Passion Carers Ltd

Italia House

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

Italia House is a domiciliary care agency which provides care and support to people living in their own homes in the community. The care agency offers a variety of services, including assistance with personal care, meal preparation and domestic tasks. Not everyone using Italia House receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This was the first inspection of this service, which had registered with CQC in July 2017. At the time of our inspection Oldham Metropolitan Borough Council (OMBC) had cancelled all their care contracts with the service. This was following a number of concerns raised by people who used the service and their families about aspects of the care they had received. These included concerns about late and missed visits, poor record keeping and poor medicines documentation. Although OMBC had cancelled all its contracts it should be noted that not all people were dissatisfied with the care they had received. At the time of our inspection the service was providing care to one person through a care package which was privately funded. However, we looked at the information held by the service about all the care provision since they started providing support since December 2017 to allow us to gain a view about the service.

We carried out this announced inspection on 14 February and 12 March, 2018. The service had a registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found breaches of four of the regulations of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. These are in relation to medicines management, risk assessments, staffing, need for consent and quality assurance.

You can see what action we told the provider to take at the back of the full version of the report.

Medicines were not managed safely. The limited medicines documentation that was available for us to check was poorly and incorrectly completed. There was also no information available for staff to guide them when giving 'as required' medicines.

Many concerns had been raised with OMBC about late and missed visits. These are currently being investigated as part of OMBC's safeguarding investigations. From the information we have received we consider the service did not have sufficient staff to provide the care it had agreed to undertake.

Although some risk assessments had been carried out, particularly in relation to people's environment, we found that individual risk assessments, for example for moving and handling and nutrition, had not always

been undertaken.

Recruitment checks had been carried out to ensure staff were suitable to work with vulnerable people. However, references had not been checked or validated to ensure they were genuine.

Staff employed had received an induction to the service and essential training. Staff had received supervision.

There was no evidence that people's mental capacity had been assessed. There was no information to show who was involved with making decisions about peoples' care and no evidence to show that care plans had been discussed and agreed with people using the service or their family member/legal representative.

The systems in place to ensure care was provided in a safe way were not sufficiently well established. No auditing or checking of the service had been carried out. The inspectors found there was a significant lack of documentation available to them during the two day inspection. This absence of key information was of concern because they were unable to satisfy themselves that the service being provided was appropriate, adequate or safe. Despite discussions with the registered manager and explanations of what was needed, they failed to provide satisfactory documents or assurances.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This may lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not consistently safe.

Medicines management was not carried out safely.

Risk assessments had not always been carried out.

We concluded there had not been sufficient staff to carry out the care packages undertaken by the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had received an induction and basic training. Staff received supervision.

There was no information in care records to show that people had been involved in making decisions about their care. There was no evidence that mental capacity assessments had been carried out.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Some people have been happy with the care they received from staff. However, several of the safeguarding concerns that have been raised about the service are in relation to the way people who used the service were treated and spoken to by staff and that this was not always in a caring and dignified manner. These allegations are currently being investigated by the local authority.

Is the service responsive?

Inadequate

The service was not consistently responsive.

Care plans were not always detailed and person-centred.

There was no evidence that care plans had been reviewed.

Is the service well-led?

Inadequate

The service was not consistently well-led.

Systems to manage the service and monitor its quality had not been well-established.

There was no evidence to demonstrate that audits or reviews of the service had taken place.

Italia House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out this inspection in response to concerns raised about the service by the local authority. Prior to our inspection we had been informed that the local authority had terminated all of its contracts for care packages with the company due to a concerns raised by some people using the service about the standard of care they were receiving. These concerns included missed and late visits, poor documentation including poor recording of medicines administration and use of inappropriate language by a member of staff. There are currently eight safeguarding investigations being carried out by the local authority in respect of the care provided by this service.

At the time of our inspection the service was providing care to one person through a care package which was privately funded. Our inspection was carried out to check the standard of care provided by the service now and previously, to assess any on-going risks and to see if the service was in breach of any of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The inspection took place on 14 February 2018 and was carried out by two adult social care inspectors. Both inspectors returned to the service office on 12 March 2018 to gather more information. On both occasions the provider was given notice of our inspection. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be in the office to assist us with our inspection.

Before our inspection we were given feedback from the local authority about the service and we used this information to help us plan our inspection.

During our inspection we spoke with the registered manager and the care coordinator. We spoke with one care assistant on the telephone after our inspection visit and carried out one home visit.

Despite us requesting that the required documentation was available during our two site visits, there was very limited documentation available. However, we reviewed the care records of eight people (seven of whom were no longer receiving a care package), and many of these records were incomplete. We also reviewed other information about the service, including training and supervision records and three staff recruitment files.

