

We (Always) Care Under One Roof Limited

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Inspection report

First Floor, Unit 1
Macon Court, Herald Drive
Crewe
CW1 6EA

Tel: 01270895225
Website: www.wac-ltd.co.uk

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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?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

We (Always) Care Under One Roof Limited is a domiciliary care service providing personal care to people aged 65 and over. At the start of the inspection there were seven people receiving a service. However, during the inspection this changed to one person receiving a service.

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

The provider had not ensured systems to assess and monitor the quality of the service, such as audits and oversight, were sufficiently robust and effective. Safe recruitment procedures had not been followed and the provider had not ensured sufficient numbers of staff were available or that staff had received appropriate induction, training and support relevant to their role. The provider did not always demonstrate a clear understanding of their regulatory responsibilities.

Families were frequently relied upon to assist care staff during calls which required two staff due to there being insufficient staff to cover. People's individual needs and risks had not been robustly assessed and incorporated into person-centred care plans. The provider was not following guidance relating to the requirement of staff testing for COVID-19.

Travel time between calls was not always sufficient which resulted in people's calls sometimes being late or cut short. When staff supported some people with their meals a choice of available foods was offered.

People were supported to have maximum choice and control of their lives although staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were aware of signs of abuse and steps to take should abuse occur. People spoke highly of the staff and told us their dignity was respected at all times. People had not always seen a copy of their care plan and told us they were not able to access the electronic system used by staff. Records did not always evidence that people had been involved in how their care was to be delivered, although the provider told us a review to address this was underway.

People felt able to raise concerns and there was a policy and procedure in place to handle and respond to complaints, although we found one person had not received a response to their complaint.

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

Rating at last inspection

The service was registered with us on 25 July 2018 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, recruitment, training, induction and overall management of the service. A decision was made for us to inspect and examine those risks

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-led sections of this full report.

Enforcement

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

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

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 effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

We (Always) Care Under One Roof Limited

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 2008.

Inspection team

This inspection was carried out by two inspectors, an inspection manager 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

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 not a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This is because the service 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 18 August 2022 and ended on 26 August 2022. We visited the location's office 18 and 23 August 2022.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with the provider, director of care, a care manager and five members of staff. We also spoke with four people who used the service and five relatives either by telephone or in their homes. We reviewed a range of records. This included five people's care records, medication records and a variety of records relating to the management of the service including policies and procedures. We also reviewed five staff files in relation to recruitment along with records relating to staff supervision and training.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted two professionals who worked with the service and sought additional information from the local authority and commissioners. We continued to receive whistle-blowing concerns about the service and the provider informed us of their intention to stop all regulated activities.

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

Staffing and recruitment

- Recruitment procedures were not always safe and staff files reviewed were not complete.
- DBS (Disclosure and Barring Service) checks were not always carried out and in place before staff commenced working with people using the service. DBS checks provide information including about convictions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- The provider had not ensured a risk assessment was carried out where DBS disclosure indicated information requiring them to do so.
- Appropriate identification was not always on file and the provider had not ensured references had been sought and received before staff commenced working with people.
 - Employment history was not always recorded and, where it was, unexplained gaps had not been explored.
- These issues placed people at risk of unsafe support.

The provider had not ensured that recruitment procedures were established and operated effectively. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to the inspection we received concerns that calls requiring two staff were being attended by only one staff as there were not enough staff available.
- Staffing numbers meant family members were often relied upon to support staff during visits and this was observed by the inspection team on three occasions. One relative told us, "Quite often only one carer arrives, and I am expected to help them with my [relative's] care as it can't be done alone."
- People and relatives told us call times were 'erratic' at times as there were not enough staff. One person told us, "I never really know what time they are going to come" and another said staff were "Sometimes on their knees" as "There are not enough of them [staff]."
- Staff retention was poor with high turnover. Although the provider advised they were actively recruiting, staff continued to leave throughout the course of the inspection resulting in the service being unable to continue to cover all care packages.
- The provider had not sought the support of agency staff to address the evident and ongoing staffing issues.

We found no evidence people had been harmed, however the provider had not ensured sufficient staff were deployed. These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated

Assessing risk, safety monitoring and management; Using medicines safely; learning lessons when things go wrong

- People's individual risks had not been assessed and there was no risk management plan in place to direct staff with the guidance needed to ensure the care provided was safe. For example, when people experienced swallowing difficulties or required repositioning after eating or drinking and with regard to the use of flammable topical creams and smoking.
- Staff supported some people with their medicines. However, the provider did not evidence that all staff had been appropriately trained and their competency checked.
- Medication administration records evidenced gaps, and care plans were not always clear as to whether staff or families were responsible for administration of medicines.

