

SMART Care Plus Limited

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Inspection report

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12 April 2016

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We carried out this inspection on 11 and 12 April 2016. The inspection was unannounced and carried out by two inspectors. We needed to check whether the provider had met the requirements of the warning notices which we had issued to them on 11 February 2016. The warning notices were issued in respect of Regulation 19 (Fit and Proper Persons employed) and 17 (Good Governance) of the Health and Social Care Act 2008 and associated regulations 2014. This was because we had concerns about staff recruitment and how the provider ensured staff were of good character. We also had concerns about how the service was being managed and how the provider assessed, monitored and improved the quality and safety of services provided to people. On this inspection we found that the provider had not made the necessary improvements and that the service was now more unsafe for people than at our previous inspection. As a result of this we have serious concerns about the service and the provider and we are continuing with our enforcement pathway in relation to this service.

The service was a domiciliary care provider and provided care and support to people in their own homes. At the time of our inspection the service was providing support to about 20 people although the provider was unsure of the exact number.

The provider was also the Registered Manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was a follow-up inspection looking at the areas of 'Safe' and 'Well-Led' and in relation to the breaches highlighted above.

Prior to the inspection we had received concerns from a Whistleblower that a staff member was working for the service under a false name. We had also received similar concerns before our last inspection on 16 December 2015. The Whistleblower also raised concerns that the managers of the service were unapproachable and that staff worked long hours for little pay.

Over the weeks leading up to the inspection we had been gathering information from other professional bodies about the service. This included information from various Local Authorities who provided funds for people to receive care and support from the service. We had also liaised with the police and Home office Immigration department. This was because these departments had an interest in and concerns about the service. Prior to this inspection we had attended several 'safeguarding meetings' where all the relevant professionals met to discuss their concerns and share information about the service. We were made aware that all relevant professionals had on-going concerns about this service. The Immigration department were very concerned that some staff members were working for the service and were not legally entitled to work in the country. The police had set the start time of the first day of the inspection at 6am and had wanted all parties to start at this time due to the sensitive nature of their investigations.

We looked at staff files and found that people who used the service were not safe. This was because processes and systems were not followed to ensure that staff were recruited safely. Suitable references were not obtained because the identity and validity of referees was in question. The provider had not checked to see if staff members' names were included on the Disclosure and Barring System (DBS) list. This meant the provider could not be sure that staff were suitable to work with people in their own homes. The identity of some staff was also in question as the Immigration department knew that some staff were working for the service under false identification. Following this inspection the police looked through all the staff files and found more irregularities and discrepancies with staff recruitment.

People who used the service did not receive their calls on 11 April 2016. This had a major impact on people's safety and welfare as they did not receive their care. There was no one in the office to manage the service in the absence of the provider to ensure that people received safe and effective care.

We found that the service was not well-led. This was because the provider had not made the necessary improvements to assess, monitor and improve the quality and safety of services provided. In respect of the three staff members employed with positive DBS checks in place including serious criminal convictions/cautions, the provider had done nothing to mitigate the risks of these staff members supporting people in their own homes. The risk had, in fact, increased, as the two remaining employees (one staff member had left), were often working together as a pair visiting people's homes. Plus the provider had increased their status to 'supervisors', meaning they would be supervising other staff. We gave the provider opportunity to find the evidence and information we required and they told us they had this but then were unable to produce it. The honesty and integrity of the provider was also brought into question by the police as it was highlighted where the provider had been untruthful about a staff member working for them.

You can see what action we told the provider to take at the back of the full version of the report.

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. This was because the provider had not obtained the required information about staff members on recruitment. The provider could not be sure the staff they employed were of good character and safe and suitable to work with people in their own homes.

Inadequate ●

Is the service well-led?

The service was not well-led. The provider/manager had failed to make improvements to ensure they met with the requirements of the Warning Notice we had issued to them on 11 February 2016. Furthermore we identified more concerns about the culture, management and leadership in respect of how the service was managed

Inadequate ●

Smart Care Plus Limited

Detailed findings

Background to this 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 was planned to check whether the provider was 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.

The inspection took place on 11 April 2016 and 12 April 2016 and was unannounced.

The inspection was conducted by two inspectors. We carried out this inspection to check whether the provider had met the requirements of the warning notices which we had issued to them on 11 February 2016. The warning notices were issued in respect of Regulation 19 (Fit and Proper Persons employed) and 17 (Good Governance) of the Health and Social Care Act 2008 and associated regulations 2014. This was because we had concerns about staff recruitment and how the provider/manager ensured staff were of good character. We also had concerns about how the service was being managed and the providers/managers ability to assess, monitor and improve the quality and safety of services provided to people.