Inadequate

Is the service safe?

Our findings

At the time of our inspection there was one person receiving care from Italia House. This was because, prior to our inspection, all the services other contracts had been cancelled by the local authority. This was due to concerns raised by a number of people who used the service and their family members about the standard of care. The local authority are currently carrying out a number of safeguarding investigations about this service. These have yet to be concluded.

Italia House is a relatively new organisation. Although it had registered with the CQC in July 2017, the majority of its care packages had started in December 2017. All but one care package were terminated on 2 February 2018. At the time of our inspection there was one person using the service. Their care package was privately funded.

The care agency was run from an office in a modern building which housed a number of other businesses. The office provided suitable premises, which were monitored 24/7 by CCTV. This meant people's personal information was securely stored.

We reviewed four staff files to check the recruitment process. The records contained photographic identification, application forms, permission to work in this country where needed and Disclosure and Barring Service (DBS) checks. A DBS check helps a service to make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable adults and children. We found that although each file contained references, there was no information recorded on them to show that they had been checked or validated to ensure they were genuine. We spoke to the registered manager about this matter. On our second inspection day we were shown a new form which included a section for validating the reference. The registered manager told us he would use this for future recruitment.

Staff had undertaken training in infection prevention and control as part of their mandatory training. We were told by the registered manager that all staff wore a uniform, although information we had received from the local authority suggested this was not always the case. Personal protective equipment (PPE), such as disposable gloves and aprons was provided by the service and kept at the home of the person receiving care. This helped protect people from the risk of cross infection. A stock of PPE was kept at the service office and in the service cars so that it was easily available.

We reviewed the administration of medicine to see if this was safely and correctly managed. Information we had received from the local authority indicated concerns around the management of medicines, in particular with medicines documentation. The person currently receiving care from Italia House did not require support with their medicines. We reviewed care plans from people who had previously been supported by the service with their medicines and also one medicines administration record (MAR). No other MARs were available for us to check as these had been left in peoples' homes when the local authority contracts were terminated. From checking the records that were available to us we found that documentation in relation to medicines administration was not sufficient to ensure medicines were given safely. It was not in line with current guidance provided by the National Institute for Health and Care

Excellence (NICE).

The MAR we viewed was hand written, rather than electronically produced and was poorly completed. The section to record the person's date of birth and any known allergies was blank. The record showed that three medicines were to be given. The first one, Felodipen 2.5 mg had the dose written as 1 x daily. The MAR showed signatures from the 14th to the 31st, although there was no indication which month this was. We saw that although the record showed the medicine was to be given once a day, on 14 out of 18 days the chart had been signed twice, which indicated that this medicine had been given twice rather than once daily. The second medicine on the MAR was Adcal D3, with a dose written as 1 x twice daily. We found that this medicine had only been signed as given 5 times out of 18. The third medicine written on the chart was paracetamol, with an indication to give 500mg 'prn' (when required). There were no signatures recorded against this medicine or any indication to show that the person had been asked if they required this medicine, which is for the management of pain. When medicines are prescribed to be given 'when required' special documentation should be in place which describes how staff can recognise when this medicine is needed. There was no evidence that this documentation had been used.

We were shown the care plan for one person who had previously been supported by Italia House. The section which described the support needed at their morning visit stated 'prepare breakfast, give medication, help with dressing if required'. The plan for the tea-time call stated 'prepare meals and prompt where required. Give medication.' There was no further information in the care plans to describe how the care assistant should support the person with their medicines. There was no MAR chart available for us to view, as this was part of the documentation that had been left in the person's home when the local authority contract had been cancelled. However, duplicate documentation relating to care needs should be kept in the agency office for inspection purposes. We do not visit everyone in their own homes, and therefore to be able to make an overall judgement paperwork needs to be available to review.

Failure to have systems in place to manage the administration of medicines safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

From the documentation available we saw that some risk assessments had been carried out. This was particularly in relation to the environment of people who had used the service. For example, one file contained detailed risk assessments about pets and access to the property. However we found very few personal risk assessments, such as for moving and handling risks, nutritional risks and risk of falls. Those we saw were limited. For example, one record showed a risk assessment which said the hazard identified was 'aggressive behaviour towards staff'. There was no further detail in this risk assessment to describe what type of behaviour this person might show, any triggers for the behaviours, and what actions staff should take to minimise this type of risk. One person's care plan said '(name) is low in appetite'. However, there was no nutritional risk assessment in place.

Another person's 'summary of needs' stated that they had limited mobility. However, the service had not carried out a mobility or falls risk assessment for this person. Therefore they could not be clear about how to reduce the risk of falls or provide important information for staff to follow.

