Caronne Care Limited

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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 well-led?	Good

Summary of findings

Overall summary

About the service
Caronne Care Ltd is a domiciliary care service and supported living service that provides personal care to people in their own homes and flats. At the time of the inspection the service was providing care to 130 people in East London. Only one person was living in their supported living service.

People's experience of using this service and what we found
There were systems in place to safeguard people from abuse with concerns being reported and investigated. However, we have made a recommendation to seek best practice with regards to incident investigation. Risks to people were assessed and mitigated. Staff recruitment processes were robust and there were enough staff working at the service to support people safely. Some people told us staff were not always on time, but the provider had responded to timekeeping issues by adopting a new electronic system for improved call distribution and monitoring. Medicines were managed safely, though we initially had concerns with the supported living service. However, this element of the service was new, and the registered manager made changes quickly once issues were identified. There were infection control measures in place and lessons were learnt when things went wrong.

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. Staff sought people's consent when providing care, however, we have made a recommendation the service follow best practice guidance on the Mental Capacity Act and consent as some language used in documents was incorrect and there were unnecessary signatures of people consenting to care which wasn't their own. People's needs were assessed before they began using the service. Staff received induction, training and supervision. People were supported with food and drink. Staff at the service communicated well with each other and people were supported with their health care needs.

People spoke highly about the management of the service. Managers and staff were clear about their roles. The provider knew they had a duty of care to people and their associated regulatory requirements. There were quality assurance processes were in place. People and staff were able to engage with the service. The service worked with other professionals to benefit people using the service and their care.

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

Rating at last inspection
The last rating for this service was good (published 10 January 2018).

Why we inspected
We received concerns about staff knowledge and effectiveness with medicine management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions.

We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same; good. This is based on the findings at this inspection.

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 well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Caronne 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 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.

Inspection team
The inspection was carried out by one inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. This service also provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 unannounced on the first day of our inspection when we inspected one supported living service site on 25 May 2021. We announced the second day of the inspection when we inspected the provider's office where the domiciliary care service is registered on 27 May 2021. Inspection activity started on 21 May 2021 and ended on 04 June 2021.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who might work with the service. 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 twelve people who used the service and six relatives about their experience of the care provided. We spoke with three staff including the registered manager, one deputy manager and one care staff. We reviewed a range of records. This included eleven people's care records. We looked at six staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. This included speaking to five care staff. We looked at further evidence sent to us by the provider with regard to policies, training and updated documents.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● The service had systems and processes in place to safeguard people from abuse. Where safeguarding concerns were identified the provider sought to ensure people were kept safe. They did this primarily by alerting local authorities to keep people safe from potential abuse but also sought to refer people on to health professionals where appropriate.

● One example of this was when someone using the service presented as drowsy through use of their medicines. The provider raised concerns with health professionals and a medicine review was subsequently undertaken.

● Safeguarding concerns were recorded and investigated. Actions taken by the service were also recorded and highlighted the service sought to keep people as safe as possible. However, we noted systems for the supported living service were not as functional as they were for the longer established domiciliary care service. Safeguarding concerns were still recorded but witness statements were not always taken from all parties. This would be best practice.

We recommended seeking best practice with regards to incident investigation.

● Staff received regular training in safeguarding of adults. One staff member told us, "We go to their house to do personal care with them and if we notice something unusual or abuse, we report it to the office." People told us they felt safe and safeguarded. One person said, "I feel very safe, they make sure my doors are locked and my windows are shut. Another person said, "I have always felt safe [with staff at the service]."

Assessing risk, safety monitoring and management

● Staff told us they were aware of risks to people. One staff member said, "They have risk assessments and we have to read them with the care notes to keep people safe and know what people want and don't want and we deal with them individually and obey their cultures."

● Risks to people were assessed. Risk assessments contained information about risks to people including actions to mitigate risk. Risk assessments focused predominantly on personal care and moving and handling. These were accessible to staff through an online system and were updated regularly by staff when people's needs changed.

● There were people using the service with complex health conditions such as depression, personality disorder, morbid obesity and diabetes. These risks were stated but not always detailed in great length. We discussed with the registered manager how enhanced risk assessments for such care plans would provide staff with greater awareness of the risks to people. They acted responsively and met with their staff and updated risk assessments immediately following our discussion.

Staffing levels

● Recruitment of staff was practiced with safety of people in mind. We looked at six staff files. Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Employees' references, employment histories and criminal records had been checked. One person said, "They employ the right people."

● People told us for the most part staff turned up on time. Though there were occasions when staff were late. When this happened, staff called and apologised for any inconvenience. One person said, "The carer comes by bus so they might be late sometimes, but they're here within a reasonable time. If there's going to be a long delay, they phone me to let me know."

● The registered manager was aware that timekeeping had been an occasional issue and had recently changed the system of how calls were managed and monitored, in part to ensure staff timekeeping was more effectively managed. We saw that travel time was factored into staff attending calls and staff were not being asked to attend too many calls. This meant the service sought to meet people's needs in a timely fashion.

