

Mr Murphy Cole

Regional Care Peterborough

Inspection report

Unit 4, Orton Enterprise Centre
Bakewell Road
Peterborough
PE2 6XU

Tel: 01733838300

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18 November 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Regional Care Peterborough is a domiciliary care agency providing personal care to 70 older people and younger adults aged 18 and over 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

There was a lack of managerial oversight at the service and the provider's monitoring process did not look effectively at systems throughout the service and lessons were not learnt. This led to issues and shortfalls in many areas. Staff recruitment checks were not fully obtained before new staff started working. Staff deployment meant that people did not always receive their care in a timely way. Care plans were not written in enough detail to provide guidance to staff if they did not know the person well. Information about people's wishes was not recorded, even when it was known.

Risks to people were identified and managed safely and staff knew who to contact if they had concerns that people had experienced harm. There had been some improvement in medicines management, although there was a lack of advice about medicines administered through a patch on people's skin. Staff used appropriate equipment and clothing to reduce the risk of infection.

People were cared for by staff who had received training needed to care for people. However, this training was not always checked to make sure staff understood the specialised training they had been given. Staff had details if they needed to contact health care professionals and made sure they asked people's consent before caring for them. People were supported to eat and drink if they needed this.

Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies in the service supported this practice, however records had not been updated to show where best interest decisions had been made.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care. People's right to privacy was maintained by the actions and care given by staff members.

People were happy that their personal care needs were met and they were happy with the care they received. A complaints system was in place.

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 9 January 2018).

Why we inspected

The inspection was prompted in part due to concerns received about missed and late calls to people. A decision was made for us to inspect and examine those risks.

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

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

Enforcement

We have identified breaches in relation to staff deployment, staff recruitment checks, planning people's care, and monitoring the quality and risk of the service, at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Regional Care Peterborough

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

This inspection was carried out by three inspectors.

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

Inspection activity started on 7 November 2019 and ended on 18 November 2019. We visited the office location on 7 November 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff by telephone or in person, including the provider/registered manager, office staff, senior care workers and care workers. We received written responses to questionnaires from 13 care staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits of the home.

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

Using medicines safely

At our last inspection we found concerns that one person's medicine records did not contain enough information to guide staff in supporting the person with their medicines. Changes had been made to one medicine, but staff had not recorded where the instructions had come from and audits did not always identify issues.

- At this inspection we found that there was an improvement with guidance for staff who applied medicated creams. However, staff had no guidance about how to safely administer medicines through patches applied to the skin. We spoke with the registered manager who told us that a body chart was available at the person's home but that position changes of the patch only covered a seven-day cycle. This did not follow the manufacturer's guidance to prevent possible adverse effects from applying patches to the same place too frequently. This put people at risk of their medicines not being as effective as intended.

Staffing and recruitment

- Staff recruitment practices were not safe as pre-employment checks were not completed before new staff started working with people. This did not provide assurances that new staff were suitable to work with people who were vulnerable. Gaps in staff employment histories had not been explored. Neither had verification of staff conduct in previous care roles or reasons for leaving previous care positions been sought.

The lack of robust recruitment checks meant that the provider could not demonstrate that only suitable people were employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff on duty to support people, although the deployment of those staff did not ensure people received care when they needed or expected it. We received information of concern before this inspection from the local authority about late and missed care visits. People and relatives gave us varied views on staffing levels. Most people told us staff stayed for the expected amount of time, although they also said that staff often did not arrive on time. This could be up to an hour late and people were not told this would happen.

- Visit records for one person showed their morning call time, which was supposed to start at 8.30am, could vary between 7am and 10.15am. On two consecutive days the calls were 7am and 10.15am. In a two-month period staff arrived over half an hour early 18 times and over an hour late 14 times. This did not provide the person with care that met their mental health needs.

The lack of consistent deployment of staff meant that people did not receive care when they needed it. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- There were opportunities for lessons to be learnt. However, we found issues that the registered manager should have been able to identify, change and learn from, although they had not.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person's relative told us their family knew staff quite well and that, "It's the continuity that gives security."
- Staff understood what to do to protect people from harm and how to report concerns. Staff told us they had training and information about safeguarding and knew where to go for further advice. However, the registered manager confirmed that not all staff had received this training and they would arrange for these staff to complete it as soon as possible.

