

Copthorne Complete Home Care Limited

# Copthorne Complete Home Care Limited

## Inspection report

30 Oddingley Road  
Birmingham  
West Midlands  
B31 3BS

Tel: 01214088313

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## Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Inadequate 
Is the service caring?	Requires Improvement 
Is the service responsive?	Inadequate 
Is the service well-led?	Inadequate 

# Summary of findings

## Overall summary

### About the service

Thamas Continental Home Care is a domiciliary care agency providing personal care to people in their own homes.

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

We were not assured the provider was keeping people safe. Not all staff had been provided with training to provide safe care. We were not assured incidents and accidents involving people were consistently reported, recorded and investigated to promote learning and minimise the risk of reoccurrence. We were not assured staff were disposing of personal protective equipment (PPE) correctly. The provider had not adhered to safe recruitment practices. People's medicines were not managed safely to ensure they were not placed at risk. The provider had not fully protected people from the risk of abuse and improper treatment.

People's needs and choices had not been fully assessed to ensure effective outcomes of their care. People's care plans did not include up-to-date information about their health needs. Staff had not received appropriate support, supervision and training to carry out their duties. The provider was not working in line with the principles of the Mental Capacity Act 2005.

People's care records did not demonstrate they and their relatives were involved in decisions about the care provided. People were not always encouraged to be as independent as possible. Staff did not know people's preferences, personal histories or background.

People did not have person-centred care plans in place to help staff ensure they received personalised care. The registered manager indicated they understood their responsibilities under the Accessible Information Standard. Despite having this knowledge, we found no evidence of the Accessible Information Standard being implemented to ensure service users received information in a way they understood it. The provider did not have a complaints policy or systems to record or respond to complaints.

The provider had failed to implement effective systems to assess, monitor and improve the service. The provider had not established robust systems and processes to enable staff to record and report accidents or incidents. Records were of poor quality. We were not assured the provider understood their associated responsibilities about the duty of candour. The provider had not sought feedback from people using the service. The provider did not seek feedback from staff. We saw no evidence that the provider had worked in partnership with any other agency.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 03 January 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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

Enforcement and Recommendations

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 have identified breaches in relation to the provision of person-centred care, safe care and treatment, protection of people from abuse, governance of the service, staffing training and supervision and unsafe recruitment practices.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

The service was not safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not effective.

Details are in our effective findings below.

**Inadequate** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

**Inadequate** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Copthorne Complete Home Care 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

The inspection was carried out by one inspector.

#### Service and service type

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

#### 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

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 registered manager would be in the office to support the inspection.

Inspection activity started on 31 March 2022 and ended on 11 April 2022. We visited the location's office on 6 April 2022

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke to one person who used the service and two relatives about their experience of the care provided. We spoke with one member of staff and the registered manager. We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff competencies. 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 requested and reviewed a range of documentation including policies, call records, care plans and additional staff files.

# 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 safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; learning lessons when things go wrong; preventing and controlling infection

- We were not assured the provider was keeping people safe. The provider had failed to implement a robust risk management policy or procedure appropriate to the service.
- The provider had not assessed the risks to people's health, safety and welfare or put clear plans in place for managing these. No risk assessments or care plans had been completed for the person who was currently using the service, which meant staff had no written guidance on how to safely meet their needs. This included, for example, a lack of risk assessments and care plans in relation to the person's mobility, skin care and continence care needs. The lack of robust risk assessments and care plans meant they were at increased risk of harm.
- Staff had not been provided with training to provide safe care. This included a lack of training in relation to people's individual health needs and their role in monitoring and helping people to manage these.
- The staff member we spoke with was not aware of the risks to, or their care needs of, the person they supported. For example, this person had a known health condition which affected their mobility. The staff member was unable to describe how this impacted the care provided. This increased the risk of the person receiving inconsistent and unsafe care.
- We were not assured incidents and accidents involving people were consistently reported, recorded and investigated to promote learning and minimise the risk of reoccurrence. The provider had an incident reporting policy in place; however, this had not been adapted to the service and referred to templates and roles which did not exist within the service. The staff member we spoke with had not been trained in the provider's incident reporting policy and was not aware of their responsibilities to record and report incidents and accidents involving people.
- We were not assured staff were disposing of personal protective equipment (PPE) correctly. The staff member we spoke with told us they were not following the provider's policy regarding the safe disposal of PPE.
- The provider had failed to identify an infection prevention and control (IPC) lead as per their IPC policy and had not carried out any IPC assurance checks.
- COVID-19 risk assessments were not in place for staff or people in line with the provider's IPC policy.
- The provider told us they were following current government guidelines regarding COVID-19 testing for staff. However, they had not maintained records of staff test results and did not ask staff to report their test results to them. Therefore, we could not be assured the provider was following government guidelines on staff testing.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- The provider had not adhered to safe recruitment practices. This placed people at risk of being supported by unsuitable staff.
- The provider had not obtained two suitable references prior to staff commencing employment, in accordance with their own recruitment policy. The provider told us they had attempted to obtain the missing references however was unable to provide evidence of this.
- The provider had not obtained information about people's prior work history and experience. This meant they could not be assured care staff had the appropriate knowledge and experience for the role.
- The provider had not obtained satisfactory information about staff's physical or mental health conditions, relevant to the performance of their duties, to enable them to make any associated adjustments.

