Clece Care Services Limited

Clece Care Services Ltd (Gateshead)

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service responsive?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We carried out a comprehensive inspection of this service on 19, 21 and 22 January 2016. Breaches of legal requirements were found in relation to staffing, safeguarding people from abuse, safe care and treatment, governance of the service and notification of incidents.

We undertook this focused inspection on 4 and 5 April 2016 to follow up on the action we had taken and check if the provider was now meeting legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clece Care Services Ltd (Gateshead) on our website at www.cqc.org.uk.

Clece Care Services Ltd Gateshead provides personal care and support to people in their own homes in the Gateshead area. At the time of our inspection services were provided to 152 people, mainly older people including people with dementia-related conditions.

In the period since the last inspection the registered manager had left the service and another manager was now in the process of applying for registration. 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.

We found that staffing resources had been increased and there was capacity to meet people's contracted hours of service. However, the recruitment of new staff was not fully robust.

There were improved systems in place for co-ordinating and monitoring the service which helped to prevent missed visits and protect people from neglect. Processes for managing safeguarding concerns had also improved but the provider had not ensured the Care Quality Commission was notified of such incidents.

Personal records had been updated, giving staff guidance on managing risks during care delivery and care plans to follow for meeting people's needs. The arrangements for supporting people with their prescribed medicines were subject to closer scrutiny.

Action had been taken to improve the training, supervision and support provided to staff. A new manager was in post and the service was now being managed more effectively. The management had introduced quality assurance methods to check the standards of the service and the care that people received.

We concluded the provider had made progress in addressing the breaches of legal requirements, which will need to be embedded and sustained. We have not changed the ratings following this inspection as any improvements made have to be sustained over time in order for the ratings to be changed. The service is in 'special measures' and we will continue to monitor the safety and quality of the service being provided.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their 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

We found action had been taken to improve the safety of the service.

Sufficient numbers of staff were employed to support people using the service.

Improved measures had been introduced to protect people from neglect and respond to safeguarding allegations.

Medicines arrangements and risks to people's safety were being better managed.

We could not improve the rating for 'Is the service safe?' from 'inadequate' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Inadequate

We found action had been taken to improve the effectiveness of the service.

Staff were receiving training and supervision to support them in their roles.

We could not improve the rating for 'Is the service effective?' from 'inadequate' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Inadequate

We found action had been taken to improve how responsive the service was.

Care plans had been implemented to guide staff on meeting people's needs.

We could not improve the rating for 'Is the service responsive?' from 'inadequate' because to do so requires consistent good practice over time. We will check this during our next planned

comprehensive inspection.

Is the service well-led?

Inadequate

We found action had been taken to improve how well-led the service was.

There was improved management and leadership of the service.

Systems to assess and keep checks on the quality of the service being delivered had been introduced.

The provider had not ensured the Care Quality Commission was notified of incidents which affected people using the service.

We could not improve the rating for 'Is the service well-led?' from 'inadequate' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Clece Care Services Ltd (Gateshead)

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Clece Care Services Ltd (Gateshead) on 4 and 5 April 2016. We gave short notice that we would be coming as we needed to be sure that someone would be in at the office.

This inspection was done to check that improvements to meet legal requirements had been made after our comprehensive inspection on 19, 21 and 22 January 2016.

We inspected the service against four of the five questions we ask about services: 'Is the service safe?', 'Is the service effective?', 'Is the service responsive?' and 'Is the service well-led?' This was because the service was not meeting a number of legal requirements at the time of our comprehensive inspection.

This inspection was undertaken by an adult social care inspector and an adult social care inspection manager.

During the inspection we met with the new manager, an operations manager, the operations director, a compliance officer, six office based staff and two care workers. We examined 14 people's care records, 11 staff files, training records and other records related to the management of the service.

Inadequate

Is the service safe?

Our findings

We checked if the provider had taken action in response to the serious shortfalls we had found at our last inspection in staffing, safe care and treatment and safeguarding people from abuse.

In the period since the comprehensive inspection the provider had submitted weekly reports to the Care Quality Commission, enabling us to monitor the numbers of care workers and their available hours against people's contracted hours of service. The reports had demonstrated improved capacity to safely deliver the service. At the time of this inspection there were 152 people using the service and 66 care workers. We calculated that there were sufficient staffing resources deployed to provide the care that people required and scope for covering staff leave and sickness absence.

We found that more office based, supervisory and administrative staff had been recruited to support the way the service was co-ordinated. The geographical area covered by the service had recently been divided into three zones, each with a team of care workers, a field supervisor and a care co-ordinator. A co-ordinator told us this was helping provide better continuity of care and greater ability to roster workers who were familiar with people's needs if their regular care workers were not available. The office based staff felt there was better morale amongst the staff team. This was confirmed by a care worker who had left and came back to work for the service. They told us they had confidence in the improved staffing and management resources.