Managing medicines safely

● Medicines were managed safely. However, we had initial concerns with how they were managed at the supported living service. This had been raised as a concern and one of the reasons we wanted to inspect the service.

● We found there had been times when medicine administration records were not correctly completed with regards to codes for administration being used. However, we understand this part of the service was new, operating for less than three months, and the service had not yet audited the records we looked at. People had received their medicines and there had been some complex issues with both hospital and mental health teams being involved with a person's medicines.

● The registered manager was responsive to our inspection findings and changed the means by which medicine administration was recorded at the supported living service, changing it to the electronic system used to administer medicines at the domiciliary care service. This system flagged gaps or missed doses in real time and was effective in ensuring people received their medicines. This system essentially audited medicine administration on a daily basis.

● People and relatives told us their medicines were managed safely. One person said, "The carer is good at informing me about the time the medicine was given, just to make sure there is no overdosing. They make a note in the book as well." All staff received regular medicine administration training, were observed administering at spot check and were supported by various medicines policies. One staff member said, "We wash our hands before we administer meds and then administer it in front of them and ensure they have taken it and we record it."

Preventing and controlling infection

● There were infection prevention measures in place. The service had a policy and procedure for infection control and staff had received training on infection control. There was ample supply of PPE and cleaning checks were in place. One relative said, "Whenever I look around, the place is always clean, and [family member] is also in tidy clothes and looks comfortable." A staff member said, "We have a pandemic and I have to wear the right PPE, the right equipment, I wear a face mask, my gloves and an apron."

● On the first day of our inspection when we visited the supported living service staff were not following procedure with respect to PPE and checking visitors for signs and symptoms of COVID-19. We spoke with the registered manager about this and they were able to evidence staff had been trained and instructed them to follow procedure which included checking temperatures and recording people's symptoms and track and trace information. They cited staff nervousness around our unannounced inspection and similarly, staff understood our questioning with regards to infection control. We also saw supervision where COVID-19 and

vaccine had been discussed.

Learning lessons when things go wrong

● Lessons were learned when things went wrong. Staff told us what they would do in an emergency situation. One staff member said, "We ring 999 for them to call the ambulance and explain the situation and stay with client until the ambulance comes." Accident and incidents were recorded to people's confidential notes and this was reviewed by staff daily.

● The registered manager completed investigations into concerns raised as and when required. Actions to minimise risk were completed, including seeking emergency service support and making referrals to other health and social care professionals where required. Incidents were discussed with staff in team meetings and memos were sent to staff with any issues being discussed in supervisions.

● People told us they were supported when things went wrong. One relative said, "At one time an ambulance had to be called and the carer stayed with her all the time. That was very good."

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.

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.

● People's consent was sought by staff. One person told us, "They always ask for my consent." A staff member said, "I always ask for their consent or permission." Care plans recorded people's consent to care, whether they had been involved in drawing up the care plan and whether they had difficulties making decisions.
● We noted two care plans consent agreements had not been signed by the person receiving care but by next of kin relatives supporting with care. We informed the registered manager about how this is not best practice and they told us they would ensure this doesn't happen moving forward. We also noted one care support plan used the term "consent" in multiple places but was then not signed by the service user. Similarly. we raised this use of terminology with the registered manager who changed it immediately.

We recommend the service follow best practice guidance around MCA and consent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they began using the service. The service completed assessments with people so they knew whether they were able to provide a service to meet people's needs. Assessments recorded people's health conditions, their social situations and their preferences. Assessments also covered people's equality characteristics which ensured people's preferences could be met where required. For example, people's gender preference for carers was recorded as was whether people needed support living with a disability.
● The service informed us that on occasions they were required to provide care to people at short notice to support the local authority provide care to people who were in urgent need, such as vulnerable people being discharged from hospital. Where this happened, the service had sufficient information provided by

social workers to carry out care in a safe way and assessments were completed as soon as possible. One relative told us, "We sat with Occupational Health and someone from the agency to construct the [care] plan. When we got the package, I went through the paperwork and some things were changed. So, yes I was involved [with the assessment of family member]."

Staff support: induction, training, skills and experience

● People told us staff were skilled to do their jobs. One person told us, "Everyone is skilled and trained. A couple of the new ones will shadow the more experienced ones". Staff received inductions on how to do their jobs. This included reading through policies and procedures, receiving training and shadowing experienced staff.

● All staff received regular training. Staff repeated training annually and the service monitored this to ensure staff completed these regularly. Training included safeguarding, medicine administration and basic life support. There was also more specialist training for those working with people with special needs. For example, we saw people working in the supported living service had recently received training in working with people with behaviours that challenge and personality disorders. The registered manager had also been trained as a trainer to further ensure staff supporting people were sufficiently trained to meet people's needs.

● Staff received regular supervision. During the pandemic lockdowns supervision had been held over the telephone to limit potential spread of infection as per government guidelines. Supervisions covered different areas to support the staff and the service better understand their roles in meeting people's needs. Topics we read included concerns with people and their care, Covid-19 and vaccines and also pressure sores. One staff member told us, "I have a lot of training [provided by the service], it is good."

