

Cancare Home 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 well-led?

Inadequate ●

Summary of findings

Overall summary

The inspection took place on 24 February 2017, and was an announced inspection. The provider was given 24 hours' notice of the inspection.

Cancare Home Services was established in 1995 and is a very small service. The main part of the service is a domestic service, which is not part of the registration. Cancare provide short visits to older people who require personal care. The service provides care and support to people in Canterbury, Herne Bay and surrounding areas. Since our comprehensive inspection in January 2017 the number of people receiving a service had reduced to six and the five members of the care staff team were unchanged.

We carried out a comprehensive inspection of this service on 17 and 18 January 2017. Eight breaches of legal requirements were found relating to medicine management, care planning, assessment and managing risks associated with people's care and support, a lack of understanding and following the principles of the Mental Capacity Act 2005, having effective systems for complaints, safeguarding people from abuse and ensuring compliance with the regulations and lack of proper procedures relating to recruitment, training and supervision of staff.

After the comprehensive inspection the provider wrote to us on 22 February 2017 to advise what action they had taken since the inspection in order to keep people safe and meet the regulations.

We undertook this focused inspection to check those actions and obtain a current view of the breaches.. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cancare Home Services Limited on our website at www.cqc.org.uk

The service did not have a registered manager, which is a legal requirement. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Since our comprehensive inspection in January an application to register a manager had been received and was being processed by the Commission.

Each person had their needs assessed and a care plan in place. However needs assessments contain only basic information and care plans lacked the detail about people wishes, preferences or what they could do independently.

Each person had risk assessments in place. However not all risks associated with people's care and support had been assessed and actions to keep people safe had not been recorded.

There remained a lack of safeguarding procedures and the provider and staff had not received up to date training to help them understand and recognise abuse and neglect and keep people safe.

People were not protected by robust recruitment procedures and staff had not received appropriate training, support or appraisals to ensure they carried out their role effectively.

People had received a copy of the complaints procedure, but this lacked key information. For example, a timescale when the provider would respond and what action people could take if they were not satisfied with how their complaint had been handled.

People had been contacted following the last inspection by the provider to advise of the inspection findings and gather their feedback about the service they received.

Since the last inspection the provider had stopped all medicine administration including the application of creams and therefore the one restriction in place regarding medicines had been removed.

There remained an open and positive atmosphere in the office and the provider was committed to ensuring people received good care and support. However they continued to lack a full understanding of the regulations and compliance. Copies of care plans and risk assessments were now available for inspection within the office.

People's need were met by sufficient numbers of staff.

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 always safe.

Not all risks associated with people's care and support had been assessed and there was insufficient information recorded in assessments to show how staff reduced risks and kept people safe.

People were not protected by robust recruitment procedures and safeguarding procedures had not been established.

Staff no longer administered medicines and this included the application of creams.

Is the service well-led?

Inadequate ●

The service was not consistently well-led.

There remained a lack of established systems to audit and monitor the quality of service people received.

The provider did not have a full understanding relating to legislation and compliance.

People had been given an opportunity to express their views about the service they received.

The Commission had received an application for a registered manager.

Cancare Home Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection was a focused inspection which took place on 24 February 2017, to check actions the provider told us they had taken since the last inspection and obtain a current view of the breaches of regulations. We gave 24 hours' notice to ensure the provider was available for us to speak with. This inspection was undertaken by one inspector.

The provider did not 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. This was due to the short notice of the inspection.

During the inspection we reviewed people's records and a variety of documents. These included six people's assessments, care plans and risk assessments and people's daily records made by staff, the complaints procedure and written compliment feedback from people and all staff recruitment records.

We visited the office and spoke with the provider and an advisor that was present.

Is the service safe?

Our findings

At the last inspection people were not protected by safe recruitment procedures. There was no written recruitment procedure in place. Staff recruitment files showed a lack of checks that help employers make safer recruitment decisions and help prevent unsuitable staff from working with people who use care and support services. Without the required checks the provider could not be sure that staff were honest and trustworthy when visiting people in their own home.

During this inspection we looked at the recruitment records for all five staff. There were shortfalls for every member of staff. Two staff had worked previously for the provider, but left (in 2013 and 2014) and were then reemployed at a later date (2016). Neither of these staff had undergone any recruitment checks before they recommenced their employment with the provider. This resulted in four staff not having a valid Disclosure Barring Service (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Recruitment checks must include checks and evidence of the person's identification, a full employment history, two written references, evidence that the person was physically and mentally fit to undertake the role and a valid DBS. A valid DBS would be one obtained by the provider or obtained by the previous employer that is less than six months old. Records showed for a third member of staff they only had one written reference and their DBS was invalid as it was from a previous employer and dated 16 July 2015 and their employment with the provider started on 10 May 2016. A fourth member of staff only had one telephone reference and their DBS was invalid as it was from a previous employer dated 6 November 2015 and their employment with the provider started on 10 September 2016. No action had been taken to address the shortfall in recruitment records or obtain an up to date DBS check since the last inspection.

The provider had failed to operate an effective recruitment procedure and ensure information specified in Schedule 3 was held for each person employed. This is a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection risks associated with people's care and support had not always been assessed and assessments in place did not detail the actions staff took to reduce risks.

