Allicare Limited

Allicare

Inspection report

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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
Allicare domiciliary care agency provides personal care to people living in their own homes. At the time of the inspection the service was supporting 67 people. People were supported with varying needs, some requiring just a few hours of support a week to others who required live in staff to provide support 24 hours a day.

We were told 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 found ongoing concerns in how the provider assessed risks to people using the service. This included risks in changing care needs and how medicines were administered. There was not enough staff to ensure the rota was covered in a way that met the needs of people using the service and management were frequently used to support this. Staff were recruited safely and we found staff had the required equipment to control the risk of infection

People had not received assessments to determine their capacity to consent to care and treatment and holistic assessments considering people's wider circumstances had not been completed. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff had received more training since the last inspection but predominantly training did not include recent changes in legislation and best practice guidance. Staff did not have their competency tested to ensure they could effectively implement any training they received. People were supported to have access to enough nutrition and hydration but there were some concerns noted in how people were supported with special diets.

People told us care staff had improved since the last inspection and staff were generally more caring. But people were not involved enough in agreeing how and when their care was delivered. Staff treated people with dignity and respect and were responsive to their requests for support.

Complaints were not managed effectively, they were not responded to appropriately and the provider did not have systems in place to identify themes and trends from complaints received, in order to make any changes required to service delivery. People did not receive care specific to their preferences. Care plans were often not up to date with the most recent information and some areas of people's support needs had not been assessed or reviewed. End of life care was delivered with the support of local district nursing teams.

A recent satisfaction survey had contained some positive comments and showed improvements had began to be made. However, a lack of an effective governance and quality audit system did not allow this to be evidenced. Action plans from the previous inspection were signed off as completed when there was clearly more work to be done, this included reviews of care plans and the inclusion of best practice guidelines in current policy.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection (and update)
The last rating for this service was Inadequate (published 26 September 2019). Multiple breaches of regulation were found. The provider completed an action plan in January 2020 to show what improvements they would make and when. At this inspection, not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

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

We have identified breaches in relation to managing and identifying risk, the safe management of medicines and protecting people from abuse. We identified further breaches due to an inadequate number of staff who had received effective training to deliver a service in line with the requirements of the regulations. There were also breaches identified in how the service acquired appropriate and lawful consent, how the service managed complaints and the governance and audit of the service. Lastly, we found a breach in relation to the lack of provision to meet the specific and individual needs of people using the service. We have also issued three recommendations; one in relation to ensuring there are evidential checks around the competence of internal promotions, one about the timely completion of assessments and one ensuring that advice around people's dietary requirements from professionals is incorporated into care plans.

Any regulatory action that was planned to be taken was aborted as the service ceased to operate. The provider told us they no longer delivered a regulated activity to people.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures
The overall rating for this service is 'Inadequate' and the service remains 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**

Allicare

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by two inspectors, one 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
The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
We gave a short period notice of the inspection. This was to update the provider's contact list and to arrange to speak to people using the service to gather their views on the service they received. We also wanted to arrange to visit some people in their homes and needed to gain their consent. This meant we had to arrange for a 'best interests' decision about this.

Inspection activity started on 27 February 2020 and ended on 11 March 2020. We visited the office location on 27 and 28 February and visited people in their own homes on 2 March 2020. We completed the inspection on 11 March 2020, when we arranged a telephone conference to deliver the feedback to the provider and their representatives.

What we did before the inspection

We reviewed available information we held about the provider. We spoke with professionals who worked with the service and looked at information held in the public domain. This information helps support our inspections.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
During the inspection we spent time in the offices of the service and spoke with eight staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with the registered manager, care coordinators, a team leader and the trainer. We also spoke with five staff and received surveys from eight others. We spoke with people about the support they received. We spoke with seven people that used the service on the telephone and three of their relatives. We visited three people that used the service in their homes and spoke with two relatives and two visiting professionals. We also received feedback from three other professionals.

We looked at the care records for nine people who used the service in the office and three in people's own homes. We reviewed management information including audits, five staff personnel files and meeting minutes.

After the inspection
We continued to seek assurances from the provider around the information we had received on site and requested additional information. Not all the information requested was returned to us. We continued to seek assurances from other professionals around the quality of the service.

