

Mr Murphy Cole

Regional Care Peterborough

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?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Regional Care Peterborough is a domiciliary care agency providing personal care to 80 older and younger adults at the time of the inspection. 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

People's experiences of the care they received varied. Some people had experienced missed and late calls, and this had put them at risk of not receiving the care and support they needed. Infection, prevention and control measures were not being followed to prevent the spread of infections. We took enforcement action during the inspection and improvements were made. Risk assessments had not always been reviewed to reflect changes and did not include all relevant information for staff to keep people safe. Medicines were not well managed. Staff had not completed medication administration refresher training and had not had their competency assessed by someone trained to do so. The provider's recruitment policy had not been followed when recruiting new staff.

The service was not well led. There was a lack of oversight of the service to ensure that it was being managed safely and in line with current good practice. The registered manager had failed in their responsibility to ensure that the service delivered high quality, safe care to people. The registered manager had not carried out any quality monitoring or audits that may have identified the improvements needed. People's health and welfare was at risk because procedures and policies to keep them safe were not being followed.

Not all staff had training or competency assessments that had been renewed as required by the providers training policy. Staff had not received regular supervisions or annual appraisals. Care plans did not include all the information staff needed to be able to support people safely or in the way they wanted. The providers complaints policy had not always been followed when complaints were received.

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

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

Rating at last inspection.

The last rating for this service was good (published 07 July 2021).

Why we inspected

The inspection was prompted in part due to concerns received about missed care calls. A decision was made for us to inspect and examine those risks.

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

During the inspection we served a warning notice regarding the staff not undertaking lateral flow tests in line with the governments COVID-19 Guidance. The provider took immediate action to ensure that staff were following the guidance. The provider has also compiled action plans about the other areas of non-compliance identified during the inspection.

Enforcement

We have identified breaches in relation to people's safety, management of medicines, quality monitoring, personalised care, missed and late care calls, staff training and competency and complaints. Please see the action we have told the provider to take at the end of this report.

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

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our safe findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our safe findings below.

Regional Care Peterborough

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

Two inspectors carried out this inspection.

Service and service type

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

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. The registered manager was also the provider at the time of the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with four people who used the service, four relatives the registered manager, office manager, care manager, and five care workers. We also looked care records, medicines administration records, quality assurance records, recruitment records and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

- People were not protected as much as possible from the risk of spread of infections.
- The provider had not ensured that they were aware of COVID-19 government guidance for protecting people from infection was implemented and followed consistently.
- Staff were not carrying out the required twice weekly lateral flow tests to prevent the spread of infection. Not all staff had completed training in the correct procedures or putting on and taking off personal protective equipment.
- Although the provider had a COVID-19 risk assessment this had not been completed to see if any improvements were needed.

Assessing risk, safety monitoring and management

- The process to deal with short cover staff absence had not always been followed to ensure that people received care when they needed. People had not always received the support they required. Some people had experienced missed and late calls. People told us that although they received a copy of staff's scheduled visits so they knew who to expect but this often changed. One family member told us that time staff would arrive varied greatly and sometimes this meant that their relative had to go to bed earlier than they wished and be in bed for up to 12 hours.
- Health professionals raised concerns about missed and late calls and the detrimental effect that had on people. People had been left without personal care, food, drink and missed medication and had to rely on family and visiting healthcare professionals to support them.
- People did not always have risks safely managed. Where concerns were identified it was not evident how these were safely reduced or eliminated. People's care plans showed that they had health conditions such as pressure ulcers and diabetes but they did not include what action staff should take or how they should be monitored in case further action was needed.
- Although staff were responsible for administering some people's medicines, risk assessments were not always completed to assess what level of support was required or who it should be monitored. This placed people at risk of harm.

Using medicines safely

- We could not be confident medicines were administered as prescribed. Medication audits had not identified all of the issues with the medicines administration records that we found during the inspection. Care plans did not accurately reflect medicine administration requirements meaning there was a lack of guidance for staff to complete the tasks.
- The medication administration records showed that the administration times of medicines varied greatly.

This meant that medicines such as pain killers were given without the required time gap between doses. The records also showed that medicines were recorded as not available at times and then administered later that day and then again as not available later the same day.

