

Care Expertise Group Limited

Care Organiser

Inspection report

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17 February 2021
23 February 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Care Organiser provides care and support to people living in 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (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. Not everyone who used the service received personal care. At the time of this inspection 23 people who used the service were receiving personal care.

People's experience of using this service and what we found

The provider had not taken action to identify and reduce specific safety risks to people and staff from COVID-19. Not all staff were using personal protective equipment (PPE) in a safe way. However, settings were clean and hygienic as staff cleaned at regular intervals to help reduce infection risks.

Recruitment practices were unsafe as the provider had not made sure checks on staff's suitability to support people were thorough and robust.

Assessments of people's needs had not always been thorough. This had led to care and support packages ending early at one of the supported livings settings.

Records did not adequately reflect for some people their consent and agreement to practices that might impact their autonomy and independence. However people told us staff sought their consent before providing care and support.

The provider's current governance arrangements were not effective as they had not picked up issues we found at this inspection. There had been no management oversight of accidents and incidents or in ensuring actions to reduce risks to people and staff from COVID-19 had been achieved.

People said they were safe at the service. Staff had been trained to safeguard people from abuse. There were enough staff to support people. Staff understood identified risks to people's safety and wellbeing and what action to take to support people to stay safe.

People's records reflected their needs and preferences for how care and support was provided. The majority of staff knew people well and understood how the needs and preferences of people should be met.

People were supported to stay healthy and well and to take their prescribed medicines. Staff made sure people could access support from healthcare professionals when needed. People were involved in planning and preparing meals. Staff encouraged people to make healthy food and drink choices and checked they were eating and drinking enough to meet their needs.

Staff received training and supervision to help them meet people's needs. Most staff felt motivated and well supported. Some staff felt less so. Senior managers were taking action to improve this after our inspection.

People spoke positively about their experiences of the service. The provider sought their views about how the service could improve and had arranged for new activities and events people could do in light of national restrictions on social distancing and lockdown.

Feedback from relatives and healthcare professionals was mixed. Some spoke positively about the care and support provided to people but others had less positive experiences. Senior managers were taking action to improve this after our inspection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to fully demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. The majority of people who used this service lived in small households in residential homes in the community. They could come and go as they pleased and, outside of periods of national lockdown, could have visitors and engaged in a variety of community activities. They had their own bedrooms and their support was tailored to their individual needs and preferences. Staff knew people well and how to support them to live their own individual lifestyles.

However at one of the supported living settings, opened in May 2020, people's experiences were different. The setting had formerly been a care home and still bore the hallmarks of this. Signage displayed outside indicated this was a setting where care was being provided which did not help support people's right to dignity, privacy and independence. Some care and support packages at this scheme had ended as assessments of needs had not been robust which meant staff had been unable to meet these people's needs and preferences. The provider's values were focussed on people leading confident, inclusive and empowered lives. However at this setting staff were not empowering people to do as much as possible for themselves in relation to their personal care or to independently access some parts of the premises.

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 8 February 2018).

Why we inspected

We carried out an announced focussed inspection of this service on 16, 17 and 23 February 2021. The inspection was prompted in part due to concerns received about one of the supported living settings. The concerns were about the quality and safety of the support provided to people, staffing and management and leadership at this setting. A decision was made for us to inspect and examine those risks.

We also looked at infection prevention and control measures under the safe key question. We look at this even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of

this full report.

After this inspection the provider wrote to us to tell us what action they had taken to mitigate risks. This included undertaking a review of recruitment practices, carrying out risk assessments with staff with underlying health conditions, introducing a new 'incident and accident analysis' process, updating the referral assessment process, and appointing a new service manager to provide additional support and oversight at one of the supported living settings.

Enforcement

We have identified breaches in relation to person-centred care, dignity and respect, safe care and treatment, good governance and fit and proper persons employed.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request a monthly 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.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Care Organiser

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team:

This inspection was carried out by two inspectors and 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:

This service provides care and support to people living in eleven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. 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:

This inspection was announced. We gave the provider 24 hours' notice to enable them to ensure the premises were set up as safely as possible to accommodate an inspection. Inspection activity started on 16 February and ended on 23 February 2021. We visited three supported living settings during this period.