During this inspection we found that each person had had their needs assessed and had a care plan and risk assessments in place. These contained only basic information, care plans lacked detail about people's wishes, preferences and what they could do independently and risk assessments still lacked information about what action staff took or should take to reduce any such risk. Some risks had not been assessed, such as the environment staff were required to work in and where people were at risk of falls.

The provider failed to do all that was reasonably possible to mitigate risks to people's health and safety. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection people were not fully protected from harm or abuse as there was a lack of established systems to prevent the abuse of people.

Since the last inspection no action had been taken to establish or develop a safeguarding policy or procedure or plan any safeguarding training to ensure the provider and staff had the appropriate knowledge to recognise abuse and keep people safe.

The provider had failed to establish and operate effectively systems to prevent the abuse of people. This is a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection people were not fully protected against the risks associated with medicine management.

During this inspection the provider told us that all medicine administration had ceased as of 20 February following a staff meeting. People's care plan folders showed clearly recorded instructions to staff that they were not to be involved in any medicine administration. As staff were no longer administering medicines the breach was no longer relevant.

Previously people had their needs met by sufficient numbers of staff. The provider kept staffing numbers under review. The team of five staff that delivered personal care and support to people had not changed since the last inspection. People's visits were allocated permanently to staff schedules and these were only then changed when staff were on leave or sick. The provider managed the service at all times and told us they only provided a service to new people if they had sufficient staffing and people were prepared to wait.

Previously people said the staff "generally" came on time or that the "regular" arrived on time although at weekends their visit could be later, but they understood everyone wanted to have their morning visit at the same time. Schedules sent out to staff incorporated travelling time to ensure staff arrived on time. People told us staff stayed the full time.

The provider told us they had arrangement in place for events, such as bad weather. These included measures, such as, staff working locally to where they lived and liaising with relatives, to ensure people would still be visited and kept safe. The provider told us they had never missed a visit.

Is the service well-led?

Our findings

During the inspection there remained an open and positive culture within the office, which focussed on people. The provider continued to manage the service themselves on a day to day basis with the help of a staff member a few hours a week for coordinating visits.

At the previous inspection the service did not have a registered manager although it was a legal requirement to have one in place. The provider told us it was their intention to register as the manager and since that inspection an application to register a manager had been received by the Commission and was being processed.

At the previous inspection information about people and their current needs was known to the provider, but not recorded, such as meetings to discuss concerns. Copies of care needs assessments, care plans and risk assessments were not available for inspection within the office and accidents were not recorded. This meant actions agreed following concerns were not always immediately implemented as they were not recorded and staff were relying on their intuition, which placed people at risk of inconsistent care.

During this inspection needs assessments, care plans and daily reports had been brought to the office for inspection. The provider told us following the inspection copies would be taken of the records so they would continue to be available for inspection at the office.

At previous inspection we found staff received a handbook with information about some of their role. Most of the information was dated September 2013 and some made reference to reporting things to people's social worker. However the service no longer contracted with the local authority so people did not have social workers. The provider did update one page of this during the previous inspection, but other information remained unchanged.

Action taken by the provider since the last inspection had been limited and most breaches have remained in place.

It continues to be clear that the provider did not have a proper understanding of their responsibilities under the Health and Social Care Act 2008 and associated regulations. Systems and processes had still not been established and operated to ensure compliance with requirements.

The provider failed to establish and operate systems or processes to ensure compliance with the regulations. The above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Since the last inspection people had received a copy of the complaints procedure. However this continued to lack a timescale by which the provider would respond to their complaint and had no information that they could access the local government ombudsman if they were not satisfied with how the complaint had been handled.

The provider had failed to have established and operated an accessible and effective system for identifying and recording complaints. The above is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Previously people did not have formal opportunities to feedback their views on the service they received. Since the last inspection the provider had contacted each person or their representative and advised them of the inspection findings and asked them for their feedback. The provider had received written and entirely complimentary feedback from most people.

The provider told us a team meeting had been held on 20 February 2017 although there were no minutes, all staff had attended. No action had been planned to address the shortfall in training staff or staff appraisals.

During the last inspection we found that one person's had their rights restricted, but there was no information within the care plan to show whether the person had capacity to understand and agree to the arrangements in place or who had made the decisions relating to the safe storage. Since the last inspection the provider had taken action and this restriction had been removed.

During the inspection the provider acknowledged the number of breaches and the enormity of the work to ensure they addressed these breaches. They advised they would be carefully considering whether to continue their registration of the service over the next few days.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. Regulation 12 (1)(2)(b)

The enforcement action we took:

Suspended the regulated activity for a period of six weeks

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to establish and operate effectively systems to prevent the abuse of people. Regulation 13(2)

The enforcement action we took:

Suspended regulated activity for a period of six weeks

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had failed to have established and operated an accessible and effective system for identifying and recording complaints. Regulation 16(2)

The enforcement action we took:

Suspended regulated activity for a period of six weeks

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

The provider had failed to establish and operate systems or processes to ensure compliance with the regulations.

Regulation 17(1)(2)

The enforcement action we took:

Suspended regulated activity for a period of six weeks

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to operate an effective recruitment procedure and ensure information specified in Schedule 3 was held for each person employed.</p> <p>Regulation 19(3)(a)</p>

The enforcement action we took:

Suspended the regulated activity for a period of six weeks