

Carrick Healthcare Ltd

# Carrick Healthcare Ltd

## Inspection report

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Date of inspection visit:  
11 January 2023

Date of publication:  
26 January 2023

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Carrick Healthcare is a domiciliary care agency. The service provides personal care to people living in their own houses or flats. At the time of our inspection there were 30 people using the service.

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

People we spoke with were positive about the agency and the support provided. People told us, "I can't fault them [managers and staff]. A wonderful service. Very happy," "They [managers and staff] go over and above. They have done so much to support us and point us in the right direction for help" and "They [staff] always have a smile and time for a chat."

There were individual risk assessments which were person centred to ensure people were protected and could be supported safely. People received care and support as and when it was commissioned. There had been no missed calls and all calls were monitored to identify any gaps.

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 were recruited safely and were deployed to suit the specific needs of people. Staff told us they enjoyed working for the agency and felt very supported by managers.

Staff demonstrated a good understanding about safeguarding people from the risk of abuse. Training was provided and regularly updated. Staff were reminded of safeguarding issues and practices in meetings to ensure information was current to support staff.

Most people administered their own medicines, but where staff supported people, they managed medicines according to national guidelines. Support for people was planned to ensure the person's needs and wishes were considered.

There was a strong person-centred culture within the staff team. Care and support plans had been developed for people, to understand the reasons for some people's behaviours and actions. They provided guidance for staff to ensure consistent approaches were used when supporting those people.

Staff knew people they supported well and demonstrated an understanding of their individual care and communication needs. This helped ensure people's views were heard and their diverse needs met.

Safe infection control measures were followed by staff and there was enough PPE available to support this.

Staff were supported by a system of induction, training, supervisions, appraisals and staff meetings. Staff

were appropriately trained, and their competency regularly checked, to ensure people's needs were met.

People's relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the 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](http://www.cqc.org.uk)

Rating at last inspection:

We registered this service on 25 October 2021 and this was the first inspection.

Why we inspected

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

Follow up

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

# Carrick Healthcare Ltd

## Detailed findings

### Background to this inspection

#### Inspection team

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 carried out by one inspector

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection. We visited the location's office on 11 November 2023.

#### What we did before the inspection

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

We used all of this information to plan our inspection.

During the inspection

We spoke with 5 relatives of people who used the service about their experience of the care and support provided. We received feedback from 5 members of staff. We looked at a range of records. This included two people's care records, two recruitment files, training records, medication records and audits of 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 of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management, learning lessons when things go wrong

- Risks to people's safety and wellbeing were assessed and well managed. People had individual care records which included risk assessments. They considered risks associated with the person's environment, their care and support, medicines and any other factors.
- Risks were discussed with the person, their family and health and social care professionals. A relative told us, "The manager and staff always talk me through [person's name] risks and how they are going to manage them. I feel very confident with the way it's all done."
- The management team reviewed incidents to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified. Regular audits were completed, and lessons learned were shared with staff to improve the service. For example, where staff recognised a person did not have the appropriate equipment to support them action was taken to engage with health professionals. This resulted in more appropriate equipment being installed. The outcome was positive for the person and staff.
- Staff understood people's individual risks and what actions were needed to reduce or manage risks. For example, the service aimed to ensure people received care from the same carers to help build relationships and provide stability. A relative said, "We do get the same carers and it really makes a difference. We love our carers; they go over and beyond."

Systems and processes to safeguard people from the risk from abuse

- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at staff meetings and through staff development meetings. All staff confirmed they had received this training and one staff member told us, "We have the training and regular updates in safeguarding. I am confident I would know what to do should I be concerned."
- Relatives told us they felt people were safe using the service. Their comments included, "We have always felt very safe with the carers who come here".
- The registered manager had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.

Using medicines safely

- The service had a safe system to manage medicines. Most people using the service administered their own medicines or relatives were responsible. Where medicines were administered they were managed safely. A staff member told us, "If I was unsure or concerned, I would speak with the manager."
- Staff were competent in the safe management and administration of medicines. Staff completed relevant

records following good practice. Staff told us they had all received training in medicines administration and management of medicines.

- Regular competency checks were made by managers to ensure medicines were being administered and recorded safely.
- There was a regular auditing process carried out by the registered manager or deputy manager.

#### Staffing and recruitment

- The registered manager ensured appropriate staffing arrangements were in place to meet the assessed needs of the people in a person-centred and timely way. Staff confirmed the management were supportive. They told us if necessary, managers also work to support people's needs in the community. Staff told us they worked well as a team and supported each other. Rotas showed the service employed enough staff to meet people's needs. There had been no missed calls and all calls were monitored to identify any gaps.
- The provider's recruitment practices were robust and staff records confirmed appropriate checks were undertaken before they supported people in the service.
- All staff went through a vetting process prior to commencing work. The Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- People were protected from the risk of infection and cross contamination including COVID-19. The registered manager told us they had made the decision to continue to wear face masks as people felt more confident about their use and to mitigate risk. People told us staff regularly wore personal protective equipment (PPE) when they delivered care to them.
- The service had a good supply of PPE. Staff had received training in the safe use of PPE. Their practice reflected current guidance.