The manager reported there were some difficulties with short notice absence which were being monitored through return to work interviews with staff. A care co-ordinator informed us they made every effort to arrange cover when such absence occurred. For example, the previous weekend they had organised care workers who were known to people to cover their visits and provided transport for the workers who did not drive to get them to people's homes. Another care co-ordinator told us they were usually able to arrange cover from within the team of care workers and that the field supervisors were available as a contingency to provide people's care.

We saw there was more structured planning of the staff rosters which were linked into the new electronic call monitoring system that had been introduced three weeks prior to this inspection. Care workers now received their weekly rosters in advance and any changes or reallocated visits were updated directly to the mobile telephones they had been issued with. The rosters also made care workers aware of the level of risks involved in people's care and important details about accessing people's homes and home security.

The call monitoring system worked on the basis of electronic tags in people's homes which staff swiped with their mobile telephones to report when they had arrived and departed. An alert had been built into the system to highlight any delays in visit times to those people whose care was categorised as being of high risk. All visits were displayed in real time on a large screen in the office, showing the planned times and duration of visits and whether each person's visit was in progress, incomplete or completed. Some initial technical issues had been experienced and this had led to the system being closely monitored in and outside of office hours. This was evident during the inspection where we observed a problem with logging a visit was flagged and promptly followed up.

However, we had received concerns since the last inspection about recruitment at the service. Some personnel files we examined showed that the checking and vetting process had not always been sufficiently thorough. We noted that interviews were often conducted by one person and only minimal notes were recorded. References had not always been sought from applicants' last employers and there was a general over reliance on seeking character, as opposed to employment, references. Gaps in employment history, information provided by applicants, and inconsistencies in dates of previous employment had not been explored. This meant the service had not obtained all necessary recruitment information to verify that new staff were suitable to be employed.

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

There was evidence that since the last inspection the management had made sure all staff had completed safeguarding training on how to prevent and report abuse. However, assurances about putting personal finance records in place and disseminating whistle-blowing leaflets and the 'duty of candour' policy had not been actioned. The duty of candour requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong. The manager told us staff had received other guidance on whistle-blowing and described how they had acted on a concern that had been raised. They said they would add whistle-blowing and duty of candour to the agendas for team meetings and establish the numbers of people using the service who received support with their finances.

The operations manager told us they had completed investigations into the backlog of a high volume of safeguarding alerts. The local safeguarding authority informed us of the extent of alerts about the service that had not yet been concluded. The manager confirmed they had met with the local authority safeguarding manager the previous week to agree the actions needed to follow up on the outstanding issues within extended timescales. We saw the manager had introduced a safeguarding log at the service that was being used to provide an accurate audit trail of the alerts and report on the actions taken in response.

The manager acknowledged that people being neglected due to their care and support visits being missed had significantly reduced, though had not yet been totally eliminated. They were clear that the priority was to arrange replacement visits to ensure people were given the care they needed and were kept safe. The management were confident the improved staffing, co-ordination of the service and the call monitoring system were helping deliver a safer and more effective service to people.

We found that care documentation had been reviewed and updated. The records we examined contained fully completed assessments of risks to people's safety and welfare. The areas assessed included activities of daily living, mental health and capacity, medicines and risks in the person's home environment. We saw that strategies were recorded to reduce risks associated with people's individual vulnerabilities. For example, care workers were guided about moving and handling techniques and using personal protective equipment to control the risk of infection. Where a person was assessed as being at risk of pressure damage and had swallowing difficulties, advice was documented to routinely check their skin integrity and prepare food of an appropriate texture. Whilst recording had improved, we noted the management of risks was not always consistently incorporated into people's care plans. In some instances this had been identified through newly introduced records audits and was being rectified. Training on risk assessments for field supervisors was also taking place in the near future.

We confirmed all staff were now trained in the safe handling of medicines and this training had been organised for new care workers to undertake during their induction. A system to assess if staff were

competent in handling medicines had commenced. This had been carried out in various ways including direct observations, during spot checks and in recent supervisions checking workers' understanding of the medicines policy and procedure. The management agreed they would collate this information to provide clearer evidence of the competency assessments.

Lists of people's prescribed medicines were recorded and checks had been made to ensure this information corresponded with the entries in their Medicine Administration Records (MARs). Medicines assessments had been updated and the level of support that people required was now stated in their care plans. Completed MARs were being returned to the office on a monthly basis for auditing purposes. The senior worker who had started to complete the audits demonstrated clear understanding of the areas to be checked, including directions and timing of medicines, any gaps to the records and confirming codes used to explain any reasons why medicines had not been given. There was evidence that action had been taken on occasions when people had not received their medicines and when medicines that had been administered were not accurately recorded. This had included reviewing practices, making changes to people's care plans and supervising and retraining staff to reinforce their responsibilities.

We found the provider had made progress in improving staffing resources, managing risks and safeguarding people from abuse. We will review whether the improvements have been sustained at our next inspection.

Inadequate

Is the service effective?

