

Mr Peter Paul Hunter

# Caring for You

## Inspection report

The Old Bakery, 158 Bridge Road  
Horbury  
Wakefield  
West Yorkshire  
WF4 5NR

Tel: 01924271132

Date of inspection visit:  
04 June 2021

Date of publication:  
16 August 2021

## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Caring for You is a domiciliary care agency which provides care to people in their own homes. Not everyone who uses this service receives 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. At the time of our inspection we were not able to determine how many people were receiving personal care. This was because we were given conflicting information and the registered provider was unable to confirm.

### People's experience of using this service and what we found

Risks to people were not adequately assessed, mitigated or monitored to ensure the safe delivery of care. Recruitment procedures were not followed and staff were employed without any evidence of interview or suitability checks carried out.

Since the last inspection, some staff had undertaken training in the form of e-learning, but this was insufficient to ensure all staff had the necessary skills to support people with their specific needs. There was no evidence of any competency checks carried out to ensure staff were able to safely provide care.

People and relatives were mostly positive about the way the care staff supported them in their homes.

The registered provider had not taken sufficient action to address the issues and breaches of regulations raised at the last inspection. Policies and procedures were not up to date or reflective of practice. The registered provider lacked oversight of the service delivery and there were no robust systems and processes to assure the quality of the care provided.

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 and there were breaches of regulations in relation to people's safe care, staffing, recruitment and good governance, including record keeping. The registered provider completed an action plan to show what they would do to improve. At this inspection we found limited evidence of improvements and there were continued breaches in the regulations.

### Why we inspected

This focused inspection was prompted in part due to concerns received about safeguarding people from the risk of financial abuse. A decision was made for us to inspect and examine those risks, as well as to check the registered provider had 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 and Well-led which contain those requirements.

We have found evidence that the provider needs to make improvements. Please see further information in this full report.

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

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 Caring for You 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 continued breaches in relation to people's safe care, staffing, recruitment and good governance, including record keeping at this inspection.

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

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 work with the 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 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?**

The service was not safe.

Details are in our safe findings below.

**Inadequate** ●

### **Is the service well-led?**

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Caring for You

## 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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service is not required to have a manager registered with the Care Quality Commission because the registered provider runs the service. This means the registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 4 June 2021 and ended on 22 June 2021. We visited the office location on 4 June 2021.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority, CCG and safeguarding team. 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 in making our judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and five relatives on the telephone, about their experience

of the care provided. We spoke with the registered provider and one of the care managers on site, and a further eight members of staff by telephone. We continued to seek clarification from the provider to validate evidence found. We reviewed a range of records, including two people's care records. We looked at five staff files in relation to recruitment. We reviewed records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and requested further information in relation to recruitment and training.

# 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 deteriorated to inadequate. This meant people were at risk of avoidable harm.

### Staffing and recruitment

At our last inspection the registered provider did not have in place safe systems of staff recruitment. 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 was still in breach of regulation 19

- The registered provider told us no new staff had been recruited since the last inspection. However, a check of staff recruitment records identified two staff members had been recruited in March 2021.
- There was no record of any interviews having taken place prior to starting in employment in the five staff files we saw. The office administrator and the care manager told us staff recruitment did not include a face-to-face or virtual on-line interview. The care manager said, "We don't do interviews, [registered provider] sorts out who is starting." The same care manager also told us, "I don't have a specific job description."
- Two members of staff we spoke with could not recall having an interview, but said they had had a discussion with the registered provider about hours of work and what the job entailed.
- One staff member had received a verbal reference from a colleague already working at the location. The office administrator confirmed only one written reference had been sought and there was no written record of what the verbal reference contained.
- The care rota showed two individuals who had not been included on the care staff list given to us, although they had provided care and support to people. Their staff recruitment records showed one had a DBS check from 2010 and there were no references obtained. The other record showed there had been no references obtained. There was no evidence of interviews having been completed for either of these members of staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff were recruited safely. This placed people at risk of harm. This was an issue at the last inspection and was therefore a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection staff were not always supported with an induction, supervision and role specific training, to ensure they had the knowledge and skills to safely support people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18