Assessing risk, safety monitoring and management

- Most risks to people were assessed, monitored or actions taken to ensure people were safe. Staff had assessed risks to people's health and welfare such as moving and handling and falls.
- Risk assessments in relation to people's environment had not always been completed. Only one risk assessment had been completed and this identified issues. This put people at risk of harm.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection. Staff members and relatives told us staff used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- Staff members received supervision and this, together with checks by the registered manager and office staff, provided them with support. However, issues identified with some staff practice during these sessions were not always acted upon and they continued to provide care in the same way.
- Most people and relatives told us staff had the skills needed to care for people. However, one person said they had to tell staff exactly how their care should be given. A relative told us that they often had to intervene when staff performed some of the more complex procedures, as these were not always carried out correctly.
- Staff received training when they first started working for the service and they confirmed they had completed the care certificate. This is a nationally recognised qualification for care staff. Some staff said they had also received training for specific health conditions and complex procedures, such as tracheostomy care and PEG feeding (providing nutrition through a tube into the stomach).
- Staff records showed that staff had received training in key areas, such as infection control, basic life support, lone working or moving and handling. Specific training, such as tracheostomy care, had been provided to staff who cared for people with these needs. However, competency checks had not been completed on all specialised training to show that the staff members' knowledge and understanding of the subject was at an acceptable level.

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

- Staff completed an assessment of people's needs before they started using the service. However, this information was not detailed and did not explain how long-term conditions affected the person. They considered information from social care professionals when assessing and planning people's care. However, up to date information about people's ongoing health needs had not been identified; guidance from national organisations or health professionals had not been obtained.
- Staff did not know what some of the health conditions people lived with were, or how these might affect them. This meant people were at risk of not receiving appropriate support for their health conditions.

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

- People were supported to eat and drink if this was needed. However, staff did not always have enough information in care plans to know when or how they were to support the person with drink and meal preparation. Staff had information about one person's PEG feeding regime, although there was nothing in another person's records about their feeding regime. They had some information about the person's

preferences and cultural needs, but not all plans showed who was responsible for food preparation.

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

- Staff had access to information from health care professionals (where people were happy to disclose these details) and they followed this advice, which was included in people's care records. They also contacted health care professionals for advice, however this contact and any advice they received was poorly recorded in people's care plans.
- During our visit to the service's office we heard advice being given to a staff member about a person who had become unwell. The advice was appropriate and gave clear instructions to the staff member on how to liaise with other agencies. This provided the person with consistent care and allowed the staff member to relay information about the person to the other providers of care.

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.

- People were supported by staff who understood the principles of the MCA, although they had not all received training in this area. They knew about the principles of the Act but only a few staff explained how they would put these into practice. However, one person said staff, "Always ask my permission" and a relative also told us that staff gained consent from their family member before providing care.
- There were few people using the service who were did may not have capacity about receiving care. However, there was not enough information in care records to guide staff in supporting people to make any decisions.
- No applications had been made to the Court of Protection to deprive the person of their liberty. The service kept information about whether people had lasting power of attorney and which area this was in.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated kindly by staff, one person said, "They are very careful helping me." They went on to tell us staff were, "Nice and friendly." Other people told us that staff were, "Very friendly and able" and "Amazing care staff." Relatives also praised the staff, with comments such as, "[Staff] always treat my wife well", "We have got a couple of excellent care staff" and "They do things carefully."
- Staff treated people kindly; they showed concern for them when we were speaking with them and described how they made sure the person had everything they needed. They were aware of people's individual needs and preferences. People and relatives also told us most staff knew their care needs and how they wanted to be cared for.