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. We also reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We used all of this information to plan our inspection.

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.

During the inspection

At each of the supported living settings we observed interactions between people and staff. We spoke with three scheme managers, a service manager, the registered manager and seven care support workers. We reviewed a range of records including people's care records and medication records and records relating to the management of the service.

After the inspection

We spoke with seven people and one relative by telephone, about their experiences of the service. We interviewed the registered manager and nominated individual via a video call. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed information we asked the provider to send us. This included information about staffing levels, training and supervision records, recruitment information, management audits and checks, minutes of meetings, satisfaction surveys, care records and risk assessments for five people, accident and incident reports, and the provider's safeguarding policy. We also looked at the provider's infection prevention and control (IPC) policy and their COVID-19 contingency plan and risk assessment.



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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Staff at one of the supported living schemes failed to use personal protective equipment (PPE) effectively and safely. Despite being reminded by the scheme manager, staff continued to wear these in an inappropriate way during our visit. This put people, staff and visitors at unnecessary risk of catching and spreading COVID-19.
- The provider had not assessed or taken action to reduce the individual risks to people and staff from COVID-19.

These issues were a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were using PPE effectively and safely at the provider's other supported living schemes. People told us staff wore face masks, gloves and aprons. At two other supported living schemes we saw staff used PPE in an appropriate way to help reduce risks related to COVID-19.
- Each of the premises we visited were clean. Cleaning took place at regular intervals throughout the day, to prevent the spread of infection. One person told us, "The staff do the cleaning properly every day."
- People were encouraged by staff to wear face masks, especially when out in the community, and to practice good hand hygiene. One person told us, "When I go out shopping and to the bank, I wear a face mask." Another person told us, "We wash our hands all the time."
- We were assured the provider was accessing COVID-19 testing and had engaged in the vaccination programme for people and staff.
- We were assured that the provider's infection prevention and control policy was up to date and had plans in place to manage an infection outbreak at the individual schemes.
- Staff followed food hygiene practices when preparing, serving and storing food, to reduce risks to people of acquiring foodborne illnesses.

Staffing and recruitment

- The provider had failed to operate safe recruitment practices at one of the supported living schemes. For example, application forms had not been completed fully and information about previous employment was missing or inaccurate. The provider had failed to obtain this information to ensure staff were appropriately experienced.
- References were not always reliable and, in some cases, did not reflect staff's previous employment. The provider had failed to properly assure themselves of the character and former work experiences of staff.

The provider had failed to ensure systems were in place for the recruitment of fit and proper persons. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had carried out DBS checks of new staff. A DBS check is a record of a person's criminal convictions and cautions – carried out by the Disclosure and Barring Service.
- There were adequate numbers of skilled staff to meet people's needs. Staff rotas at each scheme had been planned in advance.
- People said staff were available and accessible when they needed their support. One person told us, "There are enough staff. If I need help, I go to the office." Another person said, "There are enough staff, and they help me."

Systems and processes to safeguard people from the risk of abuse

- People said they were safe. One person told us, "The best thing about living here is I feel safe and supported. I don't feel scared." A relative told us, "I think my [family member] is safe."
- Information was displayed for people at each of the three schemes about how and who to report any safety concerns to.
- Staff had received relevant training and support to help them safeguard people from abuse. They were aware of safeguarding procedures and how and when to report concerns to the appropriate person or authority.
- Managers understood their responsibilities to liaise with the local authority if a safeguarding concern about a person was reported to them.

Assessing risk, safety monitoring and management

- People's records contained information about identified risks to their safety and wellbeing. There were plans for staff to follow on how to manage identified risks to reduce the risk of harm or injury to people and others.
- Staff understood these risks and what action to take to support people to stay safe. A person told us, "If I go out, someone walks with me to stop me falling over."
- Managers reviewed identified risks with people, to make sure plans in place to manage these remained appropriate.
- The provider made sure the premises were checked on a regular basis for any health and safety concerns. Any issues were reported promptly, and the provider made sure appropriate action was taken in response.