The provider's failure to operate robust recruitment practices was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- People's medicines were not managed safely to ensure they were not placed at risk.
- The provider told us staff were not currently involved in helping people to take their medicines. However, we found a staff member had been routinely supporting one person to apply a topical medication.
- The provider's medication policy detailed a specific process the provider and staff must follow when supporting people with creams, including recording where the cream should be applied and how often. The provider had failed to ensure this policy was being followed by staff, as this information had not been recorded and there was no medication administration record (MAR) in place for this person.
- The staff member we spoke with, who was applying a person's topical medication, was unaware of the purpose of the cream and had not been provided with any written information by the provider on how and when to apply it. In addition, the staff member had not received any training from the provider on how to support people with topical medication, which contravened the provider's medicines policy. This meant the person was at increased risk of harm due to the lack of training and clear information for staff on the application of topical medicines.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety in the management and administration of medication. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had not fully protected people from the risk of abuse and improper treatment.
- The provider had not developed clear safeguarding procedures or communicated these to staff to ensure any abuse concerns were consistently identified, investigated and action taken to keep people.
- The staff member we spoke with had not received safeguarding training and was not aware of their associated responsibilities to protect people from abuse.

The provider had failed to implement robust processes and procedures to ensure people are protected from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service effective?

## Our findings

Our findings - Is the service effective? = Inadequate

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 inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs and choices had not been fully assessed to ensure effective outcomes of their care. Initial assessments were not sufficiently detailed and did not consider people's physical and mental health needs or their social needs. In addition, assessments lacked key information, such as people's life history, wishes, preferences or protected characteristics under the Equality Act 2010.
- One person had a known health condition. The provider had failed to holistically assess this condition, or their wider health needs, and had not provided care staff with personalised care plans enabling them to best support the person. This person's care notes indicated a deterioration in their physical health. However, there was no care plan in place to reflect this change in their health needs
- There was no evidence in the person's care records we reviewed of staff having worked with other agencies to ensure people's health needs were monitored and met.
- The staff member we spoke to did not know what action to take in the event of people's healthcare needs changing.

Staff support: induction, training, skills and experience

- Staff had not received appropriate support, supervision and training to carry out their duties. This meant people were at increased risk of being supported by staff who were not suitably skilled or competent.
- The provider had failed to ensure staff received training which reflected people's complex care needs. One person had a known health condition; however, staff had not been trained to support the person with these identified care needs.
- The provider did not have a formal staff induction process for new staff and was not aware of the requirements of the Care Certificate. The Care Certificate is aimed at ensuring health and social care staff have the knowledge and skills they need to provide people with safe and compassionate care.
- Staff did not receive regular supervision to monitor and reflect on their practice, provide guidance and support, and identify areas for development. There were no records of supervision in staff files. The provider told us they had not completed any observations of staff competencies. One member of staff told us "I've not had any supervisions since I started."

Staff had not consistently received the support, training, supervision and appraisal necessary to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

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.

- The provider was not working in line with the principles of the MCA. They were unable to evidence that people's rights under the MCA were being protected. Assessment and care planning processes did not consider people's capacity to consent to care and treatment.
- Mental capacity assessments had not been completed to determine people's ability to make particular decisions.
- The provider did not have a robust process for seeking consent from people. For example, one person's file we looked at did not have any signed consent forms. This meant we could not always be assured that people were consenting to their care.

# 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, cared for or treated with dignity and respect.

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

- One person's care records did not demonstrate they and their relatives were involved in decisions about the care provided. Their relatives told us the provider had not involved them in care reviews, which meant they did not have appropriate opportunities to contribute towards decisions about their loved one's care.
- The provider had failed to provide people and their relatives with information about other services and organisations who can provide independent support and advice regarding their care.

Respecting and promoting people's privacy, dignity and independence

- People were not always encouraged to be as independent as possible. One person's care records did not clearly detail what they could and could not do for themselves or give staff specific guidance on how to support people to maintain their independence. However, the staff member we spoke with demonstrated some understanding around how to promote people's independence.
- People's care records were paper-based, held within a locked cabinet or people's own homes and only accessible to those that required access.

Ensuring people are well treated and supported; respecting equality and diversity

- One person's care records did not include information about their preferences, personal history or background and the staff member we spoke with lacked insight into these. This meant people were at risk of receiving care from staff who were not supported to get to know them well.
- Although we did not observe staff interactions, people's relatives told us the provider and staff treated their family members with kindness and compassion. One person's relative told us "[Staff member] is very warm and friendly." Another relative said, "They [staff member] showed [family member] respect."

# 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 inadequate. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not have person-centred care plans in place to help staff ensure they received personalised care.
- Staff did not have clear written guidance on how to meet people's individual needs and preferences. For example, one person's initial assessment identified complex health needs. No information was made available to staff about the nature or impact of the health conditions or what they should do to support the person.
- People and, where appropriate, their relatives were not encouraged to contribute towards care planning. Care records did not demonstrate people and their relatives had been involved in the planning of care.

