

Cheviot Care Limited

# Cheviot Care Limited

## Inspection report

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10 November 2020

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### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Cheviot Care Limited is a domiciliary care agency providing personal care to people in their own homes in Wooler. There were six people receiving personal care 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

At our previous inspection we identified multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to training, recruitment and good governance. At this inspection, we found that action had not been taken to improve.

An effective safeguarding system was not in place. Risks relating to Covid-19 had not been assessed and staff had not completed training in the management of the Covid-19 virus and the use of Personal Protective Equipment (PPE). Action had also not been taken following our last inspection to ensure effective recruitment systems were in place. Recruitment checks were not in line with legal requirements.

There were enough care staff deployed to meet people's needs. However, there were insufficient management hours to oversee and monitor the safety and quality of the service. The registered manager worked full time providing care and support to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, records did not always evidence this and up to date policies and procedures regarding the Mental Capacity Act 2005 and consent were not in place.

An effective system to ensure staff were suitably trained was still not fully in place. We identified concerns relating to safeguarding, the management of risk and the maintenance of records. Further training was needed in these areas to ensure staff were suitably trained.

Care records continued to lack detail and did not always reflect the care which was provided. Action had also not been taken since our previous inspection to ensure an effective system was in place to review people's care.

An effective quality monitoring system was still not in place. Medicines audits were carried out; however, no other audits were completed to check that staff were following best practice guidelines and that the service was delivered safely and effectively.

Although we identified continued shortfalls in all aspects of the service, people and relatives spoke very

positively about the care and support provided. One person told us, "They are very caring, I wouldn't want to be without them."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 9 August 2019) and there were multiple breaches of regulation. We issued a warning notice following this inspection, in respect of the breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, highlighting to the provider that they needed to improve. The provider completed an action plan which stated what they would do and by when to improve. At this inspection action had not been taken to improve and the provider was still in breach of the regulations.

The service has been rated requires improvement at the last four inspections.

#### Why we inspected

We undertook this focused inspection to check the provider had met the requirements of the warning notice, followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which are the key question areas in which the warning notice and requirement notices were issued following our last inspection.

The rating from the previous comprehensive inspection for the Key Question Caring, which was not looked at on this occasion was used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cheviot Care Limited on our website at [www.cqc.org.uk](http://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 will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safeguarding people from abuse, safe care and treatment, recruitment, training and good governance. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

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

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

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# Cheviot Care Limited

## 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.

#### 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. The registered manager was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We announced the inspection. This was because it is a small service and we needed to be sure that the registered manager/provider would be in the office to support the inspection.

Inspection activity started on 14 October 2020 and ended on 10 November 2020. We visited the office location on 14 and 21 October 2020.

#### 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. We used the information the registered manager/provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager/provider and a care worker.

We reviewed a range of records. This included people's care records, medicines records, one staff member's recruitment file and all staff training files.

After the inspection

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

# 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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm. This is the fourth consecutive inspection where breaches have been identified in this key question and the fifth inspection the provider has failed to achieve a rating of good in this area.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection an effective system was not in place to assess and monitor risks. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Action had not been taken to improve and the provider remained in breach of regulation.

- An effective system to assess and monitor risks was still not in place. Risks relating to Covid-19 had not been assessed and documented. Timely action had not been taken in relation to moving and handling to make sure risks to people in receipt of care were identified and documented.
- Lessons had not been learned from previous inspections and the necessary improvements had not been made.
- Systems were not in place to prevent cross infection. Staff had not completed training in respect of the management of the Covid-19 virus and the correct use of PPE to minimise the risks of cross contamination. Staff were unable to access up to date policies and procedures relating to infection control and Covid-19 because of ongoing technical difficulties.

The failure to appropriately and effectively assess, monitor and manage risk was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Safe care and treatment.

Following our inspection, the registered manager/provider told us that staff had completed training related to Covid-19 and the use of PPE. In addition, they said that staff now had access to up to date policies and procedures.

Systems and processes to safeguard people from the risk of abuse

- An effective safeguarding system was not fully in place. One incident had not been referred to the local authority safeguarding adults team, in line with set protocols for their assessment and possible investigation. In addition, records were not available to demonstrate that one staff member had completed safeguarding training. This was identified at our previous inspection.

The failure to have an effective system in place to safeguard people from the risk of abuse was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safeguarding people from abuse and improper treatment.



- Whilst we identified shortfalls with the systems in place to safeguard people from the risk of abuse; all people we spoke with said they felt safe with the staff who supported them.

## Staffing and recruitment

At our last inspection an effective recruitment system was not in place. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of regulation.

- Recruitment checks were not in line with legal requirements and therefore recruitment at the service was not safe. Action had not been taken following our last inspection to ensure effective recruitment systems including appropriate vetting checks, were in place.

The failure to check that staff were suitable to work at the service was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Fit and proper persons employed.

- Whilst we identified shortfalls with the recruitment system, all people and relatives spoke very positively about staff. One relative stated, "They're a group of really nice girls who are always there and always cheery and reliable."
- There were enough care staff deployed to meet people's needs. However, there were insufficient management hours to oversee and monitor the safety and quality of the service. The registered manager/provider worked full time providing care and support to people.

## Using medicines safely

At our last inspection we identified concerns with medicines management. There was no evidence that one staff member had completed medicines training and medicines competencies had not been recorded. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection action had been taken to improve and the provider was no longer in breach of Regulation 18 in relation to this key line of enquiry.

- Medicines were managed safely. People told us they received their medicines as prescribed. Records were available to document that all staff had completed medicines training. Medicines audits and checks were carried out.

