

## COVID-19 Emergency Support Framework

# Engagement and support call Summary Record

Team Carita DCS Limited

| Location / Core Service address                         | Date       |
|---|------------|
| Surrey<br>34 Angus Close<br>,<br>Chessington<br>KT9 2BP | 19/06/2020 |

Dear Team Carita DCS Limited

The Care Quality Commission is not routinely inspecting services during the COVID-19 pandemic. We are maintaining contact with providers through existing monitoring arrangements and engagement and support calls covering four assessment areas:

- Safe Care and Treatment
- Staffing arrangements
- Protection from Abuse
- Assurance Processes, Monitoring and Risk Management

This Summary Record outlines what we found during the engagement and support call shown above, using standard sentences and an overall summary.

We have assessed that you are managing the impact of the COVID-19 pandemic at the above service. The overall summary includes information about the internal and external stresses you are currently experiencing, how they are being managed, and sources of support that are available.

Emergency Support Framework calls and other monitoring activity are not inspections. Summary Records are not inspection reports. Summary Records are not published on our website.

## Assessment Area 1

### Safe care and treatment

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**1.1 Had risks related to infection prevention and control, including in relation to COVID-19, been assessed and managed?**

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**Yes** There were systems to assess and respond to risks regarding infection prevention and control, including those associated with COVID-19.

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**1.2 Were there sufficient quantities of the right equipment to help the provider manage the impact of COVID-19?**

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**Yes** Essential equipment, such as personal protective equipment, was available in sufficient quantities to help you manage the impact of COVID-19.

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**1.3 Was the environment suitable to containing an outbreak?**

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**Yes** You had taken steps to ensure the environment was as effective as possible in containing an outbreak of COVID-19.

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**1.4 Were systems clear and accessible to staff, service users and any visitors to the service?**

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**Yes** Systems to ensure the environment were conducive to containing an outbreak of COVID-19 were clear and accessible to people using the service.

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**1.5 Were medicines managed effectively?**

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**Yes** Service users' medicines were effectively managed, despite the increased pressures associated with COVID-19.

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**1.6 Had risk management systems been able to support the assessment of both existing and COVID-19 related risks?**

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**Yes** Systems enabled the continued management of known risks, as well as enabling the provider to respond to new and emerging risks, including those posed by COVID-19.

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## Assessment Area 2

### Staffing arrangements

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**2.1 Were there enough suitable staff to provide safe care and treatment in a dignified and respectful way during the Covid-19 pandemic?**

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**Yes**            There were enough suitably skilled staff to provide people with safe care in a respectful and dignified way during the Covid-19 pandemic.

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**2.2 Were there realistic and workable plans for managing staffing levels if the pandemic leads to shortfalls and emergencies?**

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**Yes**            There were realistic and workable contingency plans for staffing shortfalls and emergencies during the COVID-19 pandemic.

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## Assessment Area 3

### Protection from abuse

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**3.1 Were people using the service being protected from abuse, neglect and discrimination?**

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**Yes**            People were being safeguarded from abuse, harassment and discrimination.

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**3.2 Had the provider been able to properly manage any safeguarding incidents or concerns during the pandemic?**

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**Yes**            Action had been taken to properly respond to incidents, alerts or potential safeguarding incidents at the service.

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## Assessment Area 4

### Assurance processes, monitoring and risk management

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**4.1 Had the provider been able to take action to protect the health, safety and wellbeing of staff?**

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**Yes** Staff health, safety and wellbeing were protected despite the increased pressures associated with COVID-19.

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**4.2 Had the provider been able to implement effective systems to monitor and react to the overall quality and safety of care**

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**Yes** There were effective systems to monitor the overall quality and safety of care being provided at the service during the COVID19 pandemic.

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**4.3 Is the provider able to support staff to raise concerns during the pandemic?**

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**Yes** Staff were able to raise concerns and were supported to speak up during the pandemic.

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**4.4 Had care and treatment provided to people been sufficiently recorded during the Covid-19 pandemic?**

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**Yes** Care and treatment provided to people is being sufficiently recorded during the Covid-19 pandemic.

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**4.5 Had the provider been able to work effectively with system partners when care and treatment is commissioned, shared or transferred?**

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**Yes** Working arrangements and information sharing with system partners during the Covid-19 pandemic are effective.

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### Overall summary

A business contingency plan included risks, PPE stock and possible staff shortages. The RAG risk assessment process included Covid-19 and was shared with LAs. Robust systems contained assessments that were updated to reflect people's changing support needs. Risk reviews were carried out by phone, in person, and information and guidance was provided for people, their relatives and staff.

Sufficient PPE with stocks delivered weekly so staff can safely meet people's needs. Frequent supervision also identifies further PPE needs. Staff were trained in how to use it and followed guidance. They also had regularly refreshed infection prevention and control training.

Appropriate systems including risk were clear, working well and accessible to staff, people and relatives. Updated guidance was provided.

No problems with medicine delivery. Staff were trained to administer, and records were monitored.

There was sufficient staff as none self-isolated and calls took place as normal.

People were treated with dignity and respect and kept safe by trained staff, policies, procedures, guidance, monitoring, working with LAs and carer continuity. The manager reported and recorded safeguarding, incidents and notifications appropriately. There was no outstanding safeguarding.

Procedures focused on Covid-19, minimising physical contact using PPE and technology. Staff supervision and telephone contact were increased to provide support.

Staff can raise concerns daily with the manager, during supervision, handovers, through whistle-blowing and as part of care reviews.

Care plans were reviewed as normal and cancelled calls checked to see if people wished to recommence.

The provider worked effectively with other health care professionals.