Inadequate

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure robust safeguarding procedures and processes were implemented to make sure people were protected. 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.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 13.

- Safeguarding procedures had been developed and added to records held in the office, for people that used the service, but we did not see these in all the files in people's homes. It was clear from the information we reviewed appropriate and effective safeguarding procedures were not available for staff to follow when working in the community at people's homes..
- The service had a file named 'safeguarding.' Within that file were a large number of documents containing safeguarding alerts, concerns, communications and other information that had not been organised to show these had been managed in line with the service's safeguarding procedure. For example, the file contained a number of emails from the local authority asking questions on information they had been provided, via a third party. We saw questions were not routinely answered in responding emails. this meant appropriate investigations could not take place.
- We also found concerning information within records including one direct allegation from a person using the service of staff harming them. This allegation had been dismissed immediately by staff without any due process. The alert had not been raised with a senior staff member to formally review and had not been referred to the local safeguarding board.
- When we discussed safeguarding concerns with the provider there was little recognition of the seriousness of some of the information held. We were told of situations where people that used the service had replica weapons and staff were at risk of sexual assault which had not been formally acted on in line with safeguarding procedures.

Systems and procedures in place were not robust enough to demonstrate people were protected from risk of harm, potential abuse or neglect. This was a continued breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 12. We also found different aspects of the regulation were now also in breach.

● The provider did not have effective systems to manage current known risks or to identify new risks which could pose a risk of harm to people that used the service.

● Where people that used the service had identified risks in relation to their diet or to the equipment they needed to use to safely mobilise, we saw this information was not appropriately captured in a risk assessment. For example, one person was prescribed a pureed diet. It was clear from the daily notes staff were anxious this person was putting themselves at risk of harm by eating other foods which were assessed as being unsuitable or unsafe. A risk assessment had not been developed to show staff how best to support this person.

● Another person's records showed up to four staff had been required to transfer the person from their bed, as they refused to be supported with the required assessed equipment. This put both the person and staff at risk of harm. A risk assessment had not been developed to show staff how to keep themselves and the person safe.

● Since the last inspection an electronic care planning system had been introduced. That system had a concerns and alert system where staff could share concerns around the safety of people. The provider told us this system was new and the concerns were not being monitored. The provider said staff alerted the office by telephone if they were aware of anything concerning. We found numerous occasions where this was not the case. Including two issues which led to safeguarding alerts being raised.

● On one occasion staff had put information on the alerts system to show a person had open sores and was becoming increasingly tired. There were four entries over the 10-day period prior to the inspection. When we discussed this with the team leader, they had no knowledge of the concerns and we asked them to call the GP. We raised a safeguarding alert following the inspection as we did not get a timely update from the provider that this person was safe.

● Records we reviewed in relation to the management of medicines were contradictory, incorrectly completed and mostly incomplete to enable an effective review and monitoring of the system used. For example, records in care records and medicine administration records (MARs) on relating to people's prescribed medicines were contradictory. There was a lack of clarity and knowledge around whether medicines were regular prescriptions or PRN (as required) medicines.

● Topical medicines were seen to have been applied by staff on the daily records, but there was often no record of them in care plans and risk assessments. One incident where a risk assessment for pressure areas noted no cream was required was contradicted by a record in the daily logs which noted a cream was applied when required to relieve and reduce the risk of pressure areas.

● Some medicines were not administered as prescribed due to the time of care visits. This included the administration of paracetamol which was often administered in less than safe four hourly intervals.

● Audits did not identify concerns noted above or where a MARs had been handwritten and had not been double signed to ensure it was correct.

There was not an effective system to identify and manage both new and ongoing risk. Current risks were not reviewed with up to date information to allow risks to be safely mitigated. Medicines were not recorded and audited effectively to identify and manage potential risks. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●We saw staff supported people appropriately with medicines which were dictated by test results. Staff

administered correct doses of medicine dependant on the results. However, there was not a record of any monitoring of the medicine records in comparison to the test results by management to determine the correct amount was administered.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff available to meet people's needs. There was not an effective system to monitor and identify if people received their care on time and for a planned duration. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 18.