# 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 requires improvement. At this inspection this key question has remained the same. 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

- Assessments of people's needs were not always completed. Records did not always reflect the care and support which was provided. We had identified this at our last inspection as being a concern and this had not been addressed.

The failure to ensure care records were well maintained was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Staff support: induction, training, skills and experience

At our last inspection an effective system was not in place to ensure staff were suitably trained. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Action had not been taken to improve and the provider remained in breach of Regulation 18.

- An effective system to ensure staff were suitably trained was still not fully in place. Staff had not completed specific training in relation to the management of the Covid-19 virus and the use of PPE to help prevent cross infection.
- We identified concerns relating to safeguarding, the management of risk and the maintenance of records. Further training was needed in these areas to ensure staff were suitably trained and had the skills to carry out their roles effectively.

The lack of staff training was a continued breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Following our inspection, the registered manager/provider told us that staff had completed training in relation to Covid-19 and the use of PPE.

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

- People were supported with eating and drinking where this was part of their plan of care.
- Information about people's dietary needs was included in their care records.

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

- People were supported to access professional health care support where necessary, to ensure their health needs were met.

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.

- The registered manager/provider was aware of the Mental Capacity Act (2005). She said no one using the service was subject to any restrictions placed on them by the Court of Protection.
- Information about people's capacity to make specific decisions was not fully recorded in people's care files.
- People told us they were asked for their consent before care and support was provided. Written consent was available in most of the files we viewed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, records relating to people's care and support were not well maintained. Care records were not always detailed and did not always fully reflect the care which was provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Action had not been taken to improve and the provider remained in breach of Regulation 17.

- Care records continued to lack detail and did not always fully reflect the care which was provided.
- Action had not been taken since our previous inspection to ensure an effective system was in place to review people's care. Reviews of people's care and any changes in their needs were still not documented.

The failure to ensure care records reflected people's care was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Following our inspection, the registered manager/provider told us that she had updated people's care records.

- Weekly staff meetings were carried out. People's needs were discussed during these meetings.
- Despite the shortfalls and omissions we identified relating to care records, people and relatives spoke very positively about the care and support provided. One person said, "They are wonderful, they treat me as if I was the only person they look after, so I always feel utterly looked after."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported with their social needs within their own lifestyles, where this was part of their plan of care.

Improving care quality in response to complaints or concerns

- None of the people or relatives we spoke with raised any concerns or complaints. They were very complimentary about the service. One relative said, "I have to say I can't fault them one little bit. I am thrilled with them, they are wonderful." The registered manager told us that no complaints had been received since the previous inspection.

# 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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A system to ensure regulatory requirements were met was still not in place. We have carried out nine inspections of the service since the provider first registered with CQC in 2011. The provider was in breach of relevant regulations at five of the nine inspections. A warning notice was issued following our last inspection. The requirements of the warning notice had not been met.
- We identified continued shortfalls with care records, recruitment, the management of risk and staff training. Medicines audits were carried out; however, no other audits were completed to check that staff were following best practice guidelines.
- Staff were unable to access up to date policies and procedures because of ongoing technical difficulties.
- The registered manager/provider told us that one of the main issues was finding time to carry out management tasks because they were involved in care delivery.

The failure to have an effective governance system to monitor the quality and safety of the service was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Following our inspection, the registered manager/provider told us that staff now had access to up to date policies and procedures and that people's care records had been updated.

- Despite the shortfalls and omissions we identified regarding the service's governance, all people and relatives spoke very positively about the care and support provided. One relative said, "The lasses are great, I was over the moon – it's brilliant. It's been a weight off my mind and they are spot on with turning up."

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

- A system was in place to involve people and staff in the running of the service. Surveys were carried out and weekly staff meetings were held.

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 registered manager/provider was aware of their responsibilities under the duty of candour. They were open and honest throughout the inspection and recognised the continuing shortfalls and told us these would be addressed.

#### Working in partnership with others

- The service was part of the local community. Staff and people lived in the same area, so they shared a common knowledge of the amenities and events in Wooler and the surrounding areas.

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  An effective system to assess, monitor and mitigate risks was not in place. Risks relating to infection control had not been assessed. Regulation 12 (1)(2)(h).

### The enforcement action we took:

We took urgent enforcement action and imposed conditions upon the provider's registration relating to infection prevention and control.

We issued a notice of decision to cancel the registered manager and provider's registration with the Care Quality Commission. Their registration was cancelled on 8 June 2021.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  An effective system to ensure people were safeguarded from abuse and improper treatment was not fully in place. Regulation 13 (1)(2)(3)(6)(b).

### The enforcement action we took:

We issued a notice of decision to cancel the registered manager and provider's registration with the Care Quality Commission. Their registration was cancelled on 8 June 2021.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  An effective system to monitor the quality and safety of the service was not in place. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(f).

### The enforcement action we took:

We issued a notice of decision to cancel the registered manager and provider's registration with the Care Quality Commission. Their registration was cancelled on 8 June 2021.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and

proper persons employed

An effective recruitment system was not in place to ensure fit and proper staff were employed. Regulation 19 (1)(2)(3)(a).

**The enforcement action we took:**

We issued a notice of decision to cancel the registered manager and provider's registration with the Care Quality Commission. Their registration was cancelled on 8 June 2021.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  An effective system to ensure staff were suitably trained was not fully in place. Regulation 18 (2)(a).

**The enforcement action we took:**

We issued a notice of decision to cancel the registered manager and provider's registration with the Care Quality Commission. Their registration was cancelled on 8 June 2021.