Systems for ensuring people's care and treatment was appropriate, met their needs and reflected their preferences were not being used effectively. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person's relatives spoke positively about the extent to which the service met their loved one's overall needs. One relative told us, "Of all the carers we've had for [person's name], they are the best" Another relative told us, "We have been very happy with the service."

Meeting people's communication 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.

- The registered manager indicated they understood their responsibilities under the Accessible Information Standard. Despite having this knowledge, we found no evidence of the Accessible Information Standard being implemented to ensure service users received information in a way they understood it.
- People's information and communication needs had not been explored with them, recorded or communicated to staff to promote effective communication. For example, one person did not speak English. The provider had not given key information or documents, such as care plans, to the person in their own language.

Improving care quality in response to complaints or concerns

- The provider did not have a complaints policy or systems to record or respond to complaints.
- The provider had not informed people or their relatives how to make a complaint or raise a concern about the service.
- The staff member we spoke with did not know what the provider's complaints process was or how to handle a complaint if a person raised one with them.
- The provider told us they had not received any complaints during their time in operation.
- One person's relatives told us they had not needed to make a complaint regarding their relative's care. People's relatives told us they felt they would be listened to if they made a complaint.

#### End of life care and support

- At the time of our inspection, no one using the service was receiving end-of-life care.
- We saw no evidence in people's care plans that their wishes and preferences regarding their end-of-life care had been discussed with them, and their relatives where appropriate, or recorded. This meant these wishes and preferences may not be met by the provider.

# 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; Continuous learning and improving care

- The provider had failed to implement effective systems to assess, monitor and improve the service. The provider's formal quality assurance was very limited in scope; we did not see evidence of any audits beyond recorded checks on staff files. As a result, the provider had not identified the concerns we found at this inspection, including those relating to unsafe management of medicines, poor infection control practices, the absence of a complaints handling procedure and the lack of robust risk assessments and care planning processes.
- The provider had not established robust systems and processes to enable staff to record and report accidents or incidents, and to ensure these were thoroughly investigated. This is important when attempting to minimise the risk of reoccurrence and drive improvement in the service.
- The provider had failed to identify they were not consistently following their own policies. This included a failure to adhere to their recruitment policy, infection control policy and their medication policy.
- The provider failed to ensure policies were readily available for and communicated to staff.
- Records were of poor quality and did not include a complete, accurate and contemporaneous record of care provided.

The provider had failed to implement robust audits and monitoring systems. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider's statement of purpose detailed that the aims of the service were, 'To provide the highest quality of care. To deliver services which fully reflect the needs, wishes and preferences of our Service Users. To continually improve and develop the quality of staff and best practice by robust recruitment and selection policies and training and development of staff. To involve and listen to Service Users, families, and representatives.' During the inspection, we found little evidence the provider was meeting their own aims for the service. A statement of purpose is a legally required document that includes a standard set of information about a provider's service.
- The staff member we spoke with told us that they felt supported by the provider, and that the provider

would listen to their concerns. They said, "[Provider] is very approachable and listens."

- Based on our conversation with the provider about the duty of candour, we were not assured they understood their associated responsibilities, including the need to be open and honest with people when care had not gone according to plan.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider was unable to provide us with evidence they had actively sought feedback from people using the service, relatives or staff members as set out in their statement of purpose. The provider told us they had not sent out any questionnaires or feedback forms. This was confirmed by one person's relatives. This meant people, their relatives and staff had limited opportunities to express their views about the care provided and how this might be improved.
- The provider had not undertaken staff meetings or sought feedback from staff regarding service provision. This was confirmed through our conversations with a member of staff.
- The provider did not encourage accessible and open communication with people who used the service.
- The staff member we spoke with was not aware of the provider's whistleblowing policy.. Whistleblowing is the term used when staff report certain types of wrongdoing within an organisation.
- We saw no evidence that the provider had worked in partnership with any other agency. We asked the provider why this was. We were told that the people working with the service did not require any additional support to what was already in place by the provider.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Systems for ensuring people's care and treatment was appropriate, met their needs and reflected their preferences were not being used effectively. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### The enforcement action we took:

We issued a Notice of Decision to the provider requesting a monthly report outlining the steps they have taken to address our concerns.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### The enforcement action we took:

We issued a Notice of Decision to the provider requesting a monthly report outlining the steps they have taken to address our concerns

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to implement robust processes and procedures to ensure people are protected from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities)</p>

**The enforcement action we took:**

We issued a Notice of Decision to the provider requesting a monthly report outlining the steps they have taken to address our concerns

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to implement robust audits and monitoring systems. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

**The enforcement action we took:**

We issued a Notice of Decision to the provider requesting a monthly report outlining the steps they have taken to address our concerns

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider's failure to operate robust recruitment practices was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

**The enforcement action we took:**

We issued a Notice of Decision to the provider requesting a monthly report outlining the steps they have taken to address our concerns

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not consistently received the support, training, supervision and appraisal necessary to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

**The enforcement action we took:**

We issued a Notice of Decision to the provider requesting a monthly report outlining the steps they have taken to address our concerns