

100% Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

100% Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to the whole population. Everyone using 100% Care Services Limited received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection, it was providing a service to five people.

People's experience of using this service:

People were not protected from the risk of harm. Risks to people were not being assessed and planned for and staff did not have guidance on how to care for people safely.

The provider had not deployed safe systems of care to manage people's medicines.

Safe recruitment processes were not always followed to ensure staff were suitable to work with vulnerable people.

There was no effective system to determine if people received their care as required or as planned. Most people did not have a support plan that would contain information about people's preferences or choices.

Staff followed appropriate procedures in seeking people's consent however the provider was not recording consent in line with the Mental Capacity Act 2005 (MCA). People and relatives told us they were offered choice with the care provided.

There was a lack of oversight of the service and the provider had not developed a systematic approach to quality assurance to identify shortfalls and drive improvements.

People and relatives told us staff were caring and treated them with dignity and respect.

Relatives and staff felt the registered manager was approachable.

Rating at last inspection:

The service was registered by CQC on 9 November 2018. This is the service's first inspection since its registration. This is the first time this service has been rated Inadequate.

Why we inspected:

This was a planned comprehensive inspection. Newly registered services are inspected within a year of their first registration. The inspection was brought forward due to information of concern raised by the funding local authority.

Enforcement:

We have found six breaches of the regulations and the service is now rated Inadequate in three key questions and overall.

Follow up:

At this inspection the service has been rated 'Inadequate'. Therefore, the service is now in 'Special Measures'. Services in special measures will be kept under review and, if we have not already taken immediate action to propose to cancel the provider's registration of the service, it will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our Caring findings below.

Is the service responsive?

Inadequate ●

The service was not responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-led findings below.

100% Care Services 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

100% Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

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:

Our inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Our inspection process commenced on 22 May 2019 and concluded on 23 May 2019. It included visiting the service's office and telephoning people who used the service and their relatives. We visited the office location on 22 May 2019 to see the registered manager and to review care records and policies and procedures. We telephoned people who used the service, relatives and care staff on 23 May 2019.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. We checked records held by Companies House.

Due to technical difficulties, we did not ask the service to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person who used the service and two relatives.

We spoke with the registered manager, and two care workers.

We reviewed four people's care records, four staff personnel files, and other records about the management of the service.

After the inspection the provider sent us information we requested.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Inadequate: People were not safe and were at risk of avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management; using medicines safely:

- Risks were not consistently assessed and well managed. During the inspection we looked at four people's care records. Three out of the four care records contained no information on people's risks being assessed by the service.
- For example, one person was doubly incontinent and had poor mobility. This information had been provided from the funding local authority. Another person had poor mobility due to a recent operation, and a mood disorder. This information had also been provided by the funding local authority. The provider had not assessed these risks or developed individual plans of care to provide guidance for staff on how to mitigate these risks; exposing these individuals to the risk of harm.
- People's changing needs were not reviewed. For example, one person had a fall and been admitted to hospital. The service had not assessed the potential changing needs for that person when they returned home.
- We could not be sure that people received their medicines safely or as prescribed. The registered manager told us at the time of the inspection that people were not supported with medicines by the service. However, people, their relatives and a staff member told us the service supported people with their medicines.
- Records showed that one person required support with medicines from information provided by the local authority. The local authority risk assessment stated for medicines, "Requires support with [medicines], as mentioned that [person] can be forgetful."
- One person said, "[Staff member] will make sure I take [medicines] when I am having my breakfast. [Staff member] reminds me all the time." A relative told us, "Yes, [staff member] gives [person's] medicine when [they] needed them." A staff member commented, "Yes, I do [support with medicines]. [Medicines] in the blister pack. I punch out the medication and give it to [person]. I record in the MAR (medicines record sheet) chart. I have MAR chart from the chemist."
- This meant people were potentially at risk of harm because staff were not always provided with enough information to provide safe care.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider did not always follow safe recruitment procedures.
- We looked at four staff files. We found one person's staff file did not contain proof of their address. We asked the registered manager about this however she could not provide documentation on the day of the inspection.
- Two staff files had reference checks that did not match the information on the people's application forms.