We found no evidence that people had been harmed, however the provider had not ensured that care and treatment was provided in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Multiple alerts appeared on the electronic system from 28/06/2022 to 16/08/2022 indicating action was needed. The majority of those alerts related to medicines administration and had been left without action. This meant that potential opportunities to investigate and take action if needed had not been carried out in a timely manner, and opportunities to capture learning may have been missed.
- We brought this matter to the attention of the provider who advised the alerts were generated due staff not fully completing all required sections on the electronic system. The provider told us a "couple of care plans needed to be updated" as a result of their investigations.

Preventing and controlling infection

- The provider had not ensured that regular COVID-19 testing for staff had always been carried out as required. A system to monitor testing and results had been in place, however, it had not been continued.
- We discussed COVID-19 testing requirements with the provider during the inspection who confirmed that no testing was being carried out at that time. We requested confirmation that testing had been carried out, but this was not provided.
- Some staff told us they carried out twice weekly testing personally, although they had not been asked to do so, for results or evidence they had carried out testing, by the provider
- Staff were supplied with personal protective equipment (PPE), to prevent and control the spread of infection. Feedback on the whole indicated that staff wore PPE as required, although we did receive some comments that masks and aprons were not always worn.

Systems and processes to safeguard people from the risk of abuse

- Policies were in place to protect people from abuse. Although the provider could not evidence that all staff had received training in this regard, staff spoken with were aware of signs of abuse and the need to report such concerns.
- People said they felt safe overall and raised no concerns regarding fear of abuse.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- During the inspection we found the provider had not ensured staff had received appropriate induction, training or support by way of regular supervision sessions.
- There were no induction records for the staff files reviewed and the provider was unable to provide any when requested. One staff told us they had been "Thrown in at the deep end on my first day", whilst others told us they had received no induction at all.
- The provider had successfully completed a tutorial to carry out the assessment of staff undertaking the Care Certificate. However, staff had not been supported to undertake the elements required to complete this qualification. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that form part of a robust induction programme.
- The provider had not ensured staff received training relevant to their role. Although the provider told us staff had completed on-line training, they were unable to provide any evidence to support this when requested. Staff told us they had completed "Zero" or "No" training, adding "no-one has".
- Staff's competency to carry out their role had not been assessed, for example, relating to the administration of medicines and moving and handling.
- Staff told us they had not received regular supervision (one to one support). Although we were provided with some records relating to recent supervisions sessions, these had not been signed by the members of staff and did not relate to all staff.

These issues were a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had failed to ensure staff were suitably qualified, competent and supervised.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

- People's needs had not always been robustly assessed, reviewed on an ongoing basis and/or incorporated into care plans. Care plans were generally not fully completed with little information recorded. Please see the responsive section of this report.
- One person told us "I felt when my [relative] started using this service they [the provider] were not aware of how complex [relative's] needs are, so we have had some issues from the very beginning."
- Travel time between calls was not always sufficient due to the distance between. This meant calls were sometimes late or cut short to allow adequate travel time.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff spoken with told us they had not received any training with regard to the MCA, however, they demonstrated some understanding of requirements if people lacked capacity to make their own decisions. Staff were aware of the need to ask for people's consent before delivering care.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people required assistance with their meals. Although care plans lacked information about people's preferences, people told us staff always offered them a choice from what was available.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People's medical and health needs were not always reflected in their care plans, therefore we could not be assured that appropriate monitoring and escalation was taking place. For example, staff were required to monitor a person's bowel movements due to the risk of constipation, however there was no information about this in their care plan to provide guidance to staff about when to escalate concerns and/or appropriate actions to take.
- Staff liaised with other professionals including District Nurses and GPs as and when required.

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 requires improvement. This meant people did not always feel well-supported, however, felt they were treated with dignity and respect.

