



Inspection Report on

Careco Healthcare Ltd

**Care Co Healthcare
25b
Brunswick Road
Buckley
CH7 2ED**

Date Inspection Completed

23/01/2024

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About Careco Healthcare Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	CareCo HealthCare Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	4 September 2019
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People are very happy with the support they receive from CareCo Healthcare Limited. People are supported by *'friendly and attentive'* staff who know them well. People are supported and encouraged to make choices about their daily lives. Personal plans are person-centred, extremely detailed and reflect people's needs well. They are reviewed and changed accordingly.

Staff feel well supported by Management and are provided with training to meet the specific needs of people. There are very strong governance arrangements in place. The Responsible Individual (RI) has day to day oversight of the service and gathers the opinions of people and relatives to help to improve and develop the service. People's views are reflected in the quality of care review reports completed by the RI. The service is operating in line with the statement of purpose.

Well-being

People have control over their day to day lives. They feel they are listened to and their views are considered; they contribute to decisions that affect their life. Care staff work from personal plans that are written together with the person and completed to a very high standard. Care staff cater for people's preferences. People and their relatives are involved with the improvement and development of the service.

Care records give care staff the instruction required to support people accurately. Care staff and the manager are experienced and identify changes in health and well-being. The manager and staff are proactive in identifying where changes in the level of support is required, whether it be an increase or decrease. Referrals are made in a timely manner to relevant services, ensuring people receive the right care and support, as early as possible. Professionals tell us the care staff and manager are very proactive and work collaboratively with support agencies. Staff know people very well as each person is allocated their own staff team. Reviews are carried out in line with regulations. People are supported to enhance their skills and are supported to go out into and engage with their local community.

People are safe and protected from abuse. Care staff receive training in safeguarding and safeguarding policies and procedures are in place and followed. Staff have 'home supervision' with the manager in people's homes so there is superb oversight of the quality of care people receive in their homes. There is a whistleblowing policy and procedure, and staff know they are to report any issues.

People feel a sense of belonging and enjoy relationships with friends and relatives. They are supported to maintain links with family who are important to them.

People are encouraged to be independent. The manager and care staff focus on people's strengths and what they can do to maintain independence. Strategies for reducing risk to people while they receive support are person-centred, strengths based and extensive. The person in charge has identified potential hazards whilst support is being provided and has taken steps to minimise risks to people and staff as much as possible.

Care and Support

People can feel very confident the service provider has an accurate and up to date plan for how their care and support needs should be met. People are encouraged to co-produce their personal plans and have a great deal of choice over how their support will be provided. Personal plans are personalised, strengths based, up to date, accurate and regularly reviewed. Personal plans are detailed and contain personal outcomes, likes, dislikes and preferences. Supplementary person-centred planning (PCP) documents are completed for each person receiving support, which provide added depth to information available to staff when providing support. Much of the information is written in the person's own words. Robust risk assessments are in place and regularly reviewed. Pre-assessments are completed before support starts. These inform choices of which staff would be best suited to the person, and any specialist training required in addition to core training already completed by staff.

People receive care in line with their personal plans and risk assessments. Daily records are recorded in real time and in detail, showing what and how support has been provided and evidencing needs are met according to people's preferences. New staff are introduced to people and shadow experienced staff for a number of shifts for a number of weeks. This is at the service providers cost, and staff can only provide support alone once signed off by the manager. We saw evidence of staff and management going over and above what is required in the care and support they provide, supporting individuals to organise repairs to their properties and reducing outgoings when they were experiencing financial hardship.

People say staff are '*well-trained, responsive and professional*'. Relationships between staff and people are trusting and supportive as there is a consistency of staff ensured by the service. Staff are reliable and arrive on time and stay for as long as required, people say they know which staff will be supporting them. Where staff are staying for longer or shorter than required, the service inform the commissioners of this in a timely way.

Records show people have access to specialist advice and support from health and social care professionals. Care plans and risk assessments are updated regularly to reflect professional advice. Care staff feel that they can approach the manager if they have any concerns. Care staff assist people to stay well by supporting them to take their medications and records are kept showing what has been administered.

People can be satisfied that the service promotes hygienic practices and manages risk of infection. Medicines administration and storage, infection prevention and control practices are good and keep people safe. Staff administering medication are trained and have their competency assessed on a frequency well above expectations. Daily oversight of medication administration is in place.

Leadership and Management

People can feel confident the service provider have highly effective systems for governance and oversight of the service in place. The manager and RI have daily oversight of the service and are involved with support calls where appropriate. The RI completes regular visits to people receiving support, their views are gathered and a selection of records are inspected. Reports completed show aspects of the day to day running of the service, personal plans and medication administration are considered and outcomes of actions identified in previous reports are monitored. We saw evidence of audits of all key areas and action planning as a result, completed at a frequency well above expectations. A quality of care survey is conducted by the home every six months. The outcomes of these surveys were overwhelmingly positive, but the RI continues to strive to find areas where the service can improve and develop. People say they can speak to the manager about changes to their care and support and action is taken straight away, they describe them as '*marvellous and kind*'. The provider has submitted an annual report as required by Regulation.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. Records show the manager has suitable numbers of staff on each shift to support people's needs. Staff records show new staff undergo thorough vetting checks prior to starting work in the home. They receive a comprehensive induction specific to their role and recruitment processes are underpinned with a focus on the 'CareCo Core Values'. Staff receive appraisals which are completed by the RI on an annual basis, the Social Care Workers Code of Practice is discussed at each appraisal to ensure thorough understanding of it. One to one supervision meetings take place with the with the manager on a quarterly basis.

Staff say they feel well supported by the manager and have access to the training required to meet people's needs. Training is provided to staff through a combination of online and face to face learning. Training records are reviewed and updated to make sure they accurately reflect training compliance. We saw evidence of development opportunities being identified for staff within the service, which staff are appreciative of.

People can be confident the service provider has an oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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