

Community Outreach Ltd

The Potergate, Ecclesall Road

Inspection report

The Portergate
257 Ecclesall Road
Sheffield
South Yorkshire
S11 8NX

Tel: 01142096070

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24 June 2020
29 June 2020

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02 September 2020

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service caring?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

The Potergate is a domiciliary care agency. It provides personal care to people in their own houses and flats in the community. At the time of inspection four people were receiving support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Governance and performance management systems were not in place. The quality of information in care plans was limited and records we looked at did not include information about individual risks.

Medicines were not managed safely, systems were not in place to ensure people received medicines safely. The provider had not created strong systems to promote people's safety in terms of the recruitment of suitable staff. Care plans and risk assessments did not detail what care and support people needed to reduce risk to them. Most people told us they felt safe and relatives told us they thought their relatives were safe when staff visited.

People and their relatives told us staff were kind and caring and were cared for by people who knew them well. People told us staff mostly treated them with dignity and respect. People were not involved with the planning of their care, however, people said they did feel listened to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 12/03/2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part following the emergency support framework assessment call. This is a structured framework for conversations which covers specific areas to help us monitor risk, identify where providers may need extra support to respond to emerging issues, and ensure they are delivering safe care which protects people's human rights. Areas of concern were highlighted such as medicines, staffing and governance. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, person centred care, good governance and fit and proper person employed at this inspection.

For requirement actions of enforcement which we are able to publish at the time of the report being published: Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

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 safe.

Details are in our safe findings below.

Is the service caring?

Good 

The service was caring.

Details are in our care findings below.

Is the service well-led?

Inadequate 

The service was not well-led.

Details are in our well-led findings below.

The Potergate, Ecclesall Road

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 Care Act 2014.

Inspection team

The inspection team consisted of 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] [and] [specialist housing].

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

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 the provider would be in the office to support the inspection.

Inspection activity started on 24 June 2020 and ended on 29 June 2020. We visited the office location on 24 June 2020.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with two members of staff including the provider who is also the manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 for this newly registered service. This key question has been rated Inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not managed safely. There were no safe processes in place to protect people from harm such as a care plan and risk assessment to provide staff with guidance. There was no up to date list of medication in place.
- Staff who were administering medication were not trained to do this and their competency had not been assessed.

Whilst we found no evidence that people had been harmed, the service failed to demonstrate safe medicines management practice. This is a breach of Regulation 12: Safe care and treatment, of the Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

Staffing and recruitment

- Safe recruitment procedures were not in place to ensure only staff suitable to work in the caring profession were employed.
- Staff did not complete an application form. Gap's in employment history were not followed up.
- References were not in place to demonstrate past conduct.

Whilst we found no evidence that people had been harmed the service failed to demonstrate they followed safe recruitment procedures this is a breach of Regulation 19: Fit and proper person employed. The Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

The provider responded immediately after the inspection. They confirmed actions were being taken to follow up missing information.

Assessing risk, safety monitoring and management

- Before admission to the service an initial assessment was undertaken to assess whether the service could meet people's needs. However, this assessment was basic and required more detail.
- People's care files did not include an assessment of risk in relation to their support needs. There were no risk assessments for areas such as the home environment, mobility and personal care. Specific health needs had not been risk assessed. One person was supported to access the community using public transport but there were no risk assessments in place for this.
- Care documentation did not set out risks and control measures in place to mitigate risks.

Whilst we found no evidence that people had been harmed the service failed to demonstrate they assessed all risks to the health and safety of service users of receiving the care or treatment this is a breach of Regulation 12: Safe care and treatment. The Health and Social Care Act 2008. (Regulated Activities)

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. Comments included, "I feel quite safe, I get on well with the staff and we have some good discussions."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- There were no systems in place to learn when things went wrong. The manager provided assurances this was going to be addressed.
- There were appropriate processes in place for recording accidents and incidents.

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 told us they received good care and support from staff. People told us, "[staff member] has been great. I've not been able to go out. They stop off and pick me things up. We have good discussions and debates about things." However, one person told us, "[staff member] is kind and caring. [Staff member] didn't really understand my illness, people think I'm not ill and it shows. It's not very nice."
- Relatives told us, "[manager] is really good, she listens to [relative] and does what they want. Sometimes she will read her the bible and pray with her. This is important to [relative]."
- Staff we spoke with were positive about their role. One staff member told us, "I know people well. I enjoy leaving people knowing I've enhanced their day."
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs. However, people's preferences were not recorded.

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

- People's views were not obtained when completing care plans. There was no evidence of reviews where the person and their family were involved in the process.
- Staff told us, "I ask people what they want, what they prefer and offer a choice to ensure they make the decisions."

Respecting and promoting people's privacy, dignity and independence

- The service promoted people to live as independently as possible. Staff gave us examples about how they supported people in certain aspects of their day to day activities which encouraged people to maintain their independence.
- People who use the service told us, "I do as much as I can, and staff help me do the bits I can't manage."
- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care.

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 Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider had not provided effective oversight and governance of the service's safety and quality to ensure all regulatory requirements were met. For example, the concerns we identified at this inspection relating to medicines, staff recruitment, training, risk assessments and care plans, had not been identified by the provider.
- We checked to see if there were any provider level audits being undertaken of the service to ensure any shortfalls in service delivery could be identified and acted upon in a timely way. Robust audit systems were not in place. We spoke to the provider who confirmed they did not undertake any audits of the service
- There were no systems in place to learn when things went wrong.
- The manager responded to our feedback and began to implement changes during the inspection.
- There was a manager in post who provided support to staff. They were in the process of completing their application to register with the Care Quality Commission.

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

- There was an open and honest culture in the service. People were complimentary about the manager.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The manager had not developed a culture of continuous learning. They became aware of this need during the inspection process. They needed to improve their own knowledge and understanding in key areas of their work.

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 manager was aware of this and the importance of this.
- During the inspection they were open and reflective to the issues we raised. They told us that they would make the required improvements.

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

- Staff meetings were not held to share information about changes and updates to the service. We also found the service failed to ensure staff received regular supervisions.

- The provider had not yet started to process to obtain people's views in a formal way. They confirmed this would take place. People told us the manager did call them to see if they were happy. We will review the progress of this at our next inspection.

Continuous learning and improving care

- There were no systems in place to enable the manager to monitor the quality of the service. We found continuous learning and improvements to care were not in place.
- The manager had not developed a culture of continuous learning. They became aware of this need during the inspection process. They needed to improve their own knowledge and understanding in key areas of their work.

Working in partnership with others

- The manager was developing relationships with other professionals to improve partnership working.

Whilst we found no evidence that people had been harmed, the service failed to demonstrate they monitored the quality of the service, this is a breach of Regulation 17: Good governance. of the Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

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 9 HSCA RA Regulations 2014 Person-centred care The service did not carry out a collaborative assessment of the needs and preferences for care and treatment of the service user.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust recruitment procedures were not in place, this included completing relevant checks.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not do all that is reasonably practicable to assess and mitigate risks to the health and safety of people receiving care and treatment.

The enforcement action we took:

To Serve Warning Notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was no assessing, monitoring or improvement to the quality and safety of the service provided.

The enforcement action we took:

Serve Warning Notice