



Inspection Report on

CARECO HEALTHCARE LTD

**Birch Tree Cottage
Station Way
Chester
CH4 0GA**

Date Inspection Completed

17/07/2019

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Description of the service

Careco Healthcare Limited are registered with Care Inspectorate Wales, (CIW) as a domiciliary support service operating in North Wales regional area. The responsible individual (RI) is Adrian Ward.

The statement of purpose describes the service as providing domiciliary support service to people over eighteen years of age and people over 65 years who require personal care and who have a diagnosis of either physical disabilities, sensory loss, mental health, dementia, drugs and alcohol or brain injury conditions.

The agency office is based in Penyfford, Flintshire North Wales.

1. Overall assessment

Overall the quality of the care and support provided by Careco Healthcare Limited is consistently good. People are happy with the service provided and have the opportunity to contribute to the day-to-day running of the service, their views are frequently obtained. Care files and documentation are easy to navigate so staff are able to access information quickly. There is good leadership that is described by staff as supportive and staff are well trained to carry out their duties.

2. Improvements

This was the first registration inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

We made one recommendation following this inspection, to obtain a complete work history for every employee, this can be found in section 5 of this report.

1. Wellbeing

Our findings

Overall we found that people receiving care and support from the agency receive good quality care. People are kept safe and treated with dignity and respect as practices, processes and leadership in the service support staff to enable people to maximise their potential. Individual care and support needs were carefully assessed before people were accepted. Personal plans were current and reviewed regularly, which provided staff with clear guidance on people's individual needs and personal preferences. Appropriate risk assessments were completed in line with any identified risks to that person. Staff are recruited safely and from discussions we confirmed they understand their responsibilities. People are protected from harm and are treated with dignity and respect as robust processes are in place to ensure staff are aware of their outcomes.

People are safe, their personal outcomes are understood and they are informed about how to make concerns known. Staff receive appropriate training to understand behaviours and adopt strategies to support individuals with their behaviours to achieve their well-being outcomes. Staff are encouraged to promote positive risk taking in a managed safe way, and people are protected by trained, supervised and supported staff. Staff spoken with were motivated to enable people to maximise independence and were well supported by the RI/manager. People receive copies of all documentation and sign their personal plans. Management contact details are kept in people's homes and they told us they know who the manager and RI is as they "*see them regularly*". People are kept safe, listened to, feel they belong and are supported to make their own decisions.

People are happy with the service provided, they are able to do the things that matter to them as staff take time to get to know the people they support. People have control over the service they receive as they told us they decide when care calls take place and what support they require. We spoke to people using the service who spoke highly of the staff and service they receive. They told us that they have meaningful interactions with staff and the staff and management have positive and caring attitudes. People receive the right care and support at the right time in the way they want it.

The RI and manager have effective oversight of the service, through ongoing quality assurance processes. These are used for the continued development and improvement of the service. We saw quality assurance feedback from people using the service which was complimentary. We spoke with people using the service and they told us care and support was "*second to none*". A relative told us staff take time to get to "*know how people feel*". People are supported by care staff that are recruited in appropriate numbers, have sufficient training and competency assessed. Staff have the necessary qualifications to provide the levels of care and support required to achieve their personal outcomes. We conclude people receive a good level of service from Careco Healthcare Limited as they are committed to providing a service to people that is personal. The RI and management are committed to driving continuous improvement and demonstrate a willingness to learn from best practice and feedback from people using the service including staff.

2. Care and support

Our findings

People can be confident they will be supported to keep safe and live as well as they can. There is a medication policy and procedure in place which provides staff with the information they need to work safely. People have allergy alerts in their personal plans to ensure staff know what to do in an emergency. We reviewed the training schedule and found that staff receive training and are competent before managing, administering or supporting individuals to manage their own medication. Staff are regularly trained and assessed to ensure best practice is promoted as we saw evidence of refresher training and competency assessments in staff files. People told us that they are supported to independently manage their medication if they choose to; comments included *“cannot fault the staff”* and *“they help me when I need it”*. Systems are in place for management to ensure the oversight and audit of medicines management. People can be confident they will be cared for safely and be as well as they can be as they are supported by a service that has effective systems in place for medicines management.