Prior to the inspection we had received concerning information from other organisations including the local authorities, the home office (Immigration) and the police. The organisations had raised concerns in respect of the validity and identity of staff working for the service. We had attended several meetings with these various professionals over the weeks leading up to our inspection. We had also received concerns raised by a whistle blower who was concerned about poor staff recruitment and staff working for the service using false names.

We looked at seven staff records including three staff members whom we had had concerns about at our previous inspection. Four staff records were pertaining to other staff employed by the provider. We looked at the staff rota for the week beginning 11 April 2016 and we spoke with one health care support worker over the telephone. We also spoke with the marketing manager over the telephone and attempted to speak with two other staff members who should have been on duty.

We spoke with four people who used the service over the telephone on the first day of the inspection to

check if they had received their care. They told us that they had not had their visits for that morning. The Local Authority took people's care files to ensure that provision was made for their care and welfare.

Is the service safe?

Our findings

We looked at four staff files relating to staff who had been recruited by the provider in order to follow up on the warning notice we issued to the provider on 11 February 2016 in respect of the breach of Regulation 19 (Fit and proper person Employed). We wanted to check to see if the provider had made the required improvements in order to comply with this Regulation.

We looked at four staff records whose names appeared on the staff rota as providing care on 11 April 2016. We found that three of the four staff records did not contain the evidence needed to show these three staff members were suitable to work with people living in their own homes. There were discrepancies with references for all three staff members as some referee names did not match the referee names supplied and did not match referee signatures. When only one reference had been supplied there was no record that showed why a reference had not been sought/received from the named second referee.

We also had concerns that staff were working for the service with no current Disclosure and Barring Service (DBS) check in place. A DBS is a check employers can and must use to see if people have been barred from working with adults and/or children. The check also identifies whether the person has any criminal records. For example one staff member's records contained a DBS check dated 9 September 2013 and a Disclosures Scotland check dated 24 May 2014. Both of these checks preceded this staff member's employment at the service which meant the provider had not checked their suitability to work with vulnerable people. A post it note was found on the front of staff member one's DBS check stating, 'This is outdated'. This showed the provider had previously recognised there was no up to date DBS check for this staff member, but had not acted upon it. On 12 April 2016, we asked the provider if they had requested a DBS check for this staff member. They confirmed they had not. We asked how they were managing the risks associated with not being able to confirm the staff member was suitable to work with people living in their own homes. The provider told us this staff member was always, 'supervised' at work. However the provider could not show us written evidence to confirm a risk management plan was in place for the staff member.

Another staff member had no DBS check in place. On 12 April 2016 we asked the provider if they had requested a DBS check for this staff member. They told us they had and the outcome of this check was online. However, they could not locate this for us to view or provide any records of this check. This meant we could not be assured this staff member was suitable to work with vulnerable people.

Another staff member's records contained no references and no current DBS check. A DBS check dated 4 November 2015 from a previous employer was found in their records, but this predated their employment with the provider. We asked the provider if they had requested references for this staff member. They told us they had asked for references, but none had been received. We also asked the provider if they had requested a DBS check for the staff member. They told us they had a recent DBS check from their previous employer, and they did not need a new one. We asked the provider how they could be sure this staff member was suitable to work for them and she told us that she could not be sure.

When we had completed our inspection on 11 April 2016 the police took all the staff files to examine them.

The outcome of this was that the police had many concerns about the recruitment of staff and the way this had been conducted. In general the police identified that references were of a poor format, the employer stamp was typed with similar font and there was only partial or no detail of the name and addresses of the referees. The name of employees and the name of referees were interchangeable. A number of people provided references for multiple employees and were from the same address. For example one staff member's home address was the same address as their referee and the second referee was also of the same address. Some staff records showed no references at all and two names appeared as references on multiple employee records.

The irregularities in relation to staff recruitment meant that we were very concerned about how staff recruitment was conducted and that people who used the service were not kept safe. This showed that the provider had continued to be in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

We looked at the three staff files which we had looked at during our previous inspection of 16 December 2015. We looked at these files because we wanted to check whether the provider had made the required improvements to meet with the Warning Notice which we had issued to them on 11 February 2016. This was in respect of a breach of Regulation 17 (Good Governance) of the Health and Social care act 2008 (Regulated activities) Regulations 2014.

The provider had sent us a response to the warning notices we had sent them. They told us they would carry out more supervisions sessions of the three staff members, carry out regular spot checks on them and hold discussions with people they supported in order to gain more regular feedback on the staff members. One of the staff members had recently left the service but we checked all three files. On the first day of the inspection we checked the three staff files and could not find any evidence in staff files that the above checks and monitoring had taken place.

