

Carich Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Carich Care supported living provides care and support to people living in a 'supported living' setting so that they can live in their own homes as independently as possible. The service was supporting four people at the time of our inspection. Everyone who used the service received personal care. This is help with tasks related to personal hygiene and eating.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

We have made a recommendation about the management of some medicines.

Some staff did not always feel fully supported due to the complexity of some of the people they cared for. The provider and registered manager listened to our feedback and had started implementing more regular individual meetings with staff to discuss their concerns and provide support.

Staff had been trained in safeguarding people and protecting them from harm. Any concerns or accidents were reported and acted on. The registered manager reviewed all incidents and accidents and took action to reduce the risk of the incidents reoccurring.

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 recognised people as individuals and worked to ensure people felt fulfilled and had access to a range of activities and social stimulation that met their individual needs and preferences.

People received quality care that contributed to their wellbeing. Caring relationships were formed between staff and people due to the approach and continuity of staff. People were treated with dignity and respect.

People's communication needs were assessed and recorded. For example, people's preferred language was recorded in their care plan. The registered manager told us people were given information about the service in a format that met their needs.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The managers and staff were passionate about the care they delivered and were driven to improve the service. They worked in conjunction with families and other health care professionals to improve the lives for people. The management team monitored the quality of the delivery of care through staff observations and feedback from people while the monitoring systems were being developed to ensure people were satisfied with the care they received and to check that the care practices of staff were being maintained.

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 07/02//2019 and this is the first inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Carich 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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service 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

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We were unable to speak to people using the service due to their complex needs and limited vocabulary. We spoke to one relative about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, deputy manager and care workers.

We reviewed a range of records. This included four people's care records and multiple 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 spoke with two professionals who regularly visit the service

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicine administration records (MAR) showed people had received their medicines as prescribed and the guidelines in place for staff giving 'as required' medicines had been followed.
- Storage and stock checks of one person's medicines needed improving. There was a risk of people or visitors being able to access medicines that were stored in the kitchen cupboards at one of the services we visited. This risk was reduced by staff always being present in the service. However, at the time of our inspection the kitchen cupboards were being changed and the medicines were on show above the fridge as there were no doors at that time. Medicine stock left over from the previous weeks for this person had not been recorded on their current MAR. This made it difficult for staff to effectively monitor the medicine stock and could increase the risk of medicine errors. The registered manager took immediate steps to address our concerns.

We recommend the provider consider current guidance with regard to medicine management in supported living settings.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and contact details for reporting a safeguarding concern were available. One staff member said, "I know who CQC are, and I would report anything if I felt I needed to."
- The registered manager was aware of their responsibilities in reporting any concerns or incidents of abuse. All staff had received safeguarding training as part of their induction before commencing work at the service. Refresher training was completed as required.

Assessing risk, safety monitoring and management

- People were protected against identified risks. For example, there were risk assessments for moving and handling, and safe management of eating and choking if required. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. One person had a bespoke risk assessment as they had a diagnosis of epilepsy and required a specific medicine. Risk assessments had been reviewed on a regular basis.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.
- A plan for dealing with any emergencies that may interrupt the service provided was in place. People had personal emergency evacuation plans.

Staffing and recruitment

- The registered manager routinely reviewed the staffing numbers with the provider. Each person was allocated individual support hours as per their contract.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed.
- There had been some use of agency staff after the management team provided imminent support for some waking night hours for one person who moved within 24 hours to the service, but more recently, permanent staff were being used to ensure people received consistent support. The agency staff knew this person well as had worked with them at their previous placement so were used as a positive transition and to provide consistency.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and Barring Service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with at risk groups.

Preventing and controlling infection

- Effective cleaning practices were in place. The services we visited were visibly clean and tidy throughout. Staff had received training in infection control practices.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents and/or incidents. We were told, and records confirmed that all records of incidents were reviewed by the registered manager and prompt actions would be taken such as additional staff training and a review of people's care needs to reduce the risk of repeat incidents.