Our findings

We checked if the provider had taken action in response to serious shortfalls in staff training and support that we had found at our last inspection.

We found that improvements had been made in the provision of training. The service had appointed an in-house trainer and more courses were being delivered face-to-face with staff. A new induction process was in place that was mapped to the Care Certificate. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. The service had arranged for all care workers to be trained to this standard. A separate induction process was provided for office based and administrative staff. An induction checklist was used to record when training had been completed. This was then signed off by the manager to confirm new staff members had received the relevant training to prepare them for their roles.

A clearer overview of training undertaken by the staff team and individual training records were now kept. These showed the majority of care workers had completed practical training in moving and handling, medicines and first aid as well as e-learning covering a range of topics in safe working practices. We saw that new staff were given an introductory letter that set out their own, and the provider's responsibilities, to support their training needs. The operations manager told us staff failing to attend or undertake training was not tolerated. They informed us some care workers had been temporarily removed from their work until such time they had completed all necessary training.

A programme of individual supervision for staff had started to be implemented. During the previous two months a total of 72 supervisions and 11 'spot checks', where care workers were observed carrying out their duties, had been conducted. We saw there was an appropriate supervision format, though the level of detail recorded was at times quite brief and did not reflect meaningful discussion. A schedule of monthly team meetings had been drawn up for the rest of the year to enable staff to meet and discuss practice and employment issues.

We found the provider had made progress in improving support for staff and will review whether this has been sustained at our next inspection.

Inadequate

Is the service responsive?

Our findings

We checked if the provider had taken action in response to serious shortfalls in personal records that we had found at our last inspection.

We observed that people's care was now being more appropriately planned. Since the last inspection, work had been carried out to ensure all of the people using the service had accurate and up to date assessments of their needs and risks. Care plans had been drawn up from the assessments which informed staff about the care and support required to meet people's needs at each of their visits. The care plans we examined were documented to a variable standard, ranging from detailed and person centred to brief statements of the tasks to be undertaken. We observed that an audit of care records was in progress that had identified where care plans needed to be further developed. The manager confirmed this was being followed up and showed us they had put together guidance to assist staff in care planning. A care worker we talked with told us they felt that people's care records had much improved.

People's care had been reviewed with them when assessments were being updated and care plans were put in place. Some care plans included the individual's stated preferences and were signed by the person and their relative to evidence they had been consulted. A schedule of formal care reviews at six monthly intervals was being planned to evaluate the care provided and enable people and their representatives to be involved in the process.

We found the provider had made progress in improving the records of people's care and will review whether this has been sustained at our next inspection.

Inadequate

Is the service well-led?

Our findings

We checked if the provider had taken action in response to serious shortfalls in the service's governance arrangements that we had found at our last inspection.

We found there had been continued failure to notify the Care Quality Commission about safeguarding incidents which had occurred in the service. We will be dealing with this outside of the inspection process.

In the period since the comprehensive inspection the registered manager and an acting manager had left the service. A new, experienced manager had taken up post three weeks prior to this inspection and they were making an application to become the registered manager. The manager confirmed they had undertaken an induction with the company and understood the provider's policies, procedures and systems.

Additional resources had been put in place to support the running of the service and improve the quality of service delivery. This included an ongoing recruitment drive for new care workers and an enhanced management structure with defined responsibilities. Support and communication with the provider's head office had been established and senior management were now involved in and kept appraised of the service's performance. The manager had introduced meetings and systems to improve communication with staff and proactively manage the way the service was planned and co-ordinated.

Methods to assess the quality of the service had been implemented and a compliance officer was currently based at the office to monitor standards. Some of the people using the service and their relatives had completed satisfaction surveys giving their views. Whilst the findings were mainly positive, there was no evidence to show if comments from people who were less satisfied had been responded to. This was also the case for employee surveys which staff had completed in December 2015. We were told a further 24 staff had left employment since we had last visited and that a minority had returned to work for the service. However, reasons for leaving had not been captured and there was still no evidence of any analysis to review the problems with staff retention.

Reports from the electronic call monitoring system had started to be run to keep checks on the efficiency of the service. Systems for auditing records had been introduced and more spot checks of care workers were being carried out to validate the care people received. An audit of the service had been conducted in March 2016 by a manager from another of the provider's branches. This had looked at various aspects of the service including staffing capacity, recruitment, training, safeguarding, care records, risk management, missed visits and incident reporting. The audit had acknowledged improved practices and clearly identified where remedial actions were required.

Senior management told us they had worked intensively to address the shortfalls identified at our last inspection and to their action plan with local authority commissioners. The manager was aware of the actions taken and had a sound knowledge of the areas of the service which needed further development. The operations director assured us any future care provided to people by the service would be managed in a

phased way and recognised the need to consolidate the improvements made to date.

We found the provider had made progress in improving the governance of the service and will review whether this has been sustained at our next inspection.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not ensured that recruitment procedures were established and operated effectively. Regulation 19 (2)