On the second day of the inspection we telephoned the provider to explain what we had found the previous day and we asked if there was any evidence anywhere else to show that the above checks had been taking place. The provider said that these checks had been taking place and that she had the evidence to send to us. We went to the office later that morning to continue with the inspection. We asked the provider to show how they were managing the on-going risks associated with the remaining two staff members positive DBS (the third staff member was no longer employed by the provider) checks identified at our previous inspection and cited in our warning notices. The provider could not produce any evidence to show spot checks had been completed as they had told us they would be completing in their response to our warning notices. The staff members whom we had significant concerns about were still providing care to people in their own homes, placing them at significant risk of harm. The provider told us a member of staff who completed administration tasks at the office had taken them home. The provider could also not evidence that supervisions had taken place as there was no record of the content or outcome of any supervision sessions for the two staff members in the office. In their response to the warning notices the provider had told us that they would seek the views of people who used the service. They told us they would do this regularly with reference to the three staff members with positive DBS's in place. The provider was unable to evidence that this had taken place. This meant the provider could not show they were managing the risks associated with the staff member's in line with their response to our warning notices. A new concern was also raised when we identified that two of these staff members had since been promoted to supervisors and were now in a role where they were supervising other members of staff. The provider did not produce any evidence to show either of these staff members were suitable to work in a supervisory role.

In the absence of the registered manager systems should be in place to ensure the service runs safely and effectively. On the morning of the inspection we found that no one was managing staff in order to ensure that people who used the service received their calls. We spoke over the telephone with four people who were upset because they had not received their calls. We tried to contact several staff members who were supposed to be on duty that morning (according to the staff rota) but were unable to do so. One staff member told us they were not working for the service any more but the provider told us they were off sick.

There was no one managing the service to ensure people received safe consistent care and support in the absence of the provider/manager.

On day one of the inspection we spoke with four people who used the service all of whom confirmed they had not received their planned care on that morning. One person was particularly distressed and upset at not having had their morning call and not having received a telephone call explaining why. The provider told us that the care staff had been told by CQC not to carry out any care visits to people that morning, which was untrue.

On day one of the inspection we telephoned a staff member for the second time. On this occasion the staff member told us they were no longer working for the provider despite their name appearing on the rota for that day. The staff member could not remember the date they terminated their employment with the provider. On day two of the inspection the provider told us that the staff member was employed by the service, but they were off sick. We asked the provider for a self-certificate or sick note to confirm this, but the provider was unable to evidence either of these items. The staff member's name appeared on the rota for the 11 and 12 April 2016 despite the provider informing us they were off sick. There was also another staff member's name on the staff rota for the 12 April onwards. When we asked where this staff member was working the provider told us that the staff member had 'disappeared' and had gone to London. Information we received from the Home Office Immigration department confirmed that this staff member was wanted by them because they were working here illegally and using a false work permit. The same staff member had been sponsored by the provider as a visitor to the country. Information we received from the police confirmed that the provider had told police that she had never employed the person but had given her money as a gift. Within the staff member's file there was a letter of a job offer for Smart Care signed by a manager and also a 'Staff Reporting Communication Competency Assessment Sheet' dated 01/05/2015 and signed by the provider. At our previous inspection on 16 December 2015 the provider had arranged for an inspector from CQC to accompany this staff member on visits to people's homes.

We found that the provider had failed to securely maintain confidential information pertaining to people who used the service and staff. On entering the office on day one of the inspection we found staff and people's files kept in unlocked cabinets and various piles on the floor and office desk.

All of the above identified that the provider was still in breach of Regulation 17 (Good Governance) of the Health and Social care act 2008 (Regulated Activities) Regulations 2014. It also raised serious concerns about the honesty and integrity of the provider/manager the provider

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 17 HSCA RA Regulations 2014 Good governance</p> <p>In respect of the staff members with positive DBS checks, the registered person had not assessed, monitored and improved the quality and safety of the services provided. The provider had not sought feedback from people in respect of the staff members and had not monitored and mitigated the risks relating to the health, safety and welfare of people who used the service. The provider did not maintain secure records relating to people who used the service and staff who worked there. 17 (1) (2)</p>

The enforcement action we took:

Urgent Cancellation

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that persons employed would be of good character, have the qualifications, competence, skills and experience required and be suitable and safe to carry on the regulated activity. 19(1)(2)(3)(4)(5)</p>

The enforcement action we took:

Urgent Cancellation