This meant the provider could not be assured people's competence, good character and work history could be confirmed.

- None of the four staff files contained evidence an interview had taken place when the staff member applied for a position.
- This meant people were therefore not adequately protected from the risks of receiving care from unsuitable staff.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Through our discussions with the registered manager, staff, people who used the service and their relatives, we found there were enough staff to meet the needs of people who used the service.
- Staffing levels were determined by the number of people using the service and their needs, and could be adjusted accordingly. One person told us, "[Staff member] was late a few times but didn't matter. [Staff member] would let me know [if running late]." A relative said, "[Staff punctuality] reasonable. They have let me know when they are running late." Another relative told us, "Pretty much on time. Couple of times late due to delays. [Staff] usually call me if going to be late."
- Staff told us there was sufficient staffing levels and their shifts were covered when they were on sick and annual leave. One staff member told us, "I have enough time. The agency do get cover." Another staff member said, "We have enough staff to cover the jobs."
- People and their relatives told us they felt the service was safe. One person told us, "I felt safe with [staff member]." One relative said, "100% safe."

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

- People were protected from the risks of harm, abuse and discrimination.
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- Staff and management, we spoke with had a good understanding of their responsibilities. One member of staff said, "I would flag it up with my manager. If she doesn't do anything I would have tell the police and CQC." Another staff member said, "I would report to the manager of the company. If I reported to [registered manager] and she did nothing about it then I would [tell] the local authority and CQC."
- The registered manager was able to demonstrate the actions they would take if incidents occurred which included reporting to the Care Quality Commission and the local authority.

Preventing and controlling infection:

- People and their relatives told us staff used safe infection control processes. One person said, "[Staff member] wears gloves." A relative told us, "[Staff] have to wear gloves and aprons at all times and they do."
- Staff had access to personal protective equipment such as gloves and aprons. One staff member told us, "First thing is wash your hands and dry. You wear gloves." Another staff member said, "We have to use apron and gloves and wash our hands. When we are finished we wash our hands."

Learning lessons when things go wrong:

- Risk assessments and care plans were not always reviewed following incidents. For example, records demonstrated that one person had fallen but there was no falls risk assessment in place.
- The provider had a system to record accidents and incidents. However, an analysis of accidents and incidents had not taken place, themes and patterns had not been identified and preventative measures had not been put in place.
- The provider had an accident and incident policy in place.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager told us they only supported one person who lacked capacity and their relative had power of attorney. The registered manager told us they had not seen the power of attorney documentation. We spoke to the relative of the person who advised us no power of attorney was in place for that person. The relative confirmed the person did not have capacity to make decisions.
- There were no capacity assessments in people's care records which would have indicated which decisions they were able to make and which they needed support with. After the inspection the provider sent us a copy of a completed mental capacity assessment for one person.
- Care records did not include evidence of signed consent from people. The provider was unable to demonstrate that people consented to their care. This demonstrated a lack of understanding in relation to consent and is not in line with MCA codes of practice.

The above issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff asked for their permission and relatives also confirmed this took place. A relative told us, "Yes [asks permission], [staff member] asks what food [relative] wants."
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Staff told us they asked people for their consent before giving personal care or support. One staff member told us, "Whatever we do we have to ask [people]. We get permission."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Assessments of need were not completed in a timely manner for new people who used the service. For example, one person had started using the service on 7 April 2019 and had not an assessment completed by

the provider at the time of our inspection. Another person started using the service on 17 April 2019 however they did not have a completed assessment in place. Only one person out of the four care records we looked at had a completed assessment of their needs. Providers are expected to develop their own assessments and detailed care plans when they start to support a person. There was minimal information on people's specific health needs and a lack of guidance for staff on how care and support should be delivered.

- The registered manager told us they had employed an external assessor to complete assessments for people using the service recently. The registered manager stated that the assessor had completed three assessments the day before our inspection. After the inspection the registered manager sent us the three completed assessments.
- Staff we spoke with knew people's preferences, likes and dislikes.