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. 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 and/or provider carried out an assessment of new people who had been referred to the service to confirm that staff could effectively meet the needs of the person. The assessment was completed in partnership with the person, involved relatives and health care professionals where appropriate. This information was used to inform the person's personalised care plan with the focus of providing person centred care and support. One relative told us, "It was a superb transition, I had a meeting with the manager at my home. I was fully involved before during and after the placement started. They deserve a gold medal."
- People's needs were assessed holistically and reviewed regularly, with appropriate involvement of health and social care professionals and people's close relatives when indicated.

Staff support: induction, training, skills and experience

- Two staff members we spoke to told us they would like more support and more regular supervisions with the registered manager. One staff member said, "We are dealing with complex behaviours and the person is fairly new, so we are all still learning. I started here in January 2020 but haven't yet received any formal supervision or a one to one to discuss scenarios. I would like one soon." The registered manager took immediate action and provided us with reassurances that they would provide required support for staff and immediate supervisions would be completed. The registered manager told us, and staff confirmed they could seek telephone support if and when required.
- New staff were supported with an effective induction and to complete the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers.
- Staff completed a training programme, set by the provider, with updates at agreed intervals. This included, first aid, MCA and DoLS and safeguarding. Staff also received training specific to the needs of people using the service, such as behavioural support, autism and epilepsy.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Some people received support with their meals and fluids as part of their care package. Staff supported some people to plan, shop and prepare their meals depending on their abilities and levels of independence. People were supported to eat a healthy diet and to manage their dietary needs. People had been referred to a dietician or speech and language therapist when needed for advice around their diet and safe eating and drinking.
- Staff knew people's preferences and choices for their meals and were aware of people's individual needs.

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

- People's dietary needs were met. We saw menu's which involved people choosing what they would like to eat in advance. Some menus were written in an easy read format with pictures, so people were able to point to them if they wanted to eat that meal. Care records gave staff guidance on how people liked to be supported with their nutritional needs. Some people had specific speech and language guidelines with regard to eating and drinking safely. These were readily available for staff and were updated regularly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans included key contact details of people's GP, district nurse, pharmacist, and relatives. Staff prompted and supported people to attend their appointments if required.
- Staff knew people well and assisted people in monitoring their health and well-being to ensure they maintained good health and identified any problems
- People were supported to attend appointments with GPs and received annual health checks.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records in relation to DoLS were kept under constant review. This meant that any conditions imposed as part of the DoLS authorisation were met. The registered manager continued to make appropriate applications for DoLS when these were needed. Staff understood the individual ways people using the service gave or withheld consent when they were not always able to communicate verbally.
- When people could not easily express their needs, care plans contained information from people who knew the person well, for example, families, primary carers and professionals involved in the person's support. Staff gained consent before providing support to people.

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

- Staff told us people had a plan of weekly activities in place which provided them with some structure and a regular routine for each day; however, this was flexible if people chose not to participate in the planned activities. One person was new to the service and staff told us they were trialling different activities such as cycling, to see if the person enjoyed it as they were unable to verbalise their preferences.
- Staff described a caring working environment, where their well-being was supported. One staff member said, "We are a good team, we help each other, and cover shifts rather than use agency. It works really well."
- The provider and registered manager promoted a caring culture throughout the service.

The provider and registered manager told us that due to staff shortages, they had delivered care to people which had given them a good insight into people's care needs and to receive any feedback about the service they received.

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

- People and their families were able to contribute to their care planning. One relative said, "I was involved in the assessment. I am updated regularly and am able to contribute to documentation. Communication is excellent."
- People were offered choices in day to day decisions, including how they spent their day and what they wanted to eat. Staff respected people's choices. For example, during the inspection, one person stayed in for the afternoon as they did not wish to go out that day.
- Staff worked in conjunction with people's relatives to ensure people received care which consistently met their support needs. People's care needs were regularly reviewed which gave them an opportunity to express their views about the care and support they received.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us that they or their family member were treated with dignity and respect. They also told us that the staff upheld people's privacy when they provided care. For example, people told us how staff would ensure doors and curtains were closed when supporting people with personal care or prompting for bathing. One staff member told us, "It's important to maintain people's dignity. We do what we can as they are in shared houses sometimes."
- Staff and relatives told us people were encouraged to retain and promote levels of independence as far as they could. For example, one relative told us that staff supported people to carry out some of their own personal hygiene and maintain their mobility. The staff we spoke with told us how it was important to enable people to participate in their care and do as much as they could for themselves as it would allow them to maintain a level of independence

- People's care plans reminded staff to respect people dignity and privacy at all times. Staff confirmed that they considered people's privacy and dignity while supporting people with personal care.