Using medicines safely

- People's records contained information about their prescribed medicines and how they should be supported with these. This helped inform staff how to support people to take these in a timely and appropriate way.
- People consistently received the medicines prescribed to them. Medicines were stored safely and appropriately.
- Managers carried out regular checks on medicines records and stock. They also regularly assessed staff competency to make sure they were managing and administering medicines safely.

Learning lessons when things go wrong

- There were systems in place at each scheme for staff to report and record accidents and incidents.
- The scheme managers reviewed each accident and incident report to check appropriate action had been taken by staff to support the person at that time. They also checked if plans to protect the person from injury or harm remained appropriate and if any additional support was required for the person following the

accident or incident.

- Post accident/incident debriefs were held with people and staff to discuss and learn from these to help staff improve the quality and safety of the support they provided.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- At one of the supported living schemes, we found two support packages had ended when the service was no longer able to meet the needs and preferences of each person. In both instances the assessment process had not identified specific issues that meant the scheme had not been suitable for them.
- These issues indicated the assessments of people's needs and preferences had not been thorough. They had not taken full account of people's specific issues and how these should be met in this care setting taking account of best available guidance.

These issues were a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care records for other people showed care plans in place which set out the support they needed with their assessed needs. This included information about their preferences about how, when and from whom this support would be provided.
- The majority of staff understood how the needs and preferences of people should be met. However, one staff member we spoke with did not seem to fully understand the needs of a person they were supporting. Senior managers were taking action after this inspection to improve this.

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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care records for a person at one of the supported living schemes indicated they had capacity to make decisions about their finances. It was agreed with the person, staff would help them to manage their finances and keep their money secure in the main office. However their records did not show they had formally consented to this arrangement to show this had been obtained lawfully.
- For the same person we found numerous references in their care records to 'Deprivation of Liberty Safeguards' (DoLS). However the person was subject to authorisations made by the Court of Protection as the person was living in their own home. We were satisfied conditions of this authorisation were being meant, however this discrepancy in information was confusing and incorrect.

The issues we found indicated, in these instances, the provider had not maintained an accurate and up to date record to evidence the person's consent to decisions and adherence to requirements in the MCA. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Two people's care records at this supported living scheme did not reflect how consent had been obtained to arrangements that impacted on their ability to maintain their independence. Staff had not discussed with the people how they could be supported to gain access independently to the garden and kitchen when they were locked.

This meant people were not always being supported to maintain their autonomy and independence at this scheme. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care records for other people showed their capacity to make and consent to decisions about specific aspects of their care and support had been assessed and recorded.
- Where people lacked capacity to make specific decisions, the provider involved people's representatives and healthcare professionals, to make sure decisions would be made in people's best interests.
- People told us staff asked for their consent before providing care or support. One person said "The staff listen to what I say and ask me before they do something. They knock on my door before coming in."

Staff support: induction, training, skills and experience

- Staff received training to help them meet people's needs, including refresher training and updates to keep up to date with current practice.
- New staff could only support people unsupervised after they had successfully completed a period of induction.
- Staff had supervision (one to one) meetings with senior staff at regular intervals to support them in their role and to identify any further training or learning needs they had.

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

- People's records set out information about their dietary needs and any specialist needs they had. Staff understood people's preferences and dietary needs and took this into account when supporting people to plan and prepare meals.
- Staff checked people were eating and drinking enough. If they had concerns about this, they sought support from healthcare professionals. One person said, "I eat okay, but I have lost weight. It is being investigated at the moment. I have had lots of tests."

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People said staff helped them to access support for their healthcare and medical needs. One person said, "I can see the doctor when I need to. I see the dentist sometimes. I wear glasses. If I feel ill, I tell the staff and they help me."
- A relative told us since their family member had started to use the service, they felt they had been well supported to achieve positive improvements in their health and wellbeing.
- Staff were observant to changes in people's health and wellbeing and sought support for this where appropriate. They sought the advice and support of health care professionals when needed.
- Staff shared key information with their colleagues about people's current needs. A staff member said, "We have good handovers and get updated when there have been any changes or issues, we need to be aware of."