Achievement of people’s personal outcomes are supported by personal plans that include sufficient detail to inform and enable staff. Care documentation examined was of a high standard, informative and personalised according to people’s preference, for example, one person’s care file was James bond themed; one person told us they *“tell the manager what to write in their care plans”*. The provider has designed a template they refer to as ‘good day / bad day profile’ which the responsible individual (RI) told us is for staff to *“know what to do to make a bad day a good day”*. One person’s file reviewed stated they had epileptic seizures, there was clear information for staff on each type of seizure along with risk assessments in place with control procedures to manage the seizure, details to be recorded and who is to be notified. Six staff had completed training for management of epilepsy meaning staff who know about the condition will support those people that have epilepsy. We reviewed the pre assessment policy and this was detailed to a good level; following a discussion, we made a recommendation to the provider to include a list of forms that will be completed as part of initial assessment; this was completed on the day of inspection. One care worker told us *“we work as one big team”* and another told us they *“learn something new everyday”*. All staff spoken with indicated a positive and supportive relationship with management who are responsive when people’s needs change. . People using the service told us the care and support was *“second to none”*. A relative told us staff take time to get to *“know how people feel”* and how staff have *“bonds with people”* and that they *“give people a fantastic quality of life”*. Two people spoken with have been with the provider for over 10 years and told us that they have *“no cause for complaint, they come out tops”*. The feedback received also confirmed people actively *“recommend”* the agency for its personalised care and support and that they have control over the timing of the care calls as they are mainly *“to suit”* them. Staff are trained on the completion of daily records and undergo a series of shadow shifts before working alone. The All Wales Induction Framework program is required to be completed during their first three months in post. One care worker told us *“there is a lot of paperwork but it is all needed”*. People have two care files, one stored securely in the office and one in their homes, all documents are signed by the people receiving the service or their representatives, and staff. Files are organised and all look the same, the manager told us this *“helps staff become familiar with the layout of files so they know where to find what they need”* staff confirmed this to be the case. The

service provides copies of relevant care documents if people are taken into hospital. We recommended a check list for staff be devised so they are aware which documents to send with the person to ensure information is transferred as required, which was provided after the inspection. The RI provided examples of changes to care files as part of the ongoing improvement of the processes in place, for example they have introduced the use of red biro in daily notes for care and support alerts; a do not resuscitate sticker as opposed to a form . People's personal outcomes are achieved by personal plans that include sufficient detail to meet people's individual care and support needs and people feel a sense of ownership over their care and support.

Care and support is responsive and proactive in identifying and mitigating risks. Risk assessments for three people were considered and we found they were all individualised. The level of information provided staff with guidance to follow to reduce any identified risks and they included what people could do for themselves. There was evidence of regular reviews and they were all signed by the person regarded or their representative. The risk assessments examined required some minor improvement, this was feedback to the RI on the inspection and has since been adjusted. A discussion on the day of inspection regarding one person revealed there was an identified complex financial risk, we saw that this was being actively assessed demonstrating the provider takes a proactive approach to reduce identified risks. There was evidence of positive risk-taking being supported and promoting independence where it had been determined this is appropriate and agreed with the person. People are supported by staff that ensure they are able to make decisions in their lives and take positive risks.

People receive the right care at the right time. Staff stay with people for the correct amount of time and missed or late calls are infrequent. We spoke with three people using the service and they told us their care calls are mostly on time and if the staff are going to be late they receive a call to advise them. People told us staff always stay for the required amount of time and one person told us they "*are very spoilt*" by care workers as they "*often stay longer*". Staff told us "*we have some lovely people that we care for*". People spoken with told us they are told about staff changes which affect them. New workers are introduced to them and they are provided with consistency of care and support. There had been two call-timing incidents notified to CIW; 27 July 2018 and 30 November 2018; one call was late and one was missed due to a staff rota error. The RI told us how they managed this and that there was no impact for the people affected. The provider has introduced a call booking in/out system using technology; care files in people's homes include a fob for staff using the company issued mobile phone with app to book into the persons home and book out again. This system assists the provider in monitoring call times and durations, and supports the management to identify late or missed calls. Staff told us this system works well "*most of the time*" as there have been occasions where company mobile phone batteries have ran out of charge. The provider has the staff and resources available to provide a service in line with the statement of purpose and to meet individual's care and support needs. Staff and management ensure people receive the right care at the right time.

