Carefully Done Ltd

Carefully Done

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Carefully Done is a care agency providing personal care and support to people living in their own homes. This is the only location managed by this provider.

At the time of our inspection, one person was using the service. The registered manager was the only member of staff employed at the agency and they provided care to the person.

People's experience of using this service and what we found
Risks to people's safety had not always been assessed or planned for.

The staff caring for people did not always have the skills, knowledge or experience to do so safely and well. They had not undertaken training to help them understand about people's needs and how to meet these.

Systems for monitoring and improving the quality of the service were not always operated effectively. Care records were not always complete or accurate and the provider had not taken enough action to mitigate risks.

People using the service and their relatives were happy with the care they received. They had a good relationship with the registered manager and felt they were able to make choices about their care. They felt involved and listened to and told us their wellbeing had improved since they started using the service.

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 was the first inspection of the service since it was registered with CQC on 7 December 2021.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment, staffing and good governance at this

inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Carefully Done

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 Health and Social Care Act 2008.

Inspection team
The inspection was conducted by two inspectors.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 9 January 2023 and ended on 10 January 2022. We visited the location's office on 10 January 2023.

What we did before the inspection
We used information gathered as part of monitoring activity that took place on 23 November 2023 to help

plan the inspection and inform our judgements.

We looked at all the information we held about the provider. This included information gathered when they were registered with us and information they sent us when they started operating.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection
We met the registered manager. We spoke with the person using the service and their relative on the telephone. We looked at care records and some of the other records used by the provider for managing the service.

Requires Improvement

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 of 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.

Assessing risk, safety monitoring and management

- The provider did not always ensure risks were safely managed. The person using the service, and people who had used the service in the past, needed some support to move and used equipment to help with some care tasks. The registered manager, who provided care, had not been trained to use this equipment, nor had they undertaken training to understand the principles of safely moving people.
- The provider had assessed some risks for the person using the service. However, the records of these were not always clear. Some information was recorded inconsistently and contradicted other information. This meant is was not always clear how risks were being managed.
- The person's risk assessments for mobility and falling stated there were risks associated with moving around their home. However, the assessment did not describe the specific risks for the person or how these were reduced. Similarly, there were no assessments or plans to help manage other aspects of the person's care, including continence and skin integrity.
- The registered manager told us they helped the person to monitor their blood pressure and oxygen levels. However, there was no information about this, the specific risks for this person or what action staff should take if there was a problem.

We found no evidence people were harmed, but failure to do all that was reasonably practicable to mitigate risks was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person using the service was able to communicate their needs, lived with their family and was provided care by the same regular member of staff (the registered manager). Therefore, risks were somewhat mitigated. The person and their family member told us they thought care was delivered in a safe way.
- Following our inspection, the registered manager undertook training to better understand how to safely move people and how to use equipment when supporting people to move. They also updated the person's risk assessments and care plan to give clearer information about the risks they faced and how these were managed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had a procedure for dealing with safeguarding allegations. However, they had not obtained local procedures for the areas when people lived and where the service was operating. We discussed this with the registered manager, and they agreed to obtain these and incorporate them into service guides and their own procedures. Following our inspection, they provided evidence they had done this.

● At the time of our inspection, the registered manager had not undertaken safeguarding training although they had some knowledge of how to respond to allegations of abuse. They undertook training in this area following our inspection. They had not fully identified a situation which had happened in 2022 as reportable to the local safeguarding authority. They had spoken with a social worker and the person's family so action could be taken to support the person. However, they had not recognised the concerns as potential abuse. We discussed this with the registered manager so they could reflect on how to approach allegations such as this in the future.
● The provider had systems for learning when things went wrong. These included procedures for investigating complaints and dealing with accidents.

Using medicines safely
● No one was receiving support from the agency with their medicines at the time of our inspection. However, at the time of our inspection, the registered manager (the only member of staff employed at the time) had not undertaken training to understand about safe medicines management. They did not have enough skills or knowledge to provide this support safely if it was needed. Following our inspection, they undertook an online training course about medicines management.

Staffing and recruitment
● The registered manager was the only employee of the organisation at the time of the inspection.
● The person using the service told us the care visits took place on time and they did not have to wait for care.
● The provider had systems to be followed when recruiting staff. These included links with another organisation who helped to carry out checks on potential staff.
● We were not able to make further judgements about staff recruitment because no other staff had been employed at the time of our inspection.

Preventing and controlling infection
● The provider had procedures for preventing and controlling infection. The registered manager had undertaken training about infection prevention and control.
● The provider had supplies of personal protective equipment (PPE). The person using the service and their relative told us good hygiene practices were followed.

Requires Improvement

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The staff supporting people did not always have the skills needed for their role. The registered manager was the only member of staff employed at the service at the time of our inspection. They had not undertaken all the necessary training to equip them to care for people safely and in line with legislation.
- They had not undertaken some of the training necessary to provide safe basic care to people, including how to support people to move safely or how to manage medicines. The provider's website stated that care offered would include dementia care, end of life care, support with medicines, hoisting and help to move. The registered manager had not had training in any of these areas and therefore could not provide this service safely.
- Additionally, they had not undertaken training to understand dementia, sensory impairments or physical disabilities. When the provider registered with CQC they stated that they would specialise care in these areas and this was recorded on their most recent statement of purpose (October 2022). However, without the necessary training, the staff did not have the skills to provide these services.
- Since July 2022, all health and social care providers have been required to ensure staff received training on learning disabilities and autism. This training had not taken place.

Failure to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed placed people at risk if receiving unsafe or inappropriate care. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager undertook a number of different training courses, both online and in person, to help improve their knowledge and skills.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider met with people to assess their needs and choices before they started using the service. The person we spoke with and their relative told us they felt involved in this and felt their choices had been respected and listened to. The assessment was used to develop a care plan.