● At the last inspection we found people using the service were not receiving care visits as requested and for the required time. The provider had acknowledged with the Care Quality Commission some visits were cut short in order to fit more in and people told us they frequently did not get the time allocated for visits. Staff also told us their travel between care visits was also calculated into people's visit time. This meant people would often get less than their dedicated time.
● When we spoke with people about their visit times, we were frequently told visits were often late and they felt there was a need for more staff. When we asked why, we were told because staff worked very long hours. One person said, "Some days I have the same person all day and as my first call is early and I am supposed to have the last call of the day it means that they have been at work 14 hours or more."
● We asked the provider if they had staff vacancies and were told they were constantly recruiting for staff. Whilst the provider would not acknowledge they needed more staff when we reviewed the opportunities advertised it was clear there were a number of staff posts that needed to be filled.
● Since the last inspection the provider had asked people to sign a declaration to say they acknowledged and accepted staff may be late. This by no means mitigated that more staff were required for people to get visits at the time they were required or requested. Records in the new electronic system showed there were often up to a 90-minute variance as to when people received their first visit for support. One person told us, "I am not very happy at the moment, the carers are brilliant but they keep changing my call times without consulting me. I don't know why they do this and neither do the carers. The communication is nearly non-existent."
● The electronic system did not monitor care visits in an effective way. The system did not show when staff were late or stayed the full assessed visit.
● Team leaders covered the rota daily; care coordinators and the registered manager were often required to cover the rota two to three times a week and worked a weekend day. This left little time to ensure records were up to date and an effective governance and oversight process was in place.
● People using the service told us contacting the office out of hours number was sometimes difficult. When we discussed this with the nominated individual, they told us each person's file had both their and the registered manager's contact number at the front of the file. We looked at people's files in the three homes we visited and found this was not the case.

There was not enough available staff to ensure people received care visits on time or for a planned duration. There was not an effective system to monitor and identify if people received their care on time and for the planned duration. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to ensure appropriate checks were undertaken to ensure staff were suitable to work in social care. This was a breach of regulation 19 (Fit and proper person's employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19, but we have made a recommendation.

● At the last inspection we found staff had been working without the required checks on their character. The provider had taken steps to ensure this no longer happened.
● Recruitment files were audited by the human resources manager and where there were gaps steps had been taken to rectify this.
● Staff newly appointed to post had completed the required application form detailing full employment histories and checks had been taken with the Disclosure and Barring Service (DBS) as required. Suitable references had also been acquired.
● However, when the provider promoted staff to other roles within the organisation there was not the required evidence to show their competence had been checked, for the role they were recruited to.

We recommend the provider ensures all staff in post have the required evidential checks to ensure they are suitable and competent to complete the role recruited to.

Preventing and controlling infection
● Staff we spoke with told us they had all the equipment they needed to fulfil the roles requested of them safely.
● People we spoke with who used the service also told us staff always wore the appropriate Personal Protective Equipment (PPE).
● The provider's infection control procedures assured us people were protected from infection and cross contamination
● The provider had begun to consider the impact of the coronavirus on the staff team including the need for additional PPE.

Inadequate

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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate training and were competent to deliver an effective service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 18.

- Staff had not received training at regular intervals to ensure they were trained in the most up to date best practice guidance or legislation. This is evident in the continued breaches of regulations.
- The provider did not have a formal and effective way to test staff competence and relied on staff informing them if they felt they needed retraining or a mistake being made. Where staff had been trained in clinical tasks including medicines, supporting people with catheters and internal feedings tubes their competency in this training was not effectively tested prior to them providing the support to people. This had led to team leader's expressing concerns in a lack of staff competence in this area.
- The training was delivered by a director of the company who was a competent teacher. However, they had neither the knowledge of the subject matter or access to formal updates to required training, to ensure staff were suitably trained to meet the requirements of the regulations.
- At the last inspection the provider had said in their action plan they would ensure medicine policies and training would be bought in line with the latest National Institute for Health and Social Care Excellence (NISCE) guidelines but this had not happened. Staff were not working within parameters of current best practice when recording and administering medicines.
- There were big changes to be implemented in October 2020 in relation to the Mental Capacity Act and Liberty Protection Safeguards, the provider had taken no steps to ensure they, as a business, were aware of this and staff received the required training.
- Some people told us staff required more basic training around diets and personal care. One person told us, "I like to have a wet shave and I am bit wary sometimes that the carers don't always know how to do it properly, so I think they need more training."