# 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 of this newly registered service. We have rated this key question 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

- People's needs were assessed before the service agreed to provide care to ensure the person's individual needs and preferences could be met. Initial assessments were carried out by the registered manager or senior staff. Any additional needs identified during these visits were documented and added to people's care plans.
- Information gathered during the assessment process helped to form care plans, with involvement from family and health and social care professionals to ensure an efficient service was delivered. A relative told us, "The manager came, and we had a good chat. It gave me confidence that they knew what support [person's name] would need and it has worked very well for us." A member of staff told us, "We get all the information after the assessment, so we know what to expect when we do a visit."
- The registered manager told us they made sure they gathered as much information as possible in order to determine if they would be able to take on a package of care. They said, "We need to be sure we can support the person and family. We have refused some requests as it was clear it would not be suitable for the person or the staff."

Staff support, training, skills and experience

- Staff told us they felt supported by the manager and received one to one supervision sessions as well as 'spot checks' to make sure staff were competent in their roles and to provide reassurance if required.. Staff told us they felt well supported, "I feel very supported and coming out to see us at work is a good thing".
- Staff received training which supported them to care for people. Staff told us they received an induction at the start of their employment with the service. The service used the care certificate as part of the induction training. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had access to training for specific areas when necessary to support clients. For example, stoma care and specialist nutrition systems..
- Staff were skilled and experienced. There was a good retention of staff. This meant staff were knowledgeable and knew the needs of people who used the service and how to meet individual needs.

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

- Care and support plans detailed where people may need support to monitor health needs. People were supported to maintain good health and were referred to appropriate health professionals as required. This ensured people could get support required from health or social care professionals. A relative told us, "They

[managers and staff] have been so supportive and have managed to get the help we needed for equipment."

- Relatives felt that the provider was quick to identify any health issues and act appropriately. Comments included, "When [name of person] became ill they [staff] were straight on the phone" and "It does give me piece of mind that they [staff] are always alert to any changes."
- Managers and senior staff monitored attendance calls and informed people if calls would be late. A relative told us, "They [staff] always let us know if there is a delay. It doesn't happen very often."
- Health and social care professionals worked closely with the agency in order to improve outcomes for people. Commenting, "Carrick Healthcare, if the patients' needs change. The managers contact the Multi-Disciplinary Team [MDT] to review the support. Sometimes it is just for advice."

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

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- Care records documented peoples likes and dislikes and identified any associated risks with eating and drinking. One person told us, "They [staff] know what I like and don't like".

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.

- People were supported in accordance to the requirements of MCA. Staff consistently took the least restrictive option when supporting people to stay safe and independent. They sought people's consent before they delivered care and support.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interest.

# 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 of this newly registered service. We have rated this key question 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 respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. For example, staff respected people's religious needs. It had been arranged for some people to receive visits at home from their church, if they could no longer attend services.
- The management team talked of protecting and respecting people's rights. They talked with us about the importance of supporting a person to attend a family event and how they had altered visit times to enable this.
- People were supported to maintain their independence. The management team completed environmental risk assessments to ensure people's homes were suitable to meet people's needs. Where specialist equipment was required the service worked with professionals to ensure they could operate it effectively and safely. For example, a person required mobility equipment to enable staff to provide the level of care and support they required. The service had worked with health professionals to ensure a more appropriate ceiling hoist system was installed.

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

- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with. During the assessment people were asked if they preferred a specific gender to provide their care and support. This was noted and wherever possible was implemented.
- Care plans contained background information about people's personal history and their known routines. This meant staff were able to gain an understanding of people and engage in meaningful interactions with them.
- People were asked their views on how the service was delivered through ongoing communication and reviews. Relatives confirmed the service regularly engaged with them and they felt their views were valued.

Respecting and promoting people's privacy, dignity and independence

- Treating people with privacy and dignity was embedded in the culture of the service. The provider had a range of policies in place to help staff to promote people's privacy and dignity and information relating to advocacy services was available. Advocacy seeks to ensure people can have their voice heard on issues that are important to them.
- People told us they were treated with respect, compassion and kindness by caring and competent staff and comments confirmed this. Comments included, "They [staff] go over and above. They are very patient." Also, "They [staff] often stay a little longer than they need to, just to make sure everything is OK."

- People were supported to retain their independence. The systems within the service supported people to maintain the life skills they had and promoted their independence. Staff confirmed this was always focused on. Comments from staff included, "The company provides a service that meets individual's needs" and "Carrick does provide a service to each client, for their individual needs. Including promoting independence."
- People's confidential information was kept securely. Information held on electronic recording systems required specific access requirements for security.