Staff support: induction, training, skills and experience:

- The registered manager told us new staff received an induction from an external company when they joined the service. We saw certificates for completion of induction. However, two of the staff we spoke with could not remember receiving the induction training in March 2019. One staff member told us, "There was no induction." Another staff member said, "No didn't do training in March."
- When new staff joined the service the provider obtained copies of training they had completed from previous care roles.
- The registered manager told us she had sourced mandatory training for staff. Records showed the training had been arranged for staff.
- The service had not started providing supervision for staff as most staff had started with the service recently. The registered manager showed us the supervision template she would be using, and told us she would be starting supervision by the following week.

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

- The service had not created support plans for most of the people it provided care to, which meant people's preferences for food and drink were not reflected.
- Although we had identified concerns with the lack of support plans with people's nutritional preferences, people and their relatives who were assisted with meals told us they were happy with the support staff provided. People were offered choice over their meals and staff provided support and encouragement where needed.

Staff working with other agencies to provide consistent, effective, timely care:

- The registered manager told us she reported any issues to health and social care professionals. For example, records showed email communication between the provider and social services regarding a person's mobility and asking them to review the care package for additional staff.

Supporting people to live healthier lives, access healthcare services and support:

- Guidance from other health professionals, such as in relation to people's nutritional needs, or support with depression or incontinence was not incorporated into people's plans which left people at risk of inconsistent care.
- Despite this, relatives told us the staff contacted them if they had any concerns about their family member. One relative said, "[Staff] have told us things. Anything serious they would let us know."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Requires Improvement: The provider did not always involve and treat people with compassion, kindness, dignity and respect.

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

- People and their relatives spoke positively about the support they received from their care workers. One person said, "[Staff member] is alright. [Staff member] is a nice enough [person]." A relative told us, "[Staff member] seems quite good. [Staff member] will talk to [relative] when [staff member] comes in." Another relative commented, "[Staff members] 100% caring. I might be not aware something has run out and [staff member] will pop to the shops. If one meal not there [staff member] will sort out something else. [Staff member] thinks of him like his dad." Despite these positive comments we found concerns with the lack of management of medicines, lack of risk assessments and support plans, and poor overall governance which meant that people may not always be supported according to their needs.
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "Been with [person] for about two months. It's fantastic. I get on with [person] and [person's] family. We have no problem." Another staff member told us, "[Person] is like a father to me. If you don't have feelings then you can't do this job. I have been with [person] for a while. I am like a son to [person]. I know what [person] wants. I know when [person] wants to go bed. I know when [person] doesn't want to go to day centre."
- It is unlawful to treat people with discrimination because of who they are. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act.
- The service did not always record people's needs in relation to their sexuality. This meant the service was not always able to meet people's needs in relation to their protected characteristics.
- Discussions with the registered manager and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "You have to have look at the needs [of the person]. You respect people's religion, race and ethnicity." A staff member said, "I [provide a] service to anybody. I don't discriminate." Another staff member commented, "We don't treat people different. It is about choice and I have to abide by that. You treat [people] how you want to be treated."

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

- People and relatives had mixed views about how the service involved them in supporting their family member with making decisions about their care. One person told us, "[Registered manager] came to see me but no assessment done. I don't remember an assessment of my needs. I don't know what is on the care plan." However, a relative told us, "They first came around from the office and we went through everything. We have the care plan." This showed us the service was not always consistent in getting people's views.

Respecting and promoting people's privacy, dignity and independence:

- People and their relatives told us their privacy and dignity were respected. One relative said, "I go out of the room when [relative] gets washed and changed." Another relative told us, "[Staff members] come in and they are very polite."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "We have to cover [person] when washing [person]. We give [person] whatever [person] wants. I will respect [person's] choices." Another staff member said, "You have been to friendly, nice and polite. If you don't it doesn't work. Privacy is the key. When I give a wash, I have to close the door as the [relative] is already around. [Person] likes privacy."

Is the service responsive?