The provider had not taken the required action to ensure they had a competent and skilled workforce to meet the needs of the business and the requirements of the regulations. This is a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had taken steps to improve the training and induction provided to team leaders and care coordinators. This had improved the ethos and values of senior staff employed.
● When team leaders shared concerns in relation to staff competence in supporting a particular person, we saw the provider took immediate action to access appropriate training. However, this was not then competency tested to ensure staff understood the training and could effectively implement it.

Ensuring consent to care and treatment in line with law and guidance
At our last inspection the provider had failed to ensure people using the service had received appropriate capacity assessments. Staff and the management team did not have the skills and knowledge required. This was a breach of regulation 11 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 11.

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 Act 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.

● The provider had not assessed the capacity of anyone using the service in line with the test of capacity identified with the MCA. Assessments were started with a conclusion to someone's capacity and then asked to determine against key criteria including medicines and personal care. We did not see any form which included any explanation and either a tick or cross was used to determine someone's capacity.
● There were capacity assessment forms which identified specific assessments were required including for medicines, nutrition and hydration but these were not completed. There was no procedure followed to make decisions in people's best interest if this was required.
● Since the last inspection some consent forms had been developed which were not specifically about people agreeing to the support they received. They did not include agreement for the service to administer medicines or that people agreed with the content in their care plan.
● Documentation had been developed for people to sign in agreement and acknowledgement that care visit times were only a guide time and they may vary day to day. People were also asked to sign in agreement that Allicare may not always meet people's preferences in when support may be provided and they may have staff they had requested not to. This in effect was asking people to agree to care and support which may not meet their specific needs and preferences.
● We saw consents were signed on two occasions by someone the service had identified lacked capacity and a decision specific assessment had not been completed to determine if the individual understood the request for consent.
● There was not a procedure to oversee assessments or ensure any decisions were reviewed or accurate.

The provider had not taken appropriate steps to ensure people were effectively assessed to determine if they had capacity to consent to specific decisions and information. Staff and management did not have the

knowledge or skills to implement the requirements of the MCA. This is a continued breach of regulation 11 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The provider did not have an effective system to holistically assess people's needs and develop care plans and information which was an accurate record of people's current needs.
● The provider had begun to move information from the paper-based care planning system to an electronic system. This had led to inconsistencies in information and some information of a historic nature being recorded as if current information. This had included records for one person stating they had a recent broken limb. This information was correct three years prior to record being written. Another record said, a person continued to use a catheter when they did not.
● We found people's records did not include a care plan or appropriate risk assessment relating to their current health conditions. This included risks in relation to transferring one person, moving and handling, another person's diet and another person's pressure area.
● When we spoke with the registered manager, a care coordinator and a team leader we found they were aware of most issues and had taken action in most cases.

We recommend the provider ensures that appropriate and timely assessments are completed when people's circumstances change.

Supporting people to eat and drink enough to maintain a balanced diet
● People were not provided with comprehensive support to maintain their assessed needs with nutrition. However, we did see staff took action to ensure people ate enough to sustain a healthy weight.
● People told us staff rarely had time to cook their meals or hot snacks but would heat up a microwave meal and make a sandwich. One relative said, "We leave [relative] food but sometimes she doesn't want a cooked meal but I was told the carers didn't have time to make anything other than a ping meal or a sandwich. How long does it take to do beans on toast or a jacket potato in the microwave?"
● Where people had specific diets these were not always effectively managed. One person had been assessed as requiring a diet including small bite sized pieces of food. When we spoke to this person, we were told they had to tell staff to cut their food to the required size. Another had been assessed as requiring a soft diet but they were regularly eating solid food including cakes. Appropriate risk assessments had not been completed on these occasions.
● We found no evidence that people were losing weight or were at risk of malnutrition or dehydration.

We recommend the provider develops risk assessments and care plans that give the staff the information they need to support people with specific dietary requirements as assessed by specific professionals.