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

- People told us they had not seen and/or did not have a copy of their care plans. Although the provider indicated that people could access this information via the electronic system, feedback from people and relatives indicated this was not the case.
- Care plans did not evidence that people had been involved in decisions about how their care was to be delivered. However, the provider told us a process of review had begun.
- Some people told us they had not been given contact details for the office or they had difficulty contacting the service as the phone was "very rarely answered." One person told us they were worried they would not be able to get through if they had something important to discuss and another said, "I can't always get through to the office when I need to."
- We were told that the provider contacted and visited people personally, although one person said, "[Name] has not been in touch like he used to be."

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who treated them well and with dignity and respect.
- People and their relatives spoke highly about the staff and staff approach. One relative told us; "I can't fault how my [relative] is treated by the staff, [relative's] dignity is maintained at all times and they are so respectful towards [relative]." Another relative told us, "I can't fault my [relative's] care the carers are second to none. They really do care about [name]."
- The provider had policies in place to promote inclusive practice.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people were exposed to the risk of their needs not always being met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- Care plans generally lacked person-centred detail and contained little information about people's specific needs and/or preferences as to how they would like their care to be delivered including what was important to them.
- Information which was included was predominantly task based and did not provide enough guidance to staff. For example, one person required the use of a hoist, however their care plan did not include sufficient information for staff to describe how to carry out this manoeuvre safely and in line with the person's preferences.
- People's care plans had not been regularly reviewed to assess if their needs, preferences and support requirements had changed.
- One care plan around transferring from and to a wheelchair was detailed and we discussed with the provider the benefit of following this type of documentation for others with specific care and support needs.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication

- Care plans lacked information about people's individual communication needs to ensure their needs would be met.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure in place to handle and respond to complaints.
- Records relating to the management of complaints were not always complete. For example, there was no evidence that one person had received a response to their complaint.
- Although people felt able to raise concerns, we were told some people had not been provided with contact details to enable them to do so. People told us, "I have no means of speaking to [owner] as I don't have a number" and I wasn't given any contact numbers for the management team, I found them myself."

End of life care and support

- At the time of the inspection the service was providing end of life care for one person with support from District Nurses.
- Care plans did not include information about people's future wishes, including Do Not Attempt

Resuscitation (DNAR) status, their religious and spiritual needs and wishes.

- The provider had not ensured staff had received training in this element of 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 always assure the delivery of high-quality care.

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

- Systems to assess and monitor the quality of the service were not established or operated effectively to have identified and addressed the concerns noted during this inspection.
- This included the lack of: COVID-19 testing; safe recruitment procedures; staff training, induction and supervision and shortfalls in care plans and/or risk assessments.
- Where audits identified concerns and actions were needed, we found they were not always addressed but repeatedly carried forward month after month.
- Multiple alerts raised by staff via the electronic system marked as 'action needed' had not been addressed as systems to follow up had not continued, and quality assurance systems had not identified this.
- The service did not have a registered manager in post although the provider initially told us they were going to apply for this status themselves.
- The provider did not demonstrate a clear understanding of regulatory requirements and their regulatory responsibilities. For example, describing themselves as the registered manager although they had not been registered or certified for the position. Their website included details of offices which they told us did not exist and job descriptions quoted out of date regulatory standards.
- Providers are required by law to formally, and without delay, inform CQC about events which occur within the service by submitting Statutory Notifications. Although the provider told us informally, they had not submitted statutory notifications as legally required in relation to the departure of the registered manager and events which stopped the service running safely or properly.
- Records relating to the provider's previous company had not been archived.

These issues evidenced a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as quality assurance systems were not established or operated effectively to assess, monitor and improve the quality and safety of the service.

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

- The majority of feedback received from people and relatives raised concern about the management of the service.
- People said, "I do think the owner wants everything to be right as his care ethic is good, unfortunately, not everything is as it should be"; "In the main the care is good but that is more by luck than good judgement" and that the owner "Has the right intentions in principal but is not delivering to everybody."

- The majority of staff feedback also raised concerns about the overall management of the service and indicated the service was not well-led. "No one [management] in the company cares or wants to improve. They are stuck in their ways. If you speak up, you get fired." and "The management side of things is the issue." However, one staff member said they found the management "good".

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

- Records reviewed evidenced that although some feedback had been sought from people using the service and staff, this was not consistently carried out, particularly in terms of the high turnover of staff seen.
- Care plans did not evidence that people's equality characteristics had been fully assessed or considered.

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.

- Most complaints recorded had been responded to and an apology given when things went wrong, however we found that one complaint had not been responded to.
- The service was supported by district nurses as and when required.