Supporting people to express their views and be involved in making decisions about their care

- People told us that staff involved them in their care decisions and how they preferred to have their care given. One person told us, "They listen to me ... We have a chat about how my care is going." Staff said they would support people to make decisions by giving them choices, if they had difficulty making decisions. Or discussing people's need with them and being guided by what the person wanted.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected them. One person said, "[Staff] uphold my privacy, dignity and confidentiality." Another person told us, "They treat me with dignity." Relatives also said that staff their family member's privacy and dignity by covering them up and making sure door and curtains were closed when giving personal care. Staff members responded similarly when we asked them how they protected people's privacy and dignity.
- People's confidentiality was maintained; records were kept securely in the service's office location.

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 as good. At this inspection this key question has now deteriorated to requires improvement. 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

- One person's relative told us that staff did not always know how to perform complex procedures. They had to intervene when staff had caused pain and distress during one procedure because suction equipment was turned too high.
- People had care plans in place, although there was not enough detail to guide staff and no information about what the person could do for themselves. Only one care plan for personal care was written in enough detail that staff had clear instructions about how to complete this. Other guidance, particularly those for long-term health conditions and complex procedures, such as suctioning or tracheostomy care, was also not available. It failed to ensure that staff had current, at the point of delivery, guidance that detailed exactly how these procedures must be carried out.

End of life care and support

- Guidance was not available in the people's care records about their end of life wishes, although only one person was receiving end of life care at the time of our visit. The registered manager told us that they had not spoken with the people or their relatives in the event this care was needed.

The lack of written planning of how to meet care needs puts people at risk of receiving incorrect care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other people told us their care needs were met and most relatives told us they were happy with the care their family member received. One person said, "They know me well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were planned for and staff had guidance about how to meet these needs.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they were not happy with the care their family member received. Most people told us they had no concerns and one person said the service acted on any issues

they had.

- The service had received three complaints in the last 12 months, which had been investigated and satisfactorily responded to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were processes in place to monitor and assess the quality of the service and if it was operating safely. The registered manager and senior staff had completed audits to assess the service's records, although these did not identify issues. Nor did they identify actions required to address and improve these issues. One person had received morning calls at any time within a three and a quarter hour timeframe. However, the audit of this person's records stated that these visits had been at a consistent time. These audits stated no action was needed.
- A new electronic call monitoring system had been installed, however none of the information provided had been analysed in regard to call times. We looked at the information, which showed which staff had not used the system. These were the consistently the same staff, although nothing had been done to address this. This meant that the lack of planning of care, robust staff supervision, poor recruitment practices, inconsistent staff deployment were not always identified and not acted upon robustly enough.
- We found concerns in a number of areas that show the registered manager did not have an understanding of their responsibilities. Some of these resulted in a breach of regulation and some of these were not good practice. They indicated there was not enough oversight of the risks to people, or evaluation and improvement to the service.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standard occur, the provider's systems would not pick up issues effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a registered manager in post. Regional Care Peterborough had clear lines of responsibility to manage the care and support people needed.
- The registered manager complied with legal requirements for duty of candour; they displayed their rating in their office but not on their website. We spoke with the registered manager and this was rectified following our inspection visit.

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

- Staff were committed to providing good care and support to people and we received many positive comments about the care team. Staff told us how they made sure the person received the care they needed, and how they made sure this was how the person wished to be cared for.
- Staff told us that the registered manager communicated well with them and they had regular contact with office staff, which provided them with the opportunity to discuss any concerns or issues.

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

- A relative told us they had received a questionnaire to provide their view of how the service was working. They had also been visited by office staff to complete spot checks and discuss with them whether they were happy with the service. A survey was carried out in September 2019 of people's and relatives' views of the service. Between a quarter and a third of people responding were less happy with the service they received. This was primarily because of late visits.
- Staff told us that they spoke with the registered manager regularly, which gave them support and information was shared quickly with them.

Working in partnership with others

- Staff did not always work well in partnership with other organisations, such as the local authority. We received information prior to our inspection from the local authority that they had found it particularly difficult to arrange visits to the service.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The lack of written planning of how to meet care needs puts people at risk of receiving incorrect care.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standard occur, the provider's systems would not pick up issues effectively.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The lack of robust recruitment checks meant that the provider could not demonstrate that only suitable people were employed.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The lack of consistent deployment of staff meant that people did not receive care when they needed it.