● We saw in one person's care plan that they should always be left with two beakers of water and when we visited them at home, they had two beakers of water.
● We were also told about one person who staff were concerned about not eating as they would forget to eat and tell staff they had eaten. Staff took additional precautionary measures including checking waste bins for food wrappers to ensure the person had eaten and left food out for the person to eat when they wanted. This helped reduce the risk of this person becoming malnourished.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● We saw from people's files that they had additional support from other professionals including the mental health team, dieticians and occupational therapists.

● Staff recorded in daily notes when the GP had been called or if people had visits from health care professionals.
● We saw a district nurse visited one person to dress their legs. They told us staff followed the advice they gave and contacted them appropriately if required outside of scheduled appointments.

Requires Improvement

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence
- People using the service told us changes would be made to the support provided to people without consultation. One person had a shower on the same two days a week. Without consultation the days they were to have their shower changed to a different two days.
- One person told us how they liked a wet shave but sometimes didn't as did not feel staff had been trained how to do this.
- Generally people told us staff were caring and showed them respect. One person said, "The care staff are kind, they show respect at all times." Another said, "I can't fault how I am treated by the carers, they are like my friends, nothing is too much trouble for them."

Ensuring people are well treated and supported; respecting equality and diversity
- At the last inspection we raised concerns around the terminology used in people's care records. We looked at the person's file and could see a new record had been written. However, the old record still remained and should have been disposed of.
- People told us they still did not have any idea who was coming to support them. We had been told following the last inspection people could have a rota but this had not been provided. One person told us, "The carers tell me themselves who will be coming not the company."
- People told us the care staff looked after them well with one person telling us the care staff were their, "Lifeline." Another said, "The carers are great, I don't think they could do more for me on a daily basis."

Supporting people to express their views and be involved in making decisions about their care
- Not everyone was asked for their preferences in the gender of care staff to deliver personal care. We were aware of one person who only wanted female staff. When we looked at rotas and the electronic system, we reviewed 56 visits and saw they had received a male member of staff nearly 30% of the time. The provider told us people had to accept they may not always get the care staff they chose.
- People also raised concerns at having lots of different care staff. One person said, "I am not entirely happy with everything, I'm not having the same carers each day. I know they need to have days off but some weeks I have a different carer every day."
- People told us their care plans were initially discussed with them when they started using the service. We were told someone from the office spoke to them to ask if anything had changed and if they were happy with their care.
- The provider had recently received the results back from a satisfaction survey given to the people who received a service. Forty-three surveys were returned and whilst some issues were raised in relation to

timings, consistency and poor communication the response were predominantly positive about the support provided by care staff and team leaders. Comments included, "I appreciate excellent care and compassion from the carers."

Inadequate

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has deteriorated to Inadequate. This meant services were not planned or delivered in ways that met people's needs.

Improving care quality in response to complaints or concerns
At our last inspection the provider had failed to implement an effective system and procedure for receiving, investigating and responding to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 16.
● The provider had a file labelled 'complaints', as with the safeguarding file there was no organisation to the file. It could not be seen which complaints were open, which had been investigated or been responded to with the complainants satisfaction.
● When we spoke with people about how to complain, everyone knew how to do it. One person told us, "There is no point though, as nothing changes." Another person said how they had complained about a particular staff member and they had requested for them not to visit again. This request was denied and the staff member continued to visit. The person told us they felt it was a, "Put up and shut up" response.
● The provider had a complaints policy which identified an acceptable procedure for dealing with complaints. There was no system which showed the policy was followed.
● There was no oversight of the complaints received or analysis on any themes and trends. This would help identify concerns and any improvements that could be made to service delivery.
● We found concerns were recorded in daily records which had not been identified and were not seen in the complaints file.

There was not a system in place to record, investigate, report and respond to complaints. This was a continued breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● We reviewed nine care files for people receiving a support from the service. In each file we found inconsistencies and omissions in the information needed to ensure staff knew the support to be delivered.
● People's needs had been assessed and time was allocated and commissioned to meet those needs. We saw in all records reviewed the time allocated was often not fulfilled. This meant people were not getting the support commissioned. Where one person was to get four 30-minute calls a day they were often no more than 15 minutes.
● People's needs were assessed as to be met by one or two care staff. People who used the service told us

there were times when the required staff would not turn up and support to be delivered by two staff was only delivered by one. We heard reports from other professionals where support to be delivered by one staff member in 30 minutes was delivered by two staff in half the time.

