

Greenwich Association of Disabled Peoples Centre for Independent Living

Greenwich Association of Disabled People

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection of this service on 11 March 2015.

Breaches of legal requirements were found. Risks were not being managed well as risk assessments and care plans were not always in place in relation to all risks to people. Medicines management was unsafe due to the recording and auditing systems in place. The system for recording medicine administration was error-prone, and omissions in recording were not always identified and investigated. Recruitment systems were unsafe as they did not ensure a full employment history was taken for personal assistants (PAs) and that gaps in their employment histories were explored. In addition, the agency did not routinely collect evidence that people had the right to work in the UK. People were at risk because

PAs were not well supported through a system of supervision, appraisal and training to carry out their roles. Most PAs did not understand their responsibilities under the Mental Capacity Act 2005 and most had not received training in this.

We found that the provider's quality monitoring systems were ineffective as they had not identified the issues we found. We took enforcement action and served a Warning Notice on the provider requiring them to become compliant with Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations by 11 June 2015.

Summary of findings

You can read the full report from the comprehensive inspection dated 11 March 2015, by selecting the 'all reports' link for Greenwich Association of Disabled People on our website at www.cqc.org.uk.

We undertook a focused inspection on the 14 July 2015 to check that the provider had complied with the Warning Notice. This report only covers our findings in relation to the follow up on the breach of Regulation 17 focusing on quality assurance and governance. We asked the provider to send us an action plan telling us how and when they will become compliant with the other breaches. These breaches will be followed up at our next comprehensive inspection of the service.

At our inspection of 14 July 2015 we found that the provider had not taken the necessary action to ensure their quality monitoring systems were effective in the time we had specified in the Warning Notice.

The Chief Executive Officer (CEO) was open and transparent throughout our visit. She told us that the organisation had not made good progress since our March 2015 inspection and that, until recently, the agency had not had the necessary senior staff to carry out the changes and improvements required.

A registered manager is a person who has registered with the Care Quality Commission (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. The current registered manager was not in post at the time of our inspection and we remain in contact with the Provider about the management of the service.

An interim manager was employed between May and June 2015 to start making improvements to the service but the CEO stated that much of this interim manager's time had been spent on staffing issues and day to day management of the service and they had not been able to address our concerns with quality monitoring systems. A new agency manager commenced employment in July 2015 but they informed us following our visit that they

had submitted their resignation with a leaving date of the 28 August 2015. A part time field supervisor had commenced work in the week prior to our inspection and was present during our visit.

No changes or improvements had been made to ensure that effective systems or processes were in place to assess, monitor and improve the quality and safety of the services provided.

Systems or processes for checking people received their medicines as prescribed were still inadequate. There were no changes or improvements being made to those systems or processes in place at the time of our March 2015 inspection. The way in which medicines administered to people were recorded was still unsafe. Staff had not completed any training to help ensure their competency to support people to take their medicines safely.

A comprehensive Safer Recruitment policy had been developed, but recruitment documents had not been updated in line with this to ensure a full personal history was taken for PAs and that gaps in their employment were explored.

There were no changes or improvements to the processes in place for care planning for service users. There was no structured system in place to make sure that each person's support plan and risk assessments was regularly reviewed to ensure they were up to date and meeting their current needs. We required the provider to submit a detailed action plan immediately following this inspection visit to tell us how they would make sure that all care plans and risk assessments were up to date and ensure people were receiving safe care and treatment. This requirement was made in accordance with Section 64 of the Health and Social Care Act 2008.

Due to the seriousness of the concerns found at the inspection of 11 March 2015, the risks these posed to people using the service and the fact that no action had been taken to rectify the concerns; following this inspection we took enforcement action. We served a notice to cancel the provider's registration to deliver personal care on 28 July 2015. This is now in effect and the provider's registration with the Care Quality Commission to provide personal care has been cancelled.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not well-led. The provider did not assure themselves of the safety and quality of people's care.

The provider had not made any changes or improvements to the systems and processes in place for quality assurance since our March 2015 inspection.

Up to date and accurate records were not being kept in respect of people or medicines administration.

A registered manager was not in post.

