

Gaps Healthcare & Training Services Limited

The Business Centre

Inspection report

Unit 45, The Business Centre
Edward Street
Redditch
B97 6HA

Tel: 07484915361

Date of inspection visit:
28 July 2022

Date of publication:
30 September 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The Business Centre is a domiciliary care agency which provides personal care to people in their own homes. The service provides support to older people and younger adults with a range of needs, including people with physical disabilities. At the time of our inspection the service was providing the regulated activity personal care to 50 people. CQC only inspects the service being received by people provided with 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

Staff were not always recruited safely in line with the providers policies and risks associated with people's health needs were not always clearly documented. Despite, these shortfalls people felt safe with staff. The registered manager told us they would take action, to address these issues.

Some people told us their call times could be better managed, stating they didn't know when to expect staff to arrive at their homes. Medicines were administered safely, by staff trained in medicines management.

Quality assurance checks were not always effective, as they had failed to identify the issues we found. The provider had a contingency plan in place, to minimise any risks to the service running safely in the event of, for example adverse weather conditions. Staff felt supported by the management team.

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

The last rating for this service was good (published 26 October 2018).

Why we inspected

We received concerns in relation to the recruitment of staff to the service. As a result, we undertook a focused inspection to review the key questions safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Business Centre on our website at www.cqc.org.uk.

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 monitor the service and will take further action if needed.

We identified a breach in relation to the recruitment of staff.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Business Centre

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 Health and Social Care Act 2014.

Inspection team

The inspection team consisted of four inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors visited the service. The other inspectors and the Expert by Experience gathered feedback about the service from people, their relatives and staff via the telephone.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. They also provide care and support to one person living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

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

This inspection was unannounced.

Inspection activity started on the 28 July 2022 and ended on 04 August 2022. We visited the office location

on the 28 July 2022.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authorities and clinical commissioning group (CCG) who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. However, the provider was in the process of completing their annual PIR during our inspection activity. A PIR is information providers send to us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with seven people who used the service and three relatives about their experiences of the care provided. We spoke with seven members of staff including the registered manager, the compliance manager, a care co-ordinator and care staff.

We reviewed a range of records, including five people's care records. We looked at five staff files in relation to recruitment and staff support and a range of records relating to how the service was operated and managed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff were not always recruited safely in line with the providers policies. During the inspection, we identified gaps in the employment references for five staff members.
- A risk assessment was not completed for one staff member, as required to determine their suitability for their job role. This placed people at risk of receiving their care and support from unsuitable staff.

We found no evidence people had been harmed however, recruitment procedures were not robust enough to demonstrate staff were recruited safely. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visit, the registered manager took immediate action to address the concerns and the required risk assessment was completed. They also acknowledged improvements were needed in their recruitment processes and told us they would take action to improve safety.
- People provided mixed feedback regarding their care call times. One person said, "I never know whose coming or what time, I would prefer to know." Another person said, "They (staff) come around the same time, each day." Call logs viewed during the inspection confirmed the timing of calls did vary for some people.
- There were enough staff employed to provide people's planned care calls.
- The provider had an electronic system in place to monitor the time staff arrived and left people's homes. This was monitored by staff in the office to ensure people had received their prescribed medication and ensured that calls were not missed.

Assessing risk, safety monitoring and management

- Risks associated with people's health needs were not always clearly documented. For example, clear guidance was not in place for staff to follow in the event of a person having an epileptic seizure to keep them safe. We highlighted this shortfall to the registered manager who told us they would update the records to include detailed guidance for staff to follow.
- Two people's care plans had not been reviewed, in line with the providers policy. We identified one review was overdue by five months, another was overdue by one month. This placed people at potential risk, as their care needs may have changed and information within their records could be inaccurate. The compliance manager told us they would take action to ensure the reviews took place.
- Despite information not always being available to staff, people and relatives told us that staff supported them safely and that their care needs were fully met. One person said, "The care I get is excellent."

- Risks associated with people's home environments had been assessed and reviewed.
- The provider had a contingency plan to minimise any risks to the service running safely in the event of, for example, adverse weather.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. One person told us, "I have total faith in the staff, they make sure I'm safe and do look after me."
- Staff had received safeguarding training and understood their responsibilities to report any concerns to the managers.
- The registered manager understood their responsibility to report any concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

Using medicines safely

- People received their medicines as prescribed. The systems in place ensured this was done safely. One person said, "The staff give me my tablets on time."
- Staff completed training to administer medicines safely and competency assessments of their practice were completed to confirm they did so safely.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) to minimise the risk of infections spreading. One person said, "They do wear gloves and aprons when helping me."
- Staff received training in infection prevention and control. One staff member told us, "I had training about COVID-19, to help keep us all safe, they showed us how to wear masks and all the PPE properly."

Learning lessons when things go wrong

- The registered manager acknowledged improvements were needed and had started to review people's care records and improve staff recruitment processes, following our visit.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's systems and processes to monitor the service were not always effectively operated or embedded as they had failed to identify the issues we found in relation to recruitment files and risk assessments.
- Other audits and checks, for example of daily care notes, identified areas for improvement and were regularly reviewed by the management team. We saw evidence that staff training in record keeping had taken place to drive forward improvements.
- People provided mixed feedback about the staff. One person told us, "Some staff say hello, but they don't tell me their name or anything. They just do the basics and then go." Other people said, "I feel, I am getting exactly the care, I need off them which is good. I have no complaints," and, "The staff are lovely, chatty and friendly and we have a good relationship."
- Staff felt supported and received the guidance they needed to fulfil their roles through individual and team meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were encouraged to share their views and provide feedback about the service. One person said, "They do take me seriously and if I do have a problem, they are excellent at sorting it out, for me." Another person said, "Their response was good when we did have cause to complain, it's all sorted now." This confirmed people felt listened to.
- The registered manager undertook people's care calls to support staff and observe their practice. This also gave them the opportunity to speak with people and gather their feedback on the care they received.
- Staff provided positive feedback about the culture of the service. One staff member said, "It's a friendly and supportive place to work. The registered manager is really understanding, I know I can talk to them."
- The providers' policies and procedures promoted inclusion and diversity and reflected protected characteristics as defined by the Equalities Act 2010.

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; Working in partnership with others

- The registered manager understood the need to be open and honest when things went wrong in line with

their responsibilities under the duty of candour.

- Throughout our inspection visit the registered manager was open and honest. They welcomed our inspection feedback and took action to address the issues we identified.
- Records showed staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed.</p> <p>The provider did not ensure that robust recruitment processes were always followed to ensure staff were recruited safely.</p>