# 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 of this newly registered service. We have rated this key question Good. This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- There were systems in place to ensure the planning of people's care and support was person centred and tailored to individual needs and choices. Support plans and risk assessments had been developed. They provided detailed information for staff and helped them to deliver support in a way which would best meet people's needs.
- There was an effective communication system to support the staff team.. Staff told us they had the information they needed to support people and any changes were passed to them promptly.
- Relatives were complimentary about the on-line electronic recording system so that they could keep up to date with how their family member had spent their day. A relative told us, "We are kept up to date with all the information because we have access. It puts my mind at rest."
- A member of the staff team told us, "Carrick Healthcare is very responsive to peoples' needs. Service users are discussed at each staff meeting and any individual concerns or suggestions can be communicated to the office staff, who have proved themselves very responsive and supportive".

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Where a person may struggle to express their views in words, staff had detailed understanding and knowledge of the indicators that alerted them to signs of agitation. Training was provided for staff to enhance their communication skills in order to provide a better service. One person who had difficulty hearing was supported to communicate by staff using a 'white board' to write information. Staff used clear masks while supporting another person to enable them to lip read.
- Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant
- Staff were committed to supporting people to live as full a life as possible by helping people to fulfil their wishes and aspirations. While staff did not currently support people in the community there was recognition this would be implemented if identified as part of their care and support package.
  - Support plans recorded information about people's interests and what they enjoyed doing with their time.

### Improving care quality in response to complaints or concerns

- The service had a complaints policy and process. A relative confirmed they had received this and would be

confident to make any issues or concerns known if they had any.

- People had the opportunity to raise concerns during their care plan reviews.
- The registered manager continued to learn from any issues arising and shared this with the staff team during team meetings with the aim of improving the care provided. A staff member told us, "Yes I know to report to our manager or office staff. Our app also allows us to raise an immediate concern on the spot."

#### End of life care and support

- The service supported people reaching the end of their lives. Staff received training and ongoing support for delivering end of life care and support.
- The service worked closely with other health and social care services to support people and their families when a person was approaching their end of life. There were several cards praising the managers and staff from families who had been supported. Staff told us this recognition was important to them and helped make them feel valued.

# 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 of this newly registered service. We have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture within the service was open and centred on the people who used the service. People and staff had easy access to the registered manager or other senior support staff when needed. Staff told us, "I feel staff views are listened to and addressed, and there is a wonderful team feel to Carrick healthcare. Each member of the team is valued and made to feel appreciated," "I feel my views are listened to and acted upon. For example, in the recent meeting we voiced that fuel payment felt like it wasn't covering mileage. This was immediately looked at by the management team and a rise in payment had been agreed" and "I feel a valued member of the team more than anywhere I have ever worked".
- Relatives all told us that managers were always available, and that managers and staff were passionate about the service they delivered. One person said, "Excellent service".
- Peoples support plans were person centred and recorded details about specific needs and choices. These were kept under regular review and updated when necessary. A staff member told us, "We send group messages to communicate if we can do anything better. For example, a service user that was not eating meals the family were buying. Carrick got in touch and sorted out an external foods order which had been chosen by the service user themselves. This was now working so much better, saving the family money and the service user eating so much better".
- Staff were committed to providing the best possible support for people. They demonstrated a good understanding of people's individual needs and preferences.

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 understood their responsibilities under the duty of candour. Relatives were kept well informed of any events or incidents that occurred with their family member.
- The registered manager was committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager had notified CQC of any incidents in line with the regulations.
- The registered manager and extended management team were open and honest about what achievements had been accomplished, and what had not worked so well and where improvements might be needed. For example, constant monitoring of all systems enabled the managers to highlight any issues and address them immediately. Staff told us they were encouraged to report any issues through the electronic system.

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

- The service had an experienced registered manager who demonstrated a good knowledge of their role and responsibilities. They were committed to developing the service for the benefit of people using it. The management team worked collaboratively to measure the services performance.
- Regular audits and checks were completed. Internal practices were embedded to check on staff performance and management systems.

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

- Systems and processes were developed to ensure people and relatives were fully engaged. People knew the management team well. People using the service and their families told us they would have no hesitation in contacting the management team if they needed to. A relative told us, "We really rely on the service and never disappointed. They regularly contact us and make sure we are happy with the service". Another relative said, "Completely happy with the service. They [managers and staff] continually go over and above what we would expect".
- Engagement with all stakeholders was seen as important in measuring the agencies performance, in order to develop the service further. The service planned a survey to gain the views of all stakeholders. People told us they felt confident to add their views and felt they would be respected.
- Staff told us they felt valued. They consistently told us it was 'a great place to work'. Other comments included, "We receive staff surveys and a message to remind us to do them, I am confident they are read and listened to as they are always making changes to benefit us" and "Always complete a survey when available. It's been a good year with Carrick Healthcare. Very positive, always happy to listen to any worries I may have and the feedback from the clients is always positive".

Continuous learning and improving care

- Systems used to assess and monitor the service provided, were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.
- The management team had auditing systems to maintain ongoing oversight and continued development of the service.

Working in partnership with others

- The registered manager and staff worked closely with health and social care agencies to share good practice and enhance care delivery.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.