

Accord Housing Association Limited

GreenSquareAccord

Oldham

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

GreenSquareAccord Oldham is a domiciliary care agency providing personal care to 312 people 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

Risks relating to people's health conditions were not always assessed: whilst some people had risk assessments in place, others with specific health conditions did not. We found numerous instances where medicines records were not completed.

The service had a high number of staff vacancies and records indicated there were a number of late calls. Staff told us they felt the service was under-staffed. Staff were recruited safely into the business. Safeguarding policies and procedures were in place and staff were using appropriate personal protective equipment during the delivery of care.

Audits were in place, however when risk was identified (in areas including staffing and gaps in recording of medicine administration), the service had not been able to rectify these issues. The speed of improvements needed had been impacted by operational challenges relating to COVID-19, difficulties in recruiting new staff and specific contractual requirements. Feedback about management was mixed. The registered manager understood their responsibilities under the duty of candour to be open and honest. Appropriate referrals had been made to CQC and safeguarding. 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 13 September 2018).

Why we inspected

The inspection was prompted in part due to concerns received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

The provider had taken various steps to mitigate some of the risks identified and an internal action plan had been put together to ensure improvements were made.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for GreenSquareAccord Oldham on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to safely assessing risk relating to health conditions and recording gaps in medicines administration, good governance and staffing at this inspection.

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 for the provider to understand what they will do to improve the standards of quality and safety. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

GreenSquareAccord Oldham

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and two Expert by Experiences. 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection due to the COVID-19 pandemic to ensure we had prior information to promote safety. Inspection activity started on 29 June 2021 and ended on 6 July 2021. We visited the office location on 29 June 2021.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 24 people who used the service and 11 relatives or advocates about their experience of the care provided. We spoke with 14 members of staff including the registered manager, head of homecare, director of quality and compliance, care staff, a care coordinator and an assessor. We also spoke with one health care professional.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence 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.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong; Using medicines safely

- Medicines records were not managed safely. The administration of medicines, dietary supplements, thickeners and creams were recorded on medicines administration records (MAR). Some of the MAR's we reviewed did not have all the information required for staff to safely administer these.
- One relative expressed concerns regarding time sensitive medication, they told us, "They (staff) are supposed to come and give him meds three times a day, but if they are late on the first visit and early on the second one it can be just an hour or two between meds that should be six hours apart." The registered manager told us they would make this care visit time sensitive to ensure calls were adequately spaced out.
- Some MAR's had administration gaps in the recording of medicines, this meant we could not be confident people were receiving medicines as per the prescriber's instructions. This put people at increased risk of harm. The registered manager assured us they were in the process of addressing these concerns.
- Staff received medication administration training, though some staff required refresher training and the registered manager was in the process of ensuring this was completed.
- Risks were not always appropriately assessed. People's care plans indicated they had specific health conditions, which had not always been risk assessed. Some people's risk assessments referenced other people so were not relevant to the person, meaning we could not be assured risks had been appropriately considered or mitigated. The registered manager told us they were looking at care plans and risk assessments and would be updating these where necessary. Internal systems had identified areas requiring improvement and an action plan was in place to address these.

We found no evidence people had been harmed however, governance systems required some improvement, which was acknowledged by the provider. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staffing levels were not safe. Staffing numbers and deployment did not ensure people received their calls reliably and on time.
- A late call audit confirmed there were a number of late calls were taking place on a weekly basis. In a one-week timeframe the service had 168 late calls. People and relatives told us they were having both late and missed visits. Comments included, "They came at 2.00 for a 9.30 visit and are regularly up to an hour late or early", "They are always later at weekends, times are much worse then" and "The time booked is 7.45 but they don't come till 9.45"

- Onsite we saw one person's daily notes indicate they had taken their own medication as the care staff were late.
- Some people and relatives expressed a difficulty getting in touch with the office when there was an issue.
- Most care staff told us they felt the service did not have enough staff. Comments included, "I don't think they have enough staff", "Staffing levels are quite poor" and "At the moment we are struggling for staff."
- The service was already aware of the issue relating to staffing levels as they had identified this as part of their internal action plan, but this issue was unresolved.
- The service had 28 staffing vacancies, and the service was trying to recruit and fill these.
- Weekend rotas showed staff were working very long days to ensure calls were made, however, due to the lack of weekend staff this meant people were not receiving visits in line with their agreed times. This put people at increased risk of neglect. Internal systems had identified areas requiring improvement and an action plan was in place to address these.