Failure to have adequate risk assessments in place was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

During our inspection we talked to the registered manager about how staff travelled to and from their different home visits. The registered manager told us that the service used two cars and care staff were driven to each visit and then collected at the end of the allocated visit time. We received information from

the local authority that they were investigating concerns that staff had arrived late for visits, or some visits had been completely missed. One concern related to a person who required assistance with their medicines, three times a day. A gap of four hours was required between visits to ensure the medicines were given at the correct time and as prescribed by their doctor. If doses of some medicines are given too close together, the drug level will be higher and may cause side effects. If they are given too far apart, there may not be enough of the medicine in the body to work effectively. Concerns had been raised that staff were not leaving the required time gap between visits to ensure that medicines were given as prescribed. From the information we received in relation to missed visits and staff arriving late, we concluded that the service did not have adequate staffing arrangements in place to ensure care was always provided in a timely way.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

The service had a 'Log' for recording any accidents or incidents. The registered manager told us that only one accident had occurred since the service was operational. We saw that this had been correctly recorded, with details of the accident and action taken noted.

Requires Improvement

Is the service effective?

Our findings

We looked to see how staff were supported to develop their knowledge and skills. All staff were given an induction to the service. This included discussions around policies and procedures, their role and responsibilities and their job description. Mandatory training was also undertaken. Some of this was completed on-line, while other training was carried out face-to-face. Following completion of their training staff spent time working alongside someone more experienced in order to gain experienced and become familiar with all aspects of their role. Induction programmes help staff understand what is expected of them and what needs to be done to ensure the safety of the people who use the service.

During our inspection we were provided with a training matrix. A training matrix is a record of when staff have completed different training courses and when further training is needed. The matrix we were given contained very limited information and it was difficult to see what training had been completed. However, subsequent to our inspection we were provided with a more detailed version of the training matrix. This showed that staff had completed some basic training.

Following our inspection we were also provided with evidence to show that staff who administered medicines had received training in this area and had been assessed as being competent to administer medicines. This was not given to us during our inspection despite our requesting it. However, as we have reported in the 'safe' section of this report, we found failings in relation to the management of medicines, even though staff had received training.

We saw that there was a system in place to give staff regular supervision. However, as some staff had only recently joined the service they had not yet received any supervision. We saw supervision records for three members of staff. Topics discussed included training needs, service user needs, punctuality and reliability. Supervision meetings help staff to discuss their progress and any learning and development needs they may have.

The service supported some people with their meals, if this was part of their agreed care package. The registered manager told us this was basic support, such as preparation of a sandwich, heating up meals in a microwave and making drinks.

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. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. From reviewing the limited care documentation available, we could see no evidence of mental capacity assessments. One care plan contained the information '(name) does not have capacity to make decisions around his care needs under the MCA'. However, there was nothing to indicate how this judgement had been made and who was

currently involved with making decisions about the person's care. We saw a brief care plan for one person who was diagnosed as living with dementia. There was nothing in their care records to show that the person had contributed to devising and agreeing their care plan. There was no other information to show who was involved with making decisions about this person's care. There was no evidence in the limited documentation we had to show that care plans had been discussed and agreed with people using the service or their family member/legal representative.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.

Requires Improvement

Is the service caring?

Our findings

During this inspection we carried out one home visit. The person's relative was present. They told us they were happy with the care they received.

The family member told us that staff were polite and conscientious. From reviewing the daily care records we saw that staff stayed for the allotted time for each visit and responded to the person's needs when they required support. We saw from the records that staff encouraged the person receiving care to remain as independent as possible by encouraging them to wash, dress and shave themselves when they were able.

The staff we spoke with were knowledgeable about the needs of the person who used the service, their likes and dislikes and what assistance they required.

Information we received from the local authority about this service showed that, although some people and their families were not happy with the care they received, this was not always the case, and some people were pleased with the service provided by the staff employed by Italia House.

However, several of the safeguarding concerns that have been raised about the service are in relation to the way people who used the service were treated and spoken to by staff and that this was not always in a caring and dignified manner. These allegations are currently being investigated by the local authority.

Inadequate

Is the service responsive?

Our findings

There was limited care documentation available for us to review during our two day inspection, despite us requesting this on each inspection and prior to our announced visits. The registered manager told us that following the cancellation of the local authority care contracts they were unable to collect care records from people's homes. This is contrary to information we have received from the local authority. It is also required that all records relating to a registered service must be available at all times for purposes of our regulatory function, in order for us to be able to inspect and make a judgement about a service.

