

Certain Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Certain Care Ltd is a domiciliary care agency. It provides personal care to 10 people living in their own homes in the community. Certain Care Ltd supports people with a range of health and social care needs, such as people with a physical disability, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independence in their homes. 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

Certain Care Ltd provides a service to people living in the areas of Buckinghamshire and other parts of the country. On the whole, people were happy with their care.

We identified significant concerns in respect to people's safety. The provider had not been carrying out routine testing of staff for COVID-19. Furthermore, systems and processes designed to recruit staff safely, and to identify and act on potential incidents of abuse had not been followed.

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. However, these systems had not ensured the areas of improvement identified at this inspection had been acted upon and prevented.

The provider had not notified the Care Quality Commission of specific incidents in line with the requirements of their registration.

Systems were in place for the recording of incidents and accidents. However, we could not see evidence that incidents and accidents were followed up, monitored and analysed over time to recognise any emerging trends and themes, or to identify how improvements to the service could be made.

Feedback from stakeholders was that the provider did not engage effectively with them and we could not be assured that the provider's responsibilities under of Duty of Candour were being met. The DoC is a regulation that all providers must adhere to. Under the DoC, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

People told us they were happy with the care they received and their needs were met. People's medicines were managed appropriately and staff told us they felt supported in their roles and said they liked working at the service.

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; the policies and systems in the service supported

this practice.

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 22 May 2018).

Why we inspected

We received concerns in relation to the service not identifying or acting on potential incidents or abuse or harm. 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.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

Follow up

We will request an 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.

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 infection prevention and control (IPC), systems and processes designed to recruit staff safely, identifying and acting on potential incidents of abuse and systems of quality monitoring and governance.

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.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Certain Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of 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 (CQC). Registered managers 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

The inspection was announced. The provider was given short notice of inspection. This was because the location provides a domiciliary care service and we wanted to be sure that someone would be in to speak with us.

What we did

On this occasion we did not ask the provider to send us 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 reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection

We reviewed a range of records. This included eight staff recruitment files, training records, accident and incident recording, and records relating to the management of the service. We also viewed a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed four people's care records. We spoke with four members of staff, including the provider and care staff. During our inspection we spoke with five people and two relatives over the telephone.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further documentation and assurances around care delivery. We sought urgent assurances around the testing of staff for COVID-19.

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 deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

- People and staff were not protected from the risk of infection. The provider had no formal systems in place to routinely test staff for COVID-19. Some staff were voluntarily testing themselves before supporting people. However, the provider had not followed published Government guidelines and ensured that all staff test themselves weekly to ensure they were safe to work with vulnerable people.
- The registered manager was unaware that weekly testing was required, and did not have procedures in place to ensure that staff had access to testing kits. There was also no formal system or contingency plan in place to monitor results and re-allocate staff, should staff test positive and need to self-isolate.
- Policies and procedures for controlling infection were relevant and up to date. However, they were not being followed by the provider.
- When we raised these issues with the provider, they immediately put a system of testing in place. However, people and staff had been placed at significant risk of harm.

The provider had not ensured they had effective systems and processes to assess the risk of, detect, prevent and control the spread of infection. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with demonstrated their understanding of good hygiene practice and told us how they used personal protective equipment (PPE) such as aprons and gloves to keep people safe. There was a good supply of PPE available for staff. People we spoke with during the inspection told us staff wore PPE when assisting them in their home.

Systems and processes to safeguard people from the risk of abuse

- People had been placed at risk of harm or abuse. People said they felt safe and staff made them feel comfortable. One person told us, "I feel very safe, I'd be lost without her [care worker]."
- However, we saw the provider had received evidence that alleged abuse may have taken place. The registered manager had not acted on this information and had not raised the issues with the appropriate authorities.
- Furthermore, the registered manager had not followed procedures to safeguard people from abuse. For example, protecting people using the service whilst any allegation of abuse is being investigated.
- Information relating to safeguarding and what steps should be followed if staff witnessed or suspected abuse was available. However, the registered manager had not followed their own policies and procedures in relation to safeguarding people from abuse.
- We raised these issues with the registered manager who agreed they had not followed their own policy and procedures, and they retrospectively raised safeguarding alerts with the relevant Local Authority.

The provider did not have effective systems and processes in place to ensure that people were protected from abuse and improper treatment. This is a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety. Staff also knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

Staffing and recruitment

- People were placed at risk of receiving unsafe care, as appropriate recruitment processes had not been followed. Staff had not routinely been recruited in line with safe practices.
- We requested to look at 10 staff files. Six files we looked at contained the required information and checks. However, two files were missing relevant information, such as evidence of references and Disclosure and Barring Service (DBS) checks taking place. A further two files we requested were not made available to us. The registered manager told us that these files had been lost.
- We gave the registered manager time to provide us with the required files and missing information. They provided us with confirmation of one DBS check that we couldn't see on the day of inspection. However, no other evidence that we requested was provided.

The provider had not ensured they had robust recruitment procedures in place, including undertaking relevant checks to ensure that staff employed were of good character and deemed appropriate to provide safe care and treatment to people. This is a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Enough skilled and experienced staff were employed. Feedback from people and staff stated they felt the service had enough staff to meet people's needs, and they received regular care staff, with any changes to times passed onto them. Our own observations and feedback received supported that the service employed an adequate number of staff.