3. Leadership and Management

Our findings

The service has a robust internal quality assurance process. The RI is present in the service daily and was observed to be engaged with management and staff. People spoken with told us they knew who the RI was and have had some contact. Discussions with the RI evidenced the RI knew the service provided by the agency and understood people's outcomes from meeting with some of them as part of quality assurance process. Management and staff told us they worked with the RI on a daily basis and that they were *"always available, even when on holiday"*. The manager is actively involved in the service and told us they often *"cover calls to check quality and compliance"* which staff spoken with confirmed. Annual quality assurance feedback from 21 people in August 2018 was reviewed on inspection and comments such as *"excellent in all aspects"* *"would recommend"* *"high level of care"* were noted in responses from people using the service which evidenced the level of satisfaction from people receiving care and support; there were no negative comments made. On the day of inspection, we saw directions from the RI in relation to improvement of policies and procedures and care records. There were records of formal visits to the service, meetings with people receiving a service and staff. The RI directions to the management provided for visits in August 2018, November 2018, February 2019 and May 2019. The service has a statement of purpose (SOP) that accurately describes the service provided. The SOP was reviewed during the inspection and we made suggestions to enhance the content. This was later actioned and an updated version has been provided to CIW. The SOP provides people with information that is accurate and up to date as it states where and how services will be provided. It states the arrangements to support the delivery of the services for example how people can expect to be matched to staff, who the provider is and how they can communicate with the provider. A copy of the statement of purpose is made available to individuals who use the service, staff and any representative who may request it. The RI and manager have effective oversight of the service, through ongoing quality assurance processes and these are used for the continued development and improvement of the service.

There is robust selection and vetting systems in place to enable management to safely recruit staff. We reviewed the recruitment policy and procedure, spoke with six staff and reviewed four staff personal records. There was sufficient information to evidence the recruitment procedure had been followed, staff told us they had provided information such as referee details, identification, upon checking the staff documentation it was evident references had been followed up, identification had been verified and disclosure and barring check (DBS) had been completed. However, staff employment history was incomplete so a recommendation has been made to address this as per schedule one of the regulations for people working in care services. The provider evidenced how they risk assessed a positive DBS for one care worker. We saw and discussed the process the RI followed which provided assurances that staff were subjected to a rigorous selection process. Staff receive an induction programme, based on a nationally recognised framework, that equips them to be confident in their roles and enabled them to make a positive contribution to the well-being of individuals.. The manager told us they competency assess all staff regularly by working with them or spot-checking care calls; this was confirmed by staff we spoke with. Staff have received some specific training and development opportunities to enable them to improve outcomes for people, for example; seven staff have completed percutaneous endoscopic gastrostomy (PEG) training; 27 staff

have completed dementia training; and six staff have completed alcohol misuse. In one person's care documentation there was a direction from a health professional made on 8 May 2018; "*everyone providing support to X should undertake training regarding autism spectrum conditions*" no training had been made available for staff at the time of inspection, however, since the feedback on the inspection the provider has confirmed they have arranged a training session for staff and has provided information. People are supported by care staff recruited in appropriate numbers, have sufficient training are competency assessed, and have the necessary qualifications to provide the level of care and support required to achieve their personal outcomes.

4. Environment

Our findings

Records are kept secure, and staff can access management support in a suitable environment. The service provides care and support documentation for people which is stored in their own homes, a duplicate file is stored securely in the provider's office. We saw one care file from a person's own home which matched the file in the office. The manager advised us that staff regularly come in the office. Staff were seen entering the office during the inspection for various reasons such as discussion with management, collecting items and supervision. The location, design and size of the office is suitable for the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

- Ensure a complete work history is obtained for each employee in accordance with schedule 1 of the regulations.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. This was an announced, full inspection as part of our inspection programme. We, (CIW), visited the agency's office on 4 July 2019 between 9:00 a.m. and 5:00pm, there was also further contact with the agency until 23 July 2019 by email.

Feedback was given to the responsible individual and registered manager at the end of the inspection.

Information for this report was gathered from the following sources:-

We spoke with

- Three people who receive services;
- a relative of a person who receives services;
- three care workers
- two senior members of staff
- the registered manager and;
- responsible individual

We looked at

- The Statement of Purpose 2018 and 2019 updated version
- three case files including risk assessments, one page profiles and support plans;
- the missed calls procedure and associated records;
- well-being outcomes and emergency procedures;
- three staff files including the recruitment process;
- sample of quality of care review feedback questionnaires;
- staff training matrix
- Social Care framework booklets for two staff
- staff handbook
- a selection of documentation used for assessment
- call visit records for one person
- a range of policies and procedures staff and client newsletter dated April 2019
- records held by CIW and;
- notifications made by the provider to CIW

CIW is committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Domiciliary Support Service
Service Provider	CareCo HealthCare Limited
Manager	There is an appointed manager in post who is registered with SCW.
Date of previous Care Inspectorate Wales inspection	22/11/2017
Dates of this Inspection visit(s)	04/07/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The provider is working towards providing the active offer of welsh.
Additional Information:	

Date Published 13/09/2019