- Not all staff had received refresher training in the administration of medication. Not all staff had completed medication competency assessments before administering medication.

The provider had failed to ensure that people received their care calls as expected. The provider had failed to ensure that action was taken to prevent and control the spread of infection. The provider had failed to ensure that risks to people's health and safety were reduced when possible. The provider had failed to ensure that there was safe administration of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we served a warning notice to ensure that improvements were made in a timely manner regarding staff completing lateral flow tests. We went back and checked and the required action had been taken.

Staffing and recruitment

- The provider was not following safe recruitment procedures. This put people at risk of receiving care from staff who were not suitable to work with vulnerable people.
- Staff recruitment files were incomplete which meant the provider could not demonstrate a robust and thorough recruitment process to safeguard people. Employment gaps had not been explored.
- The recruitment records showed two references for different members of staff provided by different people that were nearly word for word the same. This had not been identified or investigated by the provider.
- Interview records showed the new staff had been employed even though they had not met the providers 75% interview score. The interview form had not been completed to show why they had been employed even though they did not reach the providers standard. The registered manager was not aware that the person had not met their required standards. This could mean that unsuitable people were employed.

The provider had failed to ensure that they recruited staff through robust, safe procedures. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The provider stated that there had not been any accidents or incidents in the previous 12 months. They told us, that they would review any accidents/ incidents if these occur to establish if they could be avoided and would share the learning with the staff team.

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 our last inspection we rated this key question as requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were supported by staff who did not always complete their refresher training to keep up to date with changes in best practice guidance and refresh their knowledge. The provider failed to operate an effective alert system for staff to be reminded to complete their training. This meant that some staff had not updated their training since 2017. This placed people at risk of receiving inappropriate care.
- Newly recruited staff had completed an induction and online training. They also completed shadow shifts and were introduced to people. However, recently employed staff had not completed competency assessments before working with people on their own.
- Staff feedback was mixed about the support they received. Some staff told us that they felt supported. However, other staff told us that they had not received any supervision sessions with a line manager and didn't always feel supported when raising concerns. The records showed that staff had not received regular supervision or annual appraisals.

The provider had failed to ensure that staff received training and were competent and supported to carry out their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff prepared food and drink for people when requested. Care plans explained to staff what foods people liked and how to offer choices to people.

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

- People's care plans contained information about healthcare professionals who should be contacted with any concerns. Records show that when needed healthcare professionals had been involved.
- Care staff raised their concerns with the care manager if they felt people needed more support. Concerns for people's welfare had been raised with other agencies so that people received extra support when they needed it.
- People's needs were assessed to ensure the service was suitable and could meet their needs.
- People's protected characteristics, as identified in the Equality Act 2010 were outlined in their care plans. This included gender, age, culture, religion, ethnicity and disability.

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

- We found the service was working within the principles of the MCA.
- Staff told us how they made sure they offered people choices in the way they understood.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. People did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always treated with respect by the provider, because systems to keep people safe from harm and protect them from risk were not always in place or followed. Risk assessments and care plans did not contain enough information to protect people from harm and the service was not well managed.
- People did not always have their preference to receive personal care from female staff met. One person told us, "I prefer female [staff] but sometimes there aren't any so I just have to get used to it."

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

- People told us that they had been involved in planning and reviewing their care.
- Office staff visited people to review their care plans and ask them about the quality of the support they were receiving.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected their privacy and dignity. One relative told us, "Yes the [staff] treat [family member] with respect, I would complain if they didn't."
- We spoke to staff about how they promoted people's privacy, dignity and independence. A staff member told us, "I put the person in the centre. We focus on them, reassure them. If I'm doing personal care, I close windows and doors and explain to them every time, telling them and ask if they want to carry on."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The care provided did not always meet people's needs and preferences. One person told us that they should have two staff in the morning to assist them out of bed. However, sometimes they only had one staff visiting. They stated, "They just have to do their best and I have to stay in bed until lunchtime."
- Care plans were contradictory and did not always contain all of the information staff needed to support people in the way they preferred. For example, daily notes for one person stated that they had been assisted with a bath, but their care plan stated they always had a shower. The care plan for the same person detailed that staff should apply creams. However, it did not state what creams or where to be applied. The registered manager told us that the person did not have creams applied. Their daily notes recorded that staff had applied cream.
- The wording used in some care plans was disrespectful towards people and could cause confusion for staff. For example, "I can't eat strong meals" and "My bowels should be properly and carefully cleaned and emptied." One relative told us that a member of staff sometimes spoke to their family member as if they were talking to a baby.
- One person being supported was receiving end of life care. However, the provider had not considered having a conversation with them about their preferences for end of life care.