- There were insufficient processes to ensure staff were suitable to provide care safely.
- In two staff files we looked at, there was a one-page record of an induction discussion, however both of these records had been signed and dated by the care manager and not the staff member. This meant it was difficult to determine if the induction form discussion had taken place. Three staff we spoke with were not sure whether they had had an induction and could not confirm whether they had seen a record of this.
- Staff induction records were indicative of these being a discussion only, covering various employment related procedures and there was no record of staff shadowing other colleagues before working independently, or having spot checks of practice by their line manager. Staff told us they were shown what to do by more experienced colleagues before working independently.
- We looked for evidence of regular staff supervision taking place. There was an absence of staff supervision records in the five staff personnel files we saw, and staff supervision was not delivered in line with the company's policy of six times per year. One member of staff did not know what supervision meant and could not recall having had any supportive one to one discussion about their work. Two staff said they had supervision, but they could not recall when this was last done, what had been discussed or whether there was a record of this.
- The registered provider and the care manager both told us they were unsure of how many staff were working for the organisation and had to check this with the office administrator. The registered provider was also unsure how many people were using the service, which is particularly concerning given the small size of the service.
- The staff training matrix showed 13 staff names but this did not include all staff who were involved in people's care and support. Staff had completed medication awareness, first aid and moving and handling theory. No practical elements of these topics had been done and the registered provider said this was due to the COVID-19 restrictions. There were gaps in the training matrix which showed staff had yet to complete their training and it was not clear how this was being monitored to ensure staff had the knowledge to support people safely.
- Where people needed particular support, such as with catheter care, no training had been completed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff had been supported with an induction, supervision and role specific training, to ensure they had the knowledge and skills to support people. This placed people at risk of harm. This was an issue at the last inspection and therefore a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider's safeguarding policy and procedure had not been reviewed or updated since 2015. Further policy documents, relating to fraud awareness and receipts of gifts, were in place but did not show how people were safeguarded from the risk of financial abuse.
- We were not assured the provider was adhering to their own safeguarding policy and procedures to ensure people were safe from the risk of financial abuse.
- The provider had introduced a recording system for staff to detail any shopping transactions, but there were no individual care plans or risk assessments in place for people if they needed this kind of support. This was an issue at the last inspection and a recommendation had been made but not acted upon.
- Staff knew how to report incidents and concerns, although not all staff, including the registered provider, had completed safeguarding training.

We found there was 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.

- People said they felt safe and relatives did not express any concerns about safety.

#### Assessing risk, safety monitoring and management

- Individual risk assessments were not always completed or lacked information for staff to support people safely. For example, one person's care record stated they were at high risk of falls, yet there was no information to show how this risk would be minimised. Another person's record showed they had a catheter, but there was no risk assessment or care plan to show how they should be supported.

#### Using medicines safely

- There were insufficient systems in place to ensure people were safely supported with their medicine. No individual risk assessments were in place and there was no information in care records to guide staff as to any signs people may need their medication, or any associated side effects.
- No protocols were in place for people's medicine if it was prescribed 'as required', for staff to understand when this might be needed or to ensure the safe spacing of doses. One person's records showed they needed an inhaler, but there was no supporting information about their related health condition, for staff to be aware of critical signs of this being needed.
- There was no evidence staff had been observed or assessed as competent to support people with medicines. This had been reported on at the last inspection, with no action taken to improve.
- Medicine audits were done by the care manager, although these did not always identify gaps in the medicine administration records (MARs) or look at the reasons for this.
- People and relatives said they had no concerns with their medicines support where this was needed. One relative said, "[Person] has their meds in a blister pack and they'll stay and watch, make sure they have an empty mouth so [person] can't hide them down the side of the sofa."

#### Learning lessons when things go wrong

- The provider had been in breach of regulations at the last inspection, although there was limited evidence of action taken to drive improvements. This is reported further in the well-led section of this report.

The above issues demonstrate a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- At the last inspection, no staff had completed infection prevention and control training. At this inspection, only two staff had completed this training.
- The care manager told us staff received updates on COVID-19 via an App on their mobile phones.
- The office premises had a sign on the entrance door indicating a maximum of three people at any time were allowed in. Desks and chairs had enough space between them to ensure social distancing was maintained.
- The care manager told us, "Staff call in to the office to collect personal protective equipment (PPE) and PCR weekly testing of staff is done. I'm normally in the office on my own so there is no need for mask but if more staff came in, I would wear one." Staff told us they engaged in regular testing and had a continuous supply of PPE. People and their relatives told us staff always wore PPE when carrying out their work.
- The registered provider told us the provider's infection prevention and control policy had been revised and said, "All staff are tested using a PCR test every week on Thursday or Friday. We have no lateral flow tests (LFT) tests being done at the moment and we have none in stock, but staff could always get them

themselves and I suppose we could get some."