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's systems for assessing the quality and safety of the service were not always effective. We found a number of issues not picked up through management checks including unsafe recruitment practices, poor staff practice relating to the use of PPE, no individualised COVID-19 risk assessments for people and staff, ineffective assessments of needs and inaccurate or incomplete records relating to people and staff.
- With regard to the lack of individualised COVID-19 risk assessments, individual scheme managers were responsible for ensuring these were undertaken. There was no evidence scheme managers' compliance with this action was being monitored at provider level which indicated management oversight of this had not been effective.
- At the time of this inspection there was no formal management oversight and analysis at provider level of accidents and incidents that occurred across the schemes. This meant the provider was not using information about accidents and incidents to identify trends that would help reduce safety risks to people and others.

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

Following our inspection the provider told us they had started to take action to address some of the issues we found above. This included undertaking a review of recruitment practices, carrying out risks assessments with staff with underlying health conditions, introduction of a new 'incident and accident analysis' process to help identify trends across the schemes to help reduce safety risks and updating the referral and assessment process to make sure all relevant information about proposed referrals would be detailed in one place.

- The provider understood their responsibility for meeting regulatory requirements. They notified us promptly of events or incidents involving people. This meant we could check appropriate action was taken to ensure the safety and welfare of people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about staff and their experiences of using the service. One person told, "The running of the place is all fine, because the manager is nice and the staff are. I am made to feel as if this is my home." A relative said, "I have confidence in the manager and staff that all is well."
- Managers knew people well and their interactions with people were kind, caring and focussed on their needs.
- At two of the schemes, staff told us they worked well together and felt well supported and motivated. A staff member said, "We have a good team here and have really good communication between us...I can speak openly and honestly about things to [scheme manager] and I trust her to treat me well."
- Staff at the third scheme indicated they felt less motivated and supported by management. A staff member said, "[I] want the manager to recognise the good staff. Staff that aren't late, turn up on shift, are reliable, team players and honest."
- The provider wrote to us after this inspection to tell us additional management support had been brought in to identify staff's current concerns. The provider had also sent all staff a survey to give them an opportunity to tell the provider how they felt about their role and the current management and leadership.

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

- The views of people, relatives, staff and professionals were sought through surveys. The provider had action plans based on their responses to show how they planned to improve the service.
- The provider had listened to people and brought in new activities and events people could do in light of national restrictions on social distancing and lockdown, for example, arts and crafts competitions, a culture day and a talent show.
- Relatives of people at one scheme had mixed views about how the service had engaged with them. One relative told us they had concerns about this. Another relative told us management communicated with them well and kept them updated about their family member's health and wellbeing.
- The provider wrote to us after this inspection to tell us they had introduced quarterly meetings with relatives and advocates of people to help improve communication and understanding going forwards.
- At two schemes we saw staff and professionals worked well together, evidenced by recent positive feedback obtained from professionals through surveys.
- At the third scheme two healthcare professionals had positive things to say. However one healthcare professional told us they had found it challenging working with management and not always given the information needed at times to check whether the support being provided to a person remained appropriate.
- We discussed this feedback with the scheme manager at inspection. They told us they had not been aware there had been concerns but said they would reflect on this feedback and identify ways in which communication could be improved with all healthcare professionals involved with the scheme.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not carried out collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user (9(3)(a)).</p> <p>The provider had not designed care or treatment with a view to achieving service users' preferences and ensuring their needs are met (9(3)(b)).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider was not supporting the autonomy, independence and involvement in the community of the service user (10(2)(b)).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated (12(2)(h)).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not assessing, monitoring and</p>

improving the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) (17(2)(a))

The provider was not assessing, monitoring and mitigating the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity (17(2)(b))

The provider had not maintained securely an accurate, complete, and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided (17(2)(c))

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had not ensured recruitment procedures were established and operated effectively to ensure that persons employed meet the conditions in - (a) paragraph (1) (19(2))