We found no evidence people had been harmed however, governance systems required some improvement, which was acknowledged by the provider. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

- Safe recruitment procedures had been followed with the necessary checks in place.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse and necessary safeguarding referrals had been made.
- A safeguarding policy and procedure was in place and included information on how to escalate concerns.
- Staff received safeguarding training and were able to provide examples of what they would report, however, some staff were overdue for a training refresher. The registered manager told us they would be ensuring any staff who were overdue would complete the training as a priority.

Preventing and controlling infection

- We were assured the provider was using personal protective equipment (PPE) effectively and safely. One person told us, "Yes I do feel safe, they are very professional and always wear full PPE."
- We were assured the provider was accessing testing for staff.
- We were assured the provider's infection prevention and control (IPC) policy was up to date.
- Staff had completed infection IPC training.
- One relative expressed concerns around how the staff were disposing of the contents of a catheter, they told us, "I am concerned they are not emptying the fluid from the catheter bag down the toilet, they just wrap it in another bag and put it in the bin, surely they should empty it first? One carer said they should and that is what she did." The registered manager assured us they would address this with staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Quality assurance and governance systems were not always effective at identifying or improving the safety and quality of people's care. For example, care plan reviews did not identify the issues relating to risk assessments mentioned in the safe domain and MAR's audits identified gaps in recording as mentioned in the safe domain, but this issue remained unresolved.
- Care plan audits were in place but did not identify the issues raised around risks in the safe domain.
- Medicines audits were in place and did identify similar concerns to those found on inspection, however, these issues remained unresolved.
- Some staff meetings were taking place and some of the issues we found had been raised at these meetings, however these issues were still ongoing.
- The service was under an internal management plan, which had been in place since December 2020, however, this had failed to resolve the identified issues.
- We requested to see a log of missed visits; however, these were being incorrectly logged as cancelled calls, meaning we were not able to ascertain how many missed calls were taking place. This issue had only been realised through our inspection process. The registered manager spoke with staff to ensure missed visits were going to be recorded appropriately going forward.
- Daily notes were not always being completed on all visits, meaning tasks undertaken were not being recorded during the visit, so any subsequent care workers may find it difficult to ensure continuity of necessary care.

We found no evidence people had been harmed, however, records were not always completed and up to date and quality assurance systems needed improving. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

- Although staff told us they enjoyed their roles, feedback about management and leadership was mixed. Some staff told us they felt supported, however, this was not consistent throughout the staff team.
- Management told us most of the issues were due to the size of the service and how quickly it had grown, and they were looking at ways they could address this.

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; Continuous learning and improving care; Working in partnership with others

- We were able to review safeguarding referrals, CQC notifications and complaints, and we reviewed some lessons learned.
- The registered manager was able to explain their responsibilities under the duty of candour and spoke about being open and honest when something goes wrong.
- The registered manager worked in partnership with local authorities and health teams.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risks relating to people's health conditions had been appropriately assessed and had failed to ensure medicines were being safely administered and appropriately recorded.</p> <p>Regulation 12(2) (a) (b) (g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records were not always completed and reflective of people's needs and quality assurance systems were not robust.</p> <p>Regulation 17(2) (a) (b) (c) (e) and (f).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure enough staff was always available at agreed times to provide required care. This put people at increased risk of harm.</p> <p>Regulation 18(1).</p>