# 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 deteriorated to inadequate. This meant there were 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

At our last inspection the registered provider did not have an effective system of governance in place to maintain and improve the quality and safety of the service and accurate and complete records were not always kept. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- We have identified breaches of the regulations related to people's safe care, staff training and supervision and staff recruitment in the safe section of this report.
- The only audits we could find were related to people's planned call times and the associated charges. The registered provider told us the care manager did audits of people's medicines but was unsure if any records were kept. Records showed audits of MARs were completed, although these were not robust. There was no evidence of any clear audits of care records, recruitment practices or policies and procedures.
- An effective system was not in place to ensure the risk of financial abuse to service users was mitigated. The registered provider told us, "I don't think we have put risk assessments in place for the protection of people's finances, but we have done training for staff on this. We have a policy for shopping and if people ask staff to get them something from the shop, we would not do this now due to the issues raised." Staff gave contradictory information and said they sometimes supported people with their shopping.
- Staff were not always recruited safely, and staff supervision was not completed frequently.
- The management team had not completed any staff observations during the COVID-19 period, and no records of observations or spot checks had been recently completed. The care manager told us no visits to people's homes had been carried out since the start of the COVID-19 period and no staff spot-checks had been done. However, the service had not contacted people by phone during this time to gain their feedback on the care provided.
- The registered provider's policies were out of date and some were contradictory. One policy referred to quality of care in the NHS and cited another care company, which was not relevant to Caring for You. The registered provider told us they had used other exemplars as a guide, but these had not been adapted to specifically support the service. We signposted the registered provider to sources of advice and support for developing policies and procedures.

- The current CQC provider certificate of registration and registered provider certificate were not displayed in the registered providers' office as required. At the last inspection, the provider's website had not included details of the last inspection ratings; this had been amended at this inspection and a link to the CQC website was included.
- The registered provider was unable to clearly answer several questions we asked, for example they were not sure on how many people were using the service, not sure whether audits of medicines were recorded and not sure how people's mental capacity was determined other than as part of the initial referral information received. The registered provider told us they had not made any additions or changes to the action plan submitted to CQC following the last inspection.

The provider was not able to demonstrate the competency required to carry on and manage the regulated activity. This is a breach of regulation 4 (Requirements where the service provider is an individual or partnership) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- No recent surveys had been undertaken by the service and the opportunity to gain feedback from people who used the service had been missed. Similarly, there had been no staff or relatives' surveys. One relative said, "They do contact me regularly to check everything is ok, but I haven't had a questionnaire or anything formally asking for my views."
- We received mixed feedback about the culture in the service. Where friends and family worked together, there was no evidence how this was being managed to ensure fairness and transparency, such as with recruitment processes. There had been no staff meetings since the last inspection, although staff told us they communicated regularly with one another via an app on their mobile phones.
- At the last inspection, there were significant shortfalls in how the service was being managed. Whilst we saw there had been some minor changes, there was very little evidence the provider had evaluated their systems and processes to ensure the breaches in regulations had been addressed.

We found no evidence that people had been harmed however, the registered provider did not have an effective system of governance in place to maintain and improve the quality and safety of the service and accurate and complete records were not always kept. This was a continued breach of regulation 17 (Good governance) 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; Working in partnership with others

- The registered provider was aware of their responsibilities under the duty of candour. At the last inspection they had not notified us of safeguarding incidents and did so retrospectively once we discussed this with them. We were aware of safeguarding concerns prior to this inspection, which the registered provider submitted a statutory notification for once this was discussed with them. The registered provider told us there had been no other incidents, accidents or complaints since the last inspection.
- Relatives said they felt staff kept them informed about matters affecting their family members. One relative said, "If anything goes wrong, they'll phone to let me know."
- People and their relatives said they were mostly happy with the way the service was run and had no reason to complain. One relative said they thought the service was well managed but the fees charged for shopping were unreasonable. They also said, "I just wish they'd cash my cheques quicker so I'd know where I am with my money."
- There was evidence in care records where staff had involved people's relatives or other health

professionals in support of people's care. Staff told us they were confident to work with others where necessary to help meet people's needs.