Our findings

Responsive – this means that the service met people's needs

Inadequate: Services were not planned or delivered in ways that met people's needs. Some regulations were not met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People did not receive personalised care that met their individual needs and preferences.
- The provider received information from local authority commissioners which gave brief information about the person and the support they required. We looked at the records for four people who were funded by the local authority. For three of these people the provider had not carried out an assessment or developed a more detailed, individual plan of care detailing their preferences for how they wanted to receive their care. The registered manager told us she had employed an external assessor who had completed assessments for people the day before our inspection. However, this still meant people had not been assessed for up to six weeks after starting to receive a service.
- One staff member told us, "[The service] could do the care plans better. We try to speak to our clients. It is not right not having the care plan. It is for the benefit for the client and the carer. We need to do this. If we don't do this it will be a mess. The assessor has done it yesterday but not typed up."
- This meant the provider's plans did not always give staff detailed information about people's personalised needs.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had not taken steps to meet the AIS requirements as care documentation had not been completed identifying AIS requirements for people.
- The provider had completed one support plan for a person at the time of our inspection. The support plan did not identify the person's needs in relation to their religious and cultural beliefs and any protected equality characteristics. We saw that information received from the local authority did not refer to the person's protected equality characteristics. However, the provider had not explored and recorded this with the person and their family to ensure their preferences were identified and met.
- Reviews of people's care were not always carried out when people's needs changed. For example, one person's relative told us their family members had gone into hospital after a fall. There was no evidence that a review had been carried out to identify if the person's care needs had changed when they returned home. This meant staff may not have up to date guidance on the person's care and support needs.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns:

- People and their relatives told us they knew how to complain and would do so if necessary. One person

told us she could speak to the registered manager but would go to the local authority first. A relative said, "I would phone up the office. Never felt the need to complain." Another relative commented, "If I wasn't happy I would complain to [registered manager]."

- The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives.
- The registered manager told us they had received no formal complaints since providing a service to people.

End of life care and support:

- The provider had an end of life care planning policy and procedure.
- The registered manager told us the service was not providing end of life care at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care:

- During the inspection we identified the provider had failed to renew their public liability insurance. We saw the insurance certificate expired on 14 May 2019. This meant the provider did not have insurance and suitable indemnity arrangements to cover potential liabilities arising from death, injury, or other causes, loss or damage to property, and other financial risks at the time of our inspection.

The above issues were a breach of Regulation 13 of the Care Quality Commission (Registration) Regulations 2009.

- The provider had failed to implement safe systems of care for people. People's needs were not systematically assessed and plans of care developed to provide guidance for staff on how to care for people safely in a timely manner.
- The registered manager told us people were not supported with medicines at the time of the inspection. However, people, relatives and staff told us medicines support was given. There were no audits and checks of medicines. There was a lack of guidance for staff relating to medicines support, poor record keeping that did not follow best practice and no system to record and reduce the reoccurrence of medicines errors. This meant we could not be sure people received their medicines safely and as prescribed.
- Senior staff and the registered manager carried out 'spot checks', service user monitoring, and quality monitoring. This included asking the views of people who received care. Records confirmed this. However, people and relatives were not aware if checks were happening. One person said, "No spot checks." A relative told us, "I am not sure. I couldn't say."
- There was an absence of effective systems to enable the provider to have an oversight of the quality of the service. The registered manager has not identified the issues found during the inspection. For example, the concerns relating to medicines, risk assessments, care records, recruitment practices, The Mental Capacity Act 2005, recording of person-centred care, and failure to renew their public liability insurance.
- This meant there had been a systematic failure in the leadership and governance of the service that had resulted in people being exposed to the risk of harm.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoke positively about the registered manager. One staff member said, "[Registered manager] is alright. I know there is lots to do. She is ok." Another staff member told us, "[Registered manager] is nice. She always listens when you tell her about [people who used the service]. She is nice woman."
- The registered manager demonstrated an understanding of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- People and their relatives had mixed views about the registered manager and the service. One person told us, "I don't want to talk to [registered manager] at all as she has attitude problem." However, relatives were positive about the service. One relative said, "I thought [registered manager] seems quite efficient. I could talk to her about stuff." Another relative told us, "I like [registered manager] because she is friendly. She knows her job. As a manager she does quite well."

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

- The registered manager told us an annual survey for people who used the service had not been completed as the service had only been operating for a few months. The service had systems in place for an annual survey.
- People and their relatives knew how to contact the office.
- Communication systems were in place to share information with staff. For example, staff meetings were held on a regular basis. Topics included safeguarding and bullying, and updates on people who used the service.