

Concorde Care in the Community Limited

See U Support

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

See U Support is a domiciliary care agency that provides support to people in their own homes. The service is based in and around Ipswich. Less than five people were using the service, two of which were in receipt of personal care.

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

People we spoke with were satisfied with the care and support they received and spoke highly of the staff. Staff were well trained and competent to meet their care needs.

CQC has concerns about the lack of management oversight because an experienced and appropriately qualified person was not in day to day control of the service. Since registration the people put forward at that time have changed and the registered manager post has remained vacant, despite managers being appointed.

This lack of oversight had led to not fully understanding the legislation and rules governing social and health care providers. For example, not informing the Care Quality Commission [CQC] when managers had changed, or when serious incidents had occurred. Additionally, there was a lack of understanding in relation to obtaining criminal records and processes to follow. Where systems had been set up to monitor and review care systems these had not been continued. Therefore, monitoring and actions leading to improvements had lapsed.

Staff had stepped up, but were without experience, knowledge, appropriate qualifications or supported by a person who was able to guide them.

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; This was the practice followed, based upon training received. Staff were unaware of systems of accountability and this was not monitored and reviewed.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting most the underpinning principles of Right

support, right care, right culture.

Right support:

- People had individual tenancies in their own home or lived with family. This model of care maximised people's choice, control and independence. Care and support had been developed around individual assessed needs. Staff worked in a way which promoted people's independence.

Right care

- Care was person-centred and promoted people's dignity, privacy and human rights. People confirmed their privacy and dignity was respected. Support plans were person centred and ensured the person was involved in the development and review of their plan as far as possible. Training and support for care staff ensured human rights was at the heart of the delivery of care and support.

Right culture:

- Ethos, values, attitudes and behaviours of the provider may not sustain a positive culture. Despite not being well led staff tried to ensure people using services lead confident, inclusive and empowered lives. People's diverse needs were assessed, supported and respected. People were supported to make choices and live the life they chose.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection This service was registered with us on 11/07/2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the lack of management oversight and staffing. We had received information that the service was operational despite assurances from the provider that they were not providing personal care to people. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvement. Please see the well led section of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for See U Support on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to fit and proper persons employed, Infection control and prevention and good governance at this inspection.

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

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

Follow up

We will 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

See U Support

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Notice of inspection

The inspection was unannounced. Inspection activity started on 4 August 2021 and ended on 28 August 2021. We visited the office location on 4 August 2021.

What we did before the inspection

We reviewed information we had received about the service. 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 reviewed a range of records. This included three people's support plans and care records and medicine records. Three were presented, but we determined that only two were in receipt of personal care. We looked at six staff files in relation to recruitment, supervision and training. In addition, we looked at records relating to the management of the service including policies and procedures, complaints, incidents and accidents plus associated learning, audits and quality assurance records. We spoke with three people and/or their representatives who used the service, six members of staff either in person or by email.

After the inspection

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

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Staffing and recruitment

- Systems and processes to protect people were not routinely followed. This included the processes to follow once the provider had obtained a positive result from a criminal records check known as a DBS (Disclosure and Barring Service).
- Recruitment records for staff had gaps in them. Three staff had been identified as having omissions in their recruitment records (e.g. no application form, lack of references or a positive DBS with no risk assessment completed). Though identified no action had been taken to evidence decision making to still employ staff with a criminal record and rectify the shortfalls we identified.

Systems were either not in place or robust enough to demonstrate people were safeguarded from inappropriate persons employed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and Proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staffing levels were adequate, and recruitment was ongoing to increase the gender balance of the staff group. At the time of our visit an applicant attended an interview. This was conducted by one person alone and we were told this was not usual practice, but there was a lack of management available.
- We requested the staffing roster, but there was not one available. However, there were charts on the walls that indicated people in receipt of support and staff allocated. We requested that these be removed from the walls as the information was visible to the public walking past the large windows to the office. Confidentiality could not be maintained.

Preventing and controlling infection

- The provider had not implemented effective systems to prevent and control infection.
- We were not assured that the provider had a system in place to enable staff to access COVID-19 testing for people using the service and staff. We were told that staff were accessing the lateral flow tests for themselves and no records maintained. The more effective tests for COVID-19 called PCR [Polymerase chain reaction] were not provided as per Government Guidance.
- We were not assured that the provider was preventing visitors to the office from catching and spreading infections.
- We were not assured that the provider was using PPE effectively and safely.
- We were not assured that the provider's infection prevention and control policy was up to date.
- Staff were wearing masks in confined spaces when visiting people. Wherever possible, people and staff were encouraged to meet the social distancing guidelines.

Systems were either not in place or robust enough to demonstrate effective prevention and control of infection. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Care staff had received appropriate training in safeguarding adults and children. This included specific courses relating to domestic abuse, hate crime and child exploitation. Staff spoken with were aware of their duty to raise concerns and how to recognise these.
- We were not assured that management systems relating to effective reporting, recording and taking action to learn from events was in place, because management oversight was not robust. This is despite having a clear and detailed safeguarding policy, elements of this were not followed.