The provider had failed to ensure that care plans were person centred. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Complaints were not always being dealt with in an appropriate or timely manner. The providers complaints process was not being followed when a complaint was received. People had not always received a response and complaints were not always investigated and appropriate action taken.
- On the first day of the inspection the complaints log did not contain any information since September 2021. However, we were aware that complaints had been raised with the service since then. On the second day of the inspection the log had been updated but still did not contain all of the complaints that had been made to the service. The registered manager stated, "I know it's an area that has been lacking - I have told them [office staff] they need to make sure it's all recorded."

The provider had failed to ensure that there was an effective complaints procedure being followed. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Discussion with staff and relatives showed that people's communication needs had been considered and staff had guidance on whether people needed support to communicate.

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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 service was not well managed. The registered manager was also the nominated individual and sole director of Regional Care Peterborough. This meant there was no-one else involved in running the service and there was no other oversight of the registered manager's practice.
- There had been a significant lack of effective management over a considerable period of time. This had adversely impacted on the care people received, their safety and the safety of staff. The governance system that was used to monitor the quality of the care and support being given was not robust enough.
- The majority of the issues identified during the inspection were similar to issues we identified at the previous inspection in 2019. Quality assurance processes had failed to ensure that improvements made had been sustained.
- People experienced missed and late calls. Staff had not been recruited in line with safe procedures received sufficient training since working for Regional Care Peterborough, and their competency had not always been assessed by someone qualified to do so. There was no effective system in place to ensure staff received the training and support. Complaints had not been monitored to ensure they were being dealt with appropriately.
- Record keeping was poor and records were incomplete and inaccurate. Care plans and risk assessments did not include all current information or enough guidance for staff. The auditing of medicines was not sufficient to identify all of the issues we found during the inspection.
- The registered manager had failed to ensure they were aware of and working to government guidance and best practice.

The provider had failed to consistently assess, monitor and mitigate risks to people's health, safety and welfare. The provider had failed to improve the quality of the service. This was a breach of Regulation 17 of the Health & 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager understood the duty of candour and their responsibility to be open and honest when things go wrong. Some people were confused about who the registered manager was and named a different member of staff as they had more interaction with them.

- The registered manager was transparent and took on board feedback delivered during the inspection.
- People were asked for their feedback about the service.
- Staff were asked regularly for their feedback and suggestions. Most staff told us their suggestions were listened to and acted on.

Working in partnership with others

- The registered manager and other staff worked with external agencies to ensure people received joined-up care.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive person centred care. People's care plans were not always accurate.

The enforcement action we took:

We imposed positive conditions on the providers registration to ensure that any areas of non compliance were identified and the appropriate action taken in a timely manner.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that medicines were managed safely. The provider had failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety.

The enforcement action we took:

We imposed positive conditions on the providers registration to ensure that any areas of non compliance were identified and the appropriate action taken in a timely manner.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had failed to follow their own procedures to ensure that complaints were investigated and appropriate action taken in a timely manner.

The enforcement action we took:

We imposed positive conditions on the providers registration to ensure that any areas of non compliance were identified and the appropriate action taken in a timely manner.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The provider failed to monitor and improve the quality and safety of the services provided. The provider failed to maintain accurate, complete and up to date records.

The enforcement action we took:

We imposed positive conditions on the providers registration to ensure that any areas of non compliance were identified and the appropriate action taken in a timely manner.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not completed the appropriate checks to ensure that staff were recruited safely into the service.

The enforcement action we took:

We imposed positive conditions on the providers registration to ensure that any areas of non compliance were identified and the appropriate action taken in a timely manner.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff had received the training and support they required and that they had been assessed as competent to carry out their role effectively.

The enforcement action we took:

We imposed positive conditions on the providers registration to ensure that any areas of non compliance were identified and the appropriate action taken in a timely manner.