Learning lessons when things go wrong

- Staff understood the importance of recording all incidents and accidents. Documentation included information on the time, location, nature of the incident/accident and who was involved.
- However, we could not see evidence of what further action had been considered or taken place subsequently to mitigate the risk of re-occurrence and keep people safe. We have identified this as an area of practice that needs improvement.

Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely. One person told us, "She does my tablet in the morning without fail."
- Medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Assessing risk, safety monitoring and management

- Risk assessments had identified hazards and guided staff on how to reduce or eliminate the risk and keep people and staff safe. For example, an environmental risk assessment included an analysis of a person's

home inside and outside. This considered areas such as the risk of trip, slip or fall for either the person or the staff member.

- Staff sickness or lateness was covered by other staff employed at the service and agency staff would be used if required.
- The service planned for emergency situations, such as inclement weather. Additionally, the service operated a 24 hour on call service to support both people and staff.

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 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 are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems of quality monitoring and governance had not ensured that people received care that met their needs and preferences, nor drove improvement. The provider had failed to identify and rectify significant issues in relation to infection prevention and control, safeguarding people from abuse or harm, and following appropriate recruitment procedures.
- The registered manager had not kept up to date with changes to legislation and guidance in respect to COVID-19.
- Records requested relating to staffing and the management of the service were not available or forthcoming.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles. However, these had not routinely been followed by the registered manager.
- The provider had not sent statutory notifications to the CQC which had needed to be submitted. A notification is information about important events which the provider is required to tell us about by law. We saw evidence that details of notifiable incidents had not been sent to the CQC in line with the requirements of the provider's registration.
- We raised these issues with the registered manager, who immediately implemented a system to test staff for COVID-19 and monitor the results. They retrospectively raised safeguarding alerts with the relevant Local Authority and were implementing systems to improve record keeping, and update themselves on current legislation and best practice guidance.

The provider had not ensured they had effective systems and processes in place to assess and monitor the quality of their service, and to make sure this happened at all times and in response to the changing needs of people who use the service. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others; 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 had not liaised adequately with other organisations. For example, safeguarding alerts had not been raised with the relevant Local Authorities when required feedback we received from Local Authorities and other stakeholders such as the Coroner reflected that the provider did not engage with them in an effective and transparent way.

- The registered manager had not always routinely followed their responsibilities under the Duty of Candour (DoC). For example, we were aware of a recent incident of alleged abuse and dissatisfaction with the care delivered. The provider had not investigated this incident or followed their policy in respect to DoC.
- We have identified the above as areas of practice that require improvement.

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

- People's told us that on the whole they got on well with the care workers who came to see them and they thought the service was well led. One person told us, "I can't fault them, they go above and beyond for me." A relative added, "I've got a lot of time for [registered manager], they've made a positive difference to us and my [relative]."
- Staff commented they felt supported and had a good understanding of their roles and responsibilities. A member of staff told us, "I am very happy working here. I have no problems at all. I can speak to [registered manager] at any time."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were actively involved in their care and developing the service. One person told us, "They do as I ask, nothing is too much trouble." A relative added, "They listen to us and they care for [my relative] very well, what more is there to add."
- The service had a good emphasis on team work and staff commented that they all worked together and approached concerns as a team. One member of staff told us, "We support each other and always have cover for staff."
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured they had effective systems and processes to assess the risk of, detect, prevent and control the spread of infection.</p> <p>Regulation 12(1)(2)(h) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

The provider had not ensured they had effective systems and processes to assess the risk of, detect, prevent and control the spread of infection.

We have issued a Warning Notice which details a specific time frame for the provider to improve in respect to Regulation 12(1)(2)(h) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have effective systems and processes in place to ensure that people were protected from abuse and improper treatment.</p> <p>Regulation 13(1)(2)(3) (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

The provider did not have effective systems and processes in place to ensure that people were protected from abuse and improper treatment.

We have issued a Warning Notice which details a specific time frame for the provider to improve in respect to Regulation 13(1)(2)(3) (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure they had effective systems and processes in place to assess and monitor the quality of their service, and to make sure this happens at all times and in response to the changing needs of people who use the service.</p> <p>Regulation 17(1)(2)(a)(b)(d)(e) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

The provider had failed to ensure they had effective systems and processes in place to assess and monitor the quality of their service, and to make sure this happens at all times and in response to the changing needs of people who use the service.

We have issued a Warning Notice which details a specific time frame for the provider to improve in respect to Regulation 17(1)(2)(a)(b)(d)(e) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured they had robust recruitment procedures in place, including undertaking relevant checks to ensure that staff employed were of good character and deemed appropriate to provide safe care and treatment to people.</p> <p>Regulation 19(1)(a)(2) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

The provider had not ensured they had robust recruitment procedures in place, including undertaking relevant checks to ensure that staff employed were of good character and deemed appropriate to provide safe care and treatment to people.

We have issued a Warning Notice which details a specific time frame for the provider to improve in respect to Regulation 19(1)(a)(2) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.