We looked at the care records of eight people. Seven of these people were receiving a service from Italia House up until 2 February 2018. There were no daily care records available for us to review in relation to any of these people. The registered manager informed us that these had been left in their homes when the local authority cancelled their contract. Some of the files contained care and support plans, others only had the support plan provided by the local authority, which was not detailed enough to show how the staff from Italia House were providing personal care or support . We found environmental risk assessments, but limited personal risk assessments. Only one of the care files we reviewed contained an initial assessment carried out by Italia House.

Details in most of the care plans was minimal and sparse. On reviewing one person's care records we saw that the care plan for the lunchtime visit stated 'Give medication. Make (name) a hot drink if required. The care plan for the evening visit said 'prepare meals and prompt where required. Give medication'. There was no further information to say how the person should be supported with these tasks, such as information about their own ability. There was nothing included in the care plans that made them 'person-centred'. None of the care plans were dated or showed if they had been reviewed. There was no information to show who had been involved in forming the care plan or whether the person completing the plan was competent to do so.

We reviewed the care documentation for the one person still receiving care from Italia House. We found this contained more detail, including an initial assessment, summary of needs (including information about health conditions and medication requirements), environmental risk assessment, bathing and showering assessment. We reviewed the daily records for this person and found that they contained information about care tasks undertaken. The records were signed and dated. However, there was no information to show the care plans had been reviewed. We were told by the registered manager that care plans were normally reviewed two weeks after the care package had commenced. This gave the service time to get to know the person and assess if the care package was meeting their needs. We found no information in any of the care files we looked at to show a review had taken place.

The service had a complaints policy and documentation to record any complaints they received, including details of the complaint, action taken and the outcome. We were told by the registered manager that they had not received any complaints.

Inadequate

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had registered with the Care Quality Commission (CQC) in July 2017. However, the service had only been providing care and support to people in their own homes since December 2017.

Although the service had been providing care and support to 25 people up until 2 February 2018, we found that the systems to ensure this was provided in a safe way were not sufficiently well established or being used fully.

During our inspection we identified concerns around the management of medicines, care plans, staffing, risk assessments, working within the principles of the Mental Capacity Act and quality monitoring. The evidence we have relied on is detailed in the relevant domains within this report.

We talked to the registered manager about how he had managed his workload and the service before the local authority contracts were terminated. From our discussions we found that he had spent a considerable amount of time driving staff to and from people's homes and also assisted with service users care and support when two members of staff were needed. This had left him with limited time to provide leadership to the team, ensure that the service was functioning appropriately and look at ways to develop and improve the service in the future. He told us that consequently he had restructured the management team to enable him to spend more time focussing on leadership and the growth and development of the service.

We found that the registered manager had not put in place a system for monitoring the quality of the service through regular audits and checks. Auditing helps a service identify what they are doing well and areas for improvement and can be a useful tool for improving quality. A service would normally carry out a number of audits, such as of the standard of care documentation and medication records at regular intervals. We would expect these to be at least monthly, if not fortnightly, when a service is new and establishing routines and practices. The registered manager was unable to provide us with evidence to show that they had carried out any checks on care documentation, staffing arrangements or medicines records. One medicines administration record made available to us was poorly completed. We asked the registered manager if they could explain the discrepancies in the record but they were unable to. They were unaware of the errors or able to justify why the errors had occurred.

Failure to monitor the quality of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a Statement of Purpose. This document provided information about the service, including its aims and objectives and its assessment process. However, we found it lacked detail, was poorly worded and inaccurate. For example, the section headed 'Nature of Services Provided' stated that the range of services provided to clients included 'Adults with physical/learning disability, adults with mental health problems and/or learning disabilities, and eating and meals. The section headed 'How we will achieve our aims and objectives' contained the sentence 'by continuously improving our standards of service delivery

and monitoring the quality of the service provided.' However, at our inspection we found there were no quality monitoring systems in place.

We found little evidence to show that people who used the service were engaged or involved with the service. There was no documentary evidence made available to us to show that people had been involved in any review of their care. It is acknowledged that most care packages had been running for approximately five weeks before they were terminated by the local authority. However, despite a relatively short period of 'operation' a service should be able to demonstrate that efforts have been made to engage with people who use 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 11 HSCA RA Regulations 2014 Need for consent The service was not working within the principles of the Mental Capacity Act (2005)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not have systems in place to ensure medicines were administered safely. The service did not have systems in place to ensure that risks to people's health were always assessed.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have sufficiently detailed care documentation in place. The service did not have quality assurance systems in place to ensure the on-going monitoring of the service.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service did not have sufficient staff to ensure care and support were always provided in a timely way.