● At the last inspection people were concerned their visits for support were often late or missed. The provider told us they had purchased a visit monitoring system which would record when this occurred. We saw the system during inspection and found it did not do this. A report could be generated from the system to show if a visit had taken place and how many staff had attended but the report was not analysed in real time and was not generated regularly to determine if visits had been missed. The service remained reliant on telephone calls from people to say when staff did not attend or were late. When we spoke with people it was again found that their biggest concern was visits were late. One person said, "I do usually get a phone call to tell me if staff are going to be late but I hate it when they are too late as it completely disrupts my day."

● People told us support provided would be changed without consultation including when shopping would be done and when specific personal care would be delivered.

● Some of the new care plans were written in a person-centred way but others were very task focused stating what needed to be done and what support should be delivered not how the person wanted to receive the support.

● Specific health and welfare support needs had often not been assessed and planned for. This included one person's skin condition, people's mental health needs, falls risks and need for equipment.

The provider had failed to involve people efficiently in decisions around their care, how their care was delivered and if any changes in their care were required. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The provider told us they could deliver information in a format requested by people using the service.

End of life care and support

● Staff supported other professionals including district nurses when people required support at the end of their life.

● Staff had received training in this area and basic care plans outlining people's preferences were in place

Inadequate

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has remained the same. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to establish effective systems to ensure the service was delivered in line with the requirements of the regulations. The service did not have an effective quality assurance system from which issues could be identified and rectified to evidence continuous improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

● There was not an effective system of quality assurance in place. Procedures did not identify issues and concerns and processes were not developed to improve care quality in response to complaints and concerns. This had been a concern at the previous inspection which had not been addressed.
● When we discussed roles and responsibilities it was clear the role of team leader was a busy one. They were responsible for managing care staff, agreeing rotas and acting as the conduit between the service delivered and the office staff if additional support was required. When we looked at the rota for January and February 2020, we saw all team leaders were working to cover the rota. Some for up to 14 days without a break. The care managers, deputy manager and registered manager were all also covering at least two shifts a week. This left little time for managers to complete all that was required to ensure the service worked in line with the requirements of the regulations.
● At the last inspection in July 2019, we found seven breaches to the regulations. At this inspection six of those regulations remained in breach. This inspection also identified a further breach to one of those regulations and an additional regulation in breach. The provider remained unable to evidence how they met or planned to meet the regulations.
● The management team were unsure of their responsibilities under the requirements of the regulations. This included the implementation of the Mental Capacity Act and developing a safe and effective system for managing safeguarding alerts, complaints and concerns.
● Records held at the service to evidence the regulations were being met were not routinely available. This included a lack of audits showing oversight in areas of service delivery including medicines and meeting people's care plans. Care plans were often inaccurate and not up to date with people's latest circumstances.

The provider acknowledged the need for shorter term care plans when people required them for temporary conditions including wounds and pressure care, infections and episodes of mental health deterioration.
● An action plan was not received following the last inspection. We asked for this from the provider using our section 64 powers and received one in January 2020. The action plan was reviewed as part of the planning for the inspection and an updated plan was requested during our inspection. When we reviewed the updated action plan during inspection, we saw all actions were signed off as completed or ongoing.
● We crossed referenced a number of items on the action plan marked as complete to ascertain the action taken. We found a number of actions had been signed off which were not completed. This included three monthly reviews of care plans, people's needs being reassessed and accurate and up to date plans being put onto the new electronic system. We also found new procedures had not been developed to include latest guidance in the service's policies and procedures.

The provider had not taken enough action to ensure the requirements of the regulations were met. There was not a system of quality audit and assurance and records to evidence this were ineffective in doing so. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Positive steps had been taken in relation to the involvement of more senior staff including better training on a quality ethos and values base. This was demonstrated by a better culture within the organisation of front-line care staff. Staff were happier in their role and felt more supported. However, there were still some concerns including the length of hours worked.