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

- The provider had worked with other professionals to help keep people using the service healthy. The registered manager had supported one person to access doctor's appointments and had liaised with their pharmacist about medicines.

● The person using the service was supported to exercise following guidance from a physiotherapist. The registered manager explained they had met the physiotherapist and had a training session with them when they learnt about the specific exercises the person needed support with.

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 MCA 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.

● The provider was acting within the principles of the MCA. They had obtained the person's consent to their care and different aspects of the service. The person told us they were always able to make choices and consent to care being given. The provider had recorded their agreement to their care plan.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

- People using the service and relatives told us they were treated respectfully. They had a good relationship with the registered manager (who also provided the care). They were asked for their views and these were respected. Their comments included, ''We get on very well'' and ''[Registered manager] is absolutely wonderful.''
- People were asked about their diversity needs, such as religion and culture, and information about these was included within their care plan.

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

- People were able to make choices; they were asked their opinions and their views were respected. They confirmed this, telling us they were always able to make decisions about their care.
- Care plans were developed in partnership with people using the service and their families. This helped to ensure their views and opinions about the service were recorded.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected.
- The provider helped to support people to develop their independence. This included helping people with their mobility and movement around their home environments. The person using the service told us they felt their ability to walk had improved as a result of the care and support they were receiving.

Requires Improvement

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Care had not always been planned clearly or in a personalised way. The provider had used a pre-populated template for recording the person's needs and had not deleted the information which did not apply to the person. The way information was laid out was not always clear. For example, there was information about continence and vision recorded within a section about culture and religion. Therefore, the plan was confusing and gave some contradictory information.

● There was not enough detail to describe the planned care for the person. For example, the plan did not include information about checks on their blood pressure or oxygen levels, a task the registered manager told us they undertook. The plan stated the person needed support with a bath, but there was no other information about this, including their preferences, own abilities or specific needs.

●Some identified needs were recorded but with limited information. For example, the plan stated the agency monitored problems with the person's eyes and that the person had ''coughing issues.'' However, there was no further information about these needs. The plan also stated the person required support accessing the community and cleaning the house but did not specify who was responsible for this support.

● We discussed the care plan with the registered manager. They were the only member of staff providing care at the time of the inspection, they knew the person well and the person was able to communicate their needs. Therefore, the risks associated with a lack of clear information were mitigated. However, the registered manager agreed they needed to improve the recorded care plans for other staff to be able to follow these.

● The person using the service and their relative told us their needs were met. They felt well cared for and told us they were able to make choices and had personalised care.

● Following the inspection, the registered manager amended the person's care plan to make this more personalised, detailed and accurate.

Improving care quality in response to complaints or concerns

● The provider had procedures for responding to complaints and concerns. Copies of these were available for people using the service and their relatives. They told us they knew how to raise a concern and felt able to do this. There had not been any complaints since the service was registered.

Requires Improvement

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager did not have a clear and in-depth understanding of the regulatory requirements for the service. They had started to undertake a management in care qualification but had not completed this. The had not completed other basic training to equip them to provide safe care and manage the service effectively.
- The provider had a range of policies and procedures supplied by an external company, but these had not always been tailored to the specific needs of the service, for example ensuring safeguarding policies included local safeguarding procedures.
- The provider did not always have effective systems in place to monitor and improve the quality of the service in line with legal requirements. For example, they had not undertaken relevant training, care plans were not always clear and accurate and the systems for auditing and checks had not been fully established.
- The provider's systems for monitoring and mitigating risks had not always been operated effectively, because assessments were not always clear and the registered manager did not always have the skills and knowledge to manage risks.

Failure to effectively operate systems and processes to monitor and improve the quality of the service and to monitor and mitigate risks was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager undertook a number of different training courses, both online and in person, to help improve their knowledge and skills. They had also updated some of their records, policies and procedures in response to our findings at the inspection.

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

- The provider's public website promoted services the provider was not registered to provide, such as nursing care. They also made claims about expertise, experience and training which they could not evidence. We discussed this with the registered manager, who agreed to update the website with the correct information.
- Whilst the provider supplied some information for people to keep in their own homes, this did not include all the information people needed about the service. We discussed this with the registered manager who agreed to update the information.

● The person using the service and their relatives had a good relationship with the registered manager. They felt their needs were respected and met. They were able to make choices and they felt they well supported.

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 had not always notified CQC when required. For example, a person had made allegations which indicated they may have been abused. The registered manager spoke with the person's family and a social worker but had not notified CQC. We discussed this with the registered manager and signposted them to where they could find information about the process they needed to follow in the event of future notifiable incidents.

● The registered manager understood their responsibilities under the duty of candour and how to respond if things went wrong. They had suitable policies and procedures in respect of this.

Working in partnership with others

● The provider had started to create links with other organisations to improve their knowledge and understanding of care provision and regulations.

● The registered manager had liaised with other health and social care professionals to help make sure people could access services they needed.

●The registered manager was working with a local college who recruited and trained staff from abroad (now living in the UK) to work in the care sector. They told us they would use this resource to recruit new staff when needed.

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

● The provider engaged with people using the service and their relatives. They asked for their views and involved them in care planning.

● The provider had sought telephone feedback about the service from others who had previously used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always ensure the safe care and treatment of service users. Regulation 12

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always effectively operate systems and processes to improve and monitor the quality of the service or to assess, monitor and mitigate risks. Regulation 17

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person did not always ensure sufficient numbers suitably qualified, competent, skilled and experienced staff were deployed. Regulation 18