded in their care plans.
- The three people that used the service spoke a specific language other than English. The provider had staff that could communicate this specific language to the people who used the service. A relative told us, "I am very happy [staff] speak the same language." Another relative said, "[Previously used domiciliary care agencies] only sent [staff] who spoke English, but Circle Care send staff who speak the same language."
- The registered manager told us the service could translate care documents and policies to a specific language if this was requested.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and processes in place to record and investigate complaints.
- Relatives knew how to make a complaint. Relatives felt comfortable to raise any concerns with the provider. One relative said, "[Registered manager] explained we can always make a complaint." Another relative told us, "If I am not happy I can call [registered manager]."
- The registered manager told us they had not received any formal complaints since being registered.

End of life care and support

- The service had an end of life care planning policy in place. No one was receiving end of life care at the time of the inspection. If they chose to do so, people and their families were supported to document their end of life care wishes.
- Staff had completed a training course called Death, Dying and Bereavement. Staff and records confirmed this. A staff member said, "We had end of life training and we have policies about it. The manager explained how to support people at end of life to make sure we follow what they wish to do."

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.

This is the first inspection for this newly registered service. 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

- The service was providing person-centred care to people and this was evident from care records and from speaking with relatives.
- The registered manager had good oversight of the service and understood the needs of the people they supported. They knew the people and their needs well which helped ensure their needs were met by the staff team.
- Relatives were positive about the registered manager. A relative told us, "[Registered manager] is a nice guy. He is professional." Another relative said, "He is a very good manager. He is very understanding and always wants to help. He is always calling. He shows [staff] how to do everything. He is very good."
- Relatives were complimentary about the running of the service. One relative said, "[Staff] are very good and helpful." Another relative commented, "Up to now [we] have got a good service. I would like to give them ten stars."
- Staff told us they enjoyed working for the service. One staff member said, "It is very supportive. They support me with my career. They help me a lot. I don't feel like I am alone. It is a great team." Another staff member told us, "The company is very supportive."
- Staff spoke positively of the registered manager. One staff member said, "He is very good manager. He listens to the staff. He supports me when I need support." Another staff member commented, "The manager is nice and listens. He helps me a lot. Very good manager."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. Spot checks on staff were completed and helped to monitor their performance. A staff member told us, "I have spot checks. The manager comes unannounced. I have it every three months since I have started working." Another staff member said, "[Registered manager] comes every two to three months to inspect me. He doesn't tell me. He monitors how I am doing the job. He would ask the [person] if they are happy with the service and if anything needs changing. He will give me feedback after

he has finished."

- The registered manager understood their responsibilities in relation to 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) in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, working practices and to make suggestions. One staff member said, "Staff meetings are once a month." Another staff member told us, "We talk about Covid-19, vaccinations, [and] policies and procedures. [Registered manager] explains the team meetings are about improvements. We do every month."
- People and their relatives were asked for their views of the service through questionnaires and regular visits from management. The results from the most recent survey had been positive. One relative told us, "They send me [surveys]. [Registered manager] will also come to me and ask how I am happy." Another relative said, "They sent out a survey and we fill out. We always get asked. [Registered manager] rings to check up if [relative] is happy, and if [staff member] on time. We always tell him it is good."
- The service worked in partnership with the local authority and health and social care professionals.