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
● At the last inspection we identified concerns around staff training and staff fears of raising concerns directly with the provider and registered manager. The provider managed this by drawing up a number of statements for staff to sign. These included statements around staff receiving enough training in particular topics, agreement to being monitored for competency and offers of support if additional support should be requested by staff. Whilst these statements did not confirm staff had appropriate support and training and were competent in key areas, they showed us the provider had considered how to engage staff in sharing any concerns they may have in relation to the training they received.
● However, what had not changed was the way in which training was provided and delivered. We found the majority of training was delivered by social care TV and was not delivered within a set timescale to ensure latest best practice was included. The competency of staff in delivering the training in practice was not formally tested.
● We continued to have concerns in relation to the provider's understanding of safeguarding and when alerts should be raised. There remained concerns around how information should be managed to ensure potential abuse, specifically neglect would not occur.
● The new electronic care management system had been introduced and staff had begun to use an aspect of the system which identified alerts and concerns. Staff were also recording on the system when people were poorly and when there had been a change in their circumstances and indeed where there were potential risks that required support. At the time of the inspection this information was not being monitored and the provider was assured staff were still telephoning the office when there were concerns. It was clearly noted from the gathering of information during and following the inspection this was not the case.
● During and following inspection the provider had been asked for information to assure us people were kept safe. A number of pieces of information were not provided. This included care plans for people and specific conditions/concerns, risk assessments for increased risks and changing needs, medicine records for specific dates and contact details for key professionals supporting people in receipt of the service from

Allicare.

● We discussed concerns in relation to provision of documents with other agencies and found it was often the case that the service did not provide information as requested. When information had been requested either by the Care Quality Commission or by the Local Authority, this information was required for us to assure ourselves that people were being safely supported. When it was not provided, we were left to simply take the provider's word for it. This can not be measured or analysed as action being taken when the evidence to support it is not provided.

The provider did not have an effective procedure to identify risks to the provision of the service. This included, risks of inadequate training, risks of misunderstanding and mismanagement of information, risks of inaccurate or omitted records and risks of inappropriate and unproductive relationships with key provider agencies. As these risks had not been identified the provider had not taken steps to reduce risks. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● People using the service had consistently requested rotas for the care they received. This was to understand both the time the care should be expected and who they should expect to deliver that care. The provider had told us in their action plan, they would provide this information if requested but this had not happened.

● A satisfaction survey had recently been completed and people told us when team leaders attended to complete shifts with other care staff they would always ask if everything was okay.

● Staff told us they felt better supported by the provider and registered manager and we saw an increased emphasis on cultural and values-based support around the needs of the individual. However, this was not well recorded in care plans and daily records.

● The provider told us how they supported staff to deliver the service including accommodation provided in rural service areas or areas which were a distance from where staff lived. We were also told about vehicles which could be used by staff to deliver support to people in particular areas. These had been provided to better support staff in fulfilling their roles.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 (1) a, b, c (2) (3) a, b, c, f, g, h The provider had failed to involve people sufficiently in decisions around their care, how their care was delivered and if any changes in their care were required.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11 (1) The provider had not taken appropriate steps to ensure people were effectively assessed to determine if they had capacity to consent to specific decisions and information. Staff and management did not have the knowledge or skills to implement the requirements of the MCA.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) a, b, g There was not an effective system to identify and manage both new and ongoing risk. Medicines were not recorded and audited effectively to identify and manage potential risks to people receiving their medicines as required.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 (1) (2) (3) Systems and procedures in place were not robust enough to demonstrate people were protected from risk of harm, potential abuse or neglect.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Regulation 16 (1) (2) There was not a system in place to record, investigate, report and respond to complaints.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) a, b, c, d, f The provider had not taken enough action to ensure the requirements of the regulations were met. There was not a system of quality audit and assurance and records to evidence this were ineffective in doing so. There was not an effective procedure to identify risks to the provision of the service. As these risks had not been identified the provider had not taken steps to reduce those risks.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 (1) There was not enough staff to provide people their care on time and for a planned duration. There was not an effective system to monitor

and identify if people received their care on time and for a planned duration. Staff did not receive effective training based on latest best practice and legislation. the competence of staff had not been tested to ensure they delivered services effectively.