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. 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

- People received personalised care from staff who knew them well. We were unable to speak to people about their staff team however; relatives told us staff were reliable, flexible and that their family members were supported by a consistent staff team. This enabled staff to get to know people and their needs well.
- Staff confirmed they were informed about people's care needs and support requirements and worked in partnership with people's families.
- Copies of people's care plans were held securely in the provider's office and in people's own homes so that all staff including on call staff always had access to people's care records. A new digital system had recently been introduced, and in the interim paper records were also being used to ensure records were available and up to date. The registered manager was holding a staff training day on how to use the digital system for staff on the third day of our inspection.

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 assessed and recorded. For example, people's preferred language was recorded in their care plan. The registered manager told us people were given information about the service in a format that met their needs. We saw many documents in an easy read format, including meal and activity planners.
- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff, relatives and health professionals told us they were fully involved in conversations relating to making decisions about people's care and support. This was during the initial assessment of their needs and continued at frequent intervals or when needs changed.

Improving care quality in response to complaints or concerns

- We reviewed the complaints file and identified that complaints were investigated, and action taken in line with the provider's policy. There had been numerous complaints/concerns since February 2019 and the registered manager told us they encouraged concerns and complaints as they could learn from them. The

registered manager had responded to complainants with the findings of their investigations and provided an apology and explanation.

- The provider valued people's feedback and used it as an opportunity to improve the service. People and their relatives were aware of how to raise a concern or complaint.

End of life care and support

- The service was not currently providing any end of life care to people at the time of the inspection. The registered manager explained that they would review people on an individual basis if they required end of life care and assess whether the service could meet their needs. They told us they would be reviewing staff training in end of life care and the service's policies to ensure that they had suitable systems in place if people needed end of life support.

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 key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The provider and registered manager had identified some actions that were to be completed and told us how they were aiming to improve these areas, for example; staff required more support and extra supervisions and appraisals. The registered manager told us more regular medicine audits would be carried out due to the stock check concerns we found at the inspection.
- The provider and registered and deputy managers were making progress in implementing measures and systems to help them to effectively monitor the delivery of care to people and staff performance. For example, plans were in place to address the gaps in staff training, supervisions and one to one support meetings.

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

- Relatives and health professionals were positive about the support provided to people supported by Carich Care. A relative told us, "Both the registered manager and deputy manager are nice. The manager came out and did an assessment with us before [name of person] came here. They deserve a gold medal."
- Consultation records were being sent to staff and relatives to gain feedback on the service provided and identify any improvements that could be made. The registered manager told us, "It's important to get feedback, we can get ideas and hopefully make improvements."

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

- Staff understood their roles and responsibilities and had clear job descriptions they could refer to. Staff understood how to escalate their concerns and felt comfortable to do so.
- The registered manager and team understood their responsibility to be open and honest with people and their families when things went wrong. A clear system was in place for staff to report any concerns, accidents and near misses promptly. The registered manager was aware of their legal obligation to report any concerns to CQC and to do so with transparency and to take action and learn from any mistakes.
- The registered manager and staff worked well together to ensure people received personalised care which met their needs and took in to consideration their preferences.

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

- The registered and deputy managers undertook regular spot checks to observe the care and support

provided by staff. Observations of practice recorded aspects of service delivery such as staff interactions with people, person centred care and practical skills.

- The registered manager understood their responsibilities to notify CQC and other authorities of certain events
- The registered manager and provider were clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements.

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

- Staff and relatives told us they felt comfortable approaching the senior team. For example, a staff member said, "[Registered manager] is always available and always has the solution. She's great, professional boundaries are maintained but she's approachable."

Working in partnership with others

- The service worked in partnership with other agencies such as health care professionals and commissioners to ensure that the service met the support requirements of people.