Inadequate



Greenwich Association of Disabled People

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a focused inspection on 14 July 2015. This inspection was completed to check if improvements had been made to meet the legal requirements for the breach to Regulation 17 we found after our comprehensive inspection on 11 March 2015. We inspected the service against one of the five questions we ask about services: is the service well led. This is because the service was not meeting legal requirements in relation to this question.

This announced inspection was undertaken by one inspector. The provider was given 48 hours notice to make sure that someone would be available to assist our inspection. Before our inspection we reviewed the information we held about Greenwich Association of Disabled People.

During the inspection we spoke with the Chief Executive Officer (CEO), the newly appointed agency manager, a field supervisor and an administrator. We looked at 12 people's care records, six personal assistant recruitment files, medicines records for two people and supervision records for six personal assistants, as well as records relating to the management of the service.

Is the service well-led?

Our findings

The service was not well-led. The provider did not have effective quality assurance processes in place to assess, monitor and improve the quality of the service people received. There were no changes or improvements made to the systems and processes in place for quality assurance since our previous inspection visit in March 2015.

Systems or processes for checking people's received medicines as prescribed were inadequate. The personal assistants continued to bring medicines administration records (MAR) into the office irregularly. The field supervisor stated that the systems in place were the same as at our March 2015 inspection and could not tell us that these records were consistently checked.

The way in which medicines administered to service users were recorded was the same as at the March 2015 inspection and therefore still unsafe. The daily medication forms in use by staff were the same forms as in use at the March 2015 inspection with staff writing only a note to indicate they had administered medicines from a doset box. The medication risk assessment for one person indicated that they had medicines four times a day and needed prompting to do this. Their daily medication form contained only two entries on one day and three entries on three other days. Each entry on the medication form stated 'doset box' and was signed by the staff member with no further detail recorded. A daily record for another person documented that they did not have their evening medicine on one occasion. There was no evidence that these issues had been picked up as part of a system to assess and monitor the service provided or action taken to prevent them from happening again.

The provider did not have a system in place to make sure that staff had the training to carry out their roles safely or effectively. Any gaps in training were therefore not being picked up and action was not taken to address the issue. For example, training had not been provided to staff working as personal assistants to help ensure their competency to administer medicines to people using the service. The Chief Executive Officer (CEO) and field

supervisor both stated that medicines training had not taken place since our March 2015 inspection. We looked at six staff files and none had evidence of any medicines training received after March 2015. The CEO told us that the planned medicines training for April 2015 had been cancelled due to issues around the registered manager leaving the employment of the service.

The risk assessment and support plan documentation for six people had not been reviewed for over 12 months. The field supervisor stated that there had been no changes to the care plan format since our previous inspection and they had not been able to start going out to routinely review the risk assessments and support plans in place for each person using the service. The risk of out of date information being used to plan care for people had not been identified or acted upon because the provider's quality monitoring system was not effective.

The 'Quality Manual' for Greenwich Association of Disabled People had not been changed or updated since our March 2015 inspection. This detailed document gave no practical guidance on auditing areas such as medicines management, care plans and risk assessments. There were no other policy or procedures available for quality assurance and any audits in these areas were either not taking place or were ineffective in assessing and monitoring the service.

After our inspection took place, the new agency manager sent us information about planned compliance checks on the records kept for people using the service and staff. They also told us they planned to deliver medicines training to staff in August 2015 before they left the employment of the service. However we were unable to monitor the effectiveness of these plans at the time of our inspection.

These issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because of the serious nature of the concerns and the risks people may be exposed to as a result, we served a notice to cancel the provider's registration with the Care Quality Commission to provide personal care. This process has now been completed and the provider's registration has been cancelled.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were ineffective systems in place to assess monitor and improve the quality of the service or to assess, monitor and mitigate risks to service users.</p> <p>Regulation 17(1)(2)(a)(b)</p>

The enforcement action we took:

We served a Notice of Proposal to cancel the provider's registration with the Care Quality Commission to provide personal care on 28 July 2015. On 8 December 2015 we served a Notice of Decision to this effect. No appeal was submitted and we have therefore cancelled the provider's registration.