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

● People were supported with their meals where required. People's dietary preferences were recorded in their care plans and staff were trained in food hygiene. Care plans also contained important information related to people's nutrition. For example, one care plan discussed the importance of diabetes and the need for supporting medicines alongside healthy food choices. The service also recorded people's nutrition and hydration where required to support with people's healthcare management. One person told us, "They help me well with all of my mealtimes. It's no trouble."

Staff working with other agencies to provide consistent, effective, timely care

● All staff had access to important information about people. The service used an electronic care planning system which staff updated on every visit. This system ensured office staff, and carers working on different shifts, could see the most up to date information about the most recent care provided. This information could then be used to further support people's needs by being shared appropriately with involved health and social care professionals.

Supporting people to live healthier lives, access healthcare services and support

● People were supported to live healthier lives. The service aimed to meet people's needs related to their health conditions as much as possible. This included administering medicines, supporting with movement and referring to and supporting with health care professionals. Where required the service could provide general monitoring information to healthcare professionals to support them provider better care to people.

● One person we spoke to said, "Yeah, they've called the doctor or the ambulance a couple of times". A healthcare professional who worked with the service told us, "They have been responsive, to be fair they have done a lot."

Good

Is the service well-led?

Our findings

Well-Led – this means 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 thought highly of the service. One person told us, "I can't really think of any improvements that can be made. We've had bad carers in the past (from a different care provider) and are over the moon with this service. I can trust them, and it takes a weight off my shoulders." Another person said, "I'd be lost without them. They're just marvellous. I just want to thank them all."
- Care plans were person centred. Care plans highlighted what was important to people and how staff should work with them. The focus was often related to the promotion and or maintenance of their independence. Other documentation, such as the customer guide given to all people using the service, strove to embed the person-centred care. The sub heading of the guide was, "Your life, your care, your way." The guide provided information about people's human rights and what to expect from the service.
- Staff were positive about the management of the service. One staff member said, "[Registered manager] is a good person and you can explain any issue to them, and they will sit a listen to you and understand and help you out. If they can solve your problem they will."

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

- People and staff told us the service management was effective. One person said, "The service is well managed, and everyone understands their duties". Another person said, "The manager has been round twice. They do regularly check on me and keep an eye [on me and their staff]."
- We have highlighted in this report that the newest element of the service, the supported living element, was new and teething issues had occurred. The registered manager was aware these had impacted on the care provided there and sought to address anything we raised immediately. This included adapting systems, meeting and instructing staff, arranging refresher training and working with healthcare professionals to get things right. This showed their responsive nature and willingness to address concerns to improve outcomes for people.
- The provider was honest when things went wrong. The registered manager was aware the service occasionally got things wrong and sought to rectify issues when they arose. This included informing and apologising to people and their relatives. The registered manager investigated concerns and complaints when they arose and addressed them. The understood their legal responsibilities to notify Care Quality Commission and local authorities about concerns and their responsibility around duty of candour when things went wrong.

Continuous learning and improving care;

● The service was responsive and where possible sought to learn from incidents and improve care. We inspected this service due to concerns raised about the care being provided at the supported living service. We found that whilst there were areas the service could improve; this element of the service was very new and anything we highlighted as an issue was rectified quickly. It was clear the registered manager was keen to make things work and this was reflected in comments we heard from health and social care professionals who worked with the service.

● Systems in place assured the quality of care at the service. Good use of electronic systems meant there was immediate oversight and assurance of care. These flagged whether there were issues with medicine administration, timeliness of calls and care notes. The registered manager was provided a handover every day which meant they were kept informed about everything going on at the service and could respond to issues as they arose.

● The service completed spot checks on staff which provided a means with which to observe and check the quality of staff as well as an opportunity to receive feedback from people. The service also completed regular care plan and staff file audits. The host local authority also attended the service to check on the quality of care. They flagged no concerns when they visited just before the pandemic.

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

● People and relatives were engaged with the service if they wanted to be. The provider held regular reviews with people and contacted people regularly to capture their feedback. Feedback was positive for the most part, though this provided an opportunity for people to raise complaints. The main complaint was when carers changed, though the service worked to ensure people were supported by the same carers. One relative told us, "I can check online to see what's been done as entries are made regularly by the carer. I am constantly in touch with them on the phone." Another said, "There are regular reviews, always phoning or coming in to write things in the folder. Very good."

● Staff were able to be engaged with the service. Meeting minutes and supervision records showed staff could feedback on how care was provided. Meeting minutes showed discussion in various areas including, but not limited to, wearing personal protective equipment, care plans and staff professionalism. During the pandemic lockdowns the service had used memos as means to raise issues and share feedback among staff. Memos we read included information about recording incidents and accidents and risk assessments. One staff member told us, "We have staff meetings, we have them monthly, [we discuss] what jobs we'll be doing or if there are any problems."

Working in partnership with others

●The service worked in partnership with others. The service worked with other professionals to support the care people received. The service worked with social workers, nurses, GPs, pharmacies and other healthcare professionals so people would receive the care they were supposed to. The registered manager also part of local forum groups for service providers and had links with peer agencies.