Assessing risk, safety monitoring and management

- The service had systems in place to identify potential risks to people's safety and wellbeing. This commenced with an assessment of the persons needs prior to them using the service to record risks and how they could be minimised.
- Each person's support plan included a series of personalised risk assessments, which had considered risks associated with the persons support needs and well-being. These provided staff with clear information about how to manage and reduce risk as much as possible, whilst supporting people's freedom and independence.
- These risks had evidence of review, but it was not always clear what actions had been taken as a result. The plans had not been updated with questions posed by the review process.

Using medicines safely

- People did not consistently receive their medicines as they were prescribed. Medicines audits showed that medicines were in the majority administered and recorded correctly. However, there were also issues that were identified and not recorded as being rectified from audits. One person's medicine chart from July 2021 showed that medicines were counted each day, but this count was consistently incorrect throughout the month, therefore there was a risk this person didn't receive their medicines as prescribed. No negative impact was found relating to this person.
- All staff had received medicines training and they confirmed when spoken with that this was appropriate for their role.

Learning lessons when things go wrong

- We were not assured that there were systems in place to learn from events and ensure these were unlikely to happen again. We had visited because we had received concerns from whistle-blowers. The provider was aware of some of these events, but we could not see any review processes and actions taken.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed appropriately by a previous manager, before using the service. The purpose of the assessments was to plan the support to be delivered and included listening to the service user, family and referring professionals.
- People's individual and diverse needs were detailed in their initial assessment and support plan, but on occasion not effectively reviewed and updated.

Staff support: induction, training, skills and experience

- Staff consistently told us that they had the required training for their role. Records in staff files showed that they had received some detailed and complex training to support people with very specific medical needs. This was delivered by appropriately trained professionals.
- Staff confirmed they were supported by the newly appointed manager, stating that they were available to them when needed and just a phone call away. Records showed that staff previously had access to formal supervision sessions.

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

- Staff did on occasion support people to maintain a balanced diet. Staff encouraged independence and choice regarding shopping and meal preparation.
- Some staff had specialist training to deliver nutrition through a PEG [Percutaneous endoscopic gastrostomy] feed. This is where people have nutrition delivered directly into the stomach by a tube.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with the people using the service to make and attend regular appointments with professionals such as social workers and GP's.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to consider healthier lifestyle choices with regard to foods while the staff were supportive in respecting personal choice.
- One person had significantly improved their health by being supported and encouraged to attend medical appointments and take prescribed medicines.

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.

- Staff had received training and understood the relevant requirements of the MCA. Staff started from the presumption of capacity. Staff confirmed they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We saw this information had been recorded in the support plan.

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. This is the first inspection for this newly registered service. This key question has been rated Good. 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 were positive in their views about the staff who supported them and said they were treated with consideration and respect. One person told us, "I like the staff especially the men."
- Relatives who were key care givers were respected and involved and thereby assured that their relative remained safe whilst being supported by staff.
- People were supported consistently by the same small team of staff where possible to promote a regular reliable service delivery.
- Staff promoted people's specific and diverse needs and we noted support plans were written in an understanding, respectful and sensitive manner. One person said, "Yes, I like the staff, they listen to me."

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

- People attended their own support reviews with relatives, staff and other professionals as appropriate so they could express their views and be involved with the decisions making regarding their support.
- The staff understood people's individual likes and dislikes and accommodated these when delivering their support.

Respecting and promoting people's privacy, dignity and independence

- People informed us they could choose what they wanted to do. People's privacy, dignity and independence was respected.
- Staff offered people opportunities to increase their independence and to have freedom and control over their lives.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's personalised care plans gave an account of their chosen 'routines and preferences'. The plans had been developed with the staff to explain the support needs required.
- People had varied lives and received personalised care and support specific to their needs and preferences. People told us they were happy with their care and support.

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.

- Staff had received training in communication and frequently used non-verbal communication to clarify people using the service understood them. Staff had also undertaken training in autism awareness to better improve their communication and understand the needs relating to communication and autistic people.

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

- People were supported to take part in meaningful activities and to engage with the local community in line with their interests and preferences. People had been restricted due to COVID -19 but were now beginning to get out and about.
- People were supported to maintain close relationships with their family members and people who were significant to them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure to which people had access. It could be made available in different languages and formats upon request. The procedure was clear in explaining how a complaint could be made and investigated.
- We were informed that no complaints had been received since the service became operational.

End of life care and support

- Nobody using the service required end of life care.
- In care records it was not clear to staff who had Do Not Resuscitate requests in their plans. This was due to how the decision was logged in terms of a negative or positive request. The manager agreed to make this clear for staff to follow.

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. This is the first inspection for this newly registered service. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There was no registered manager in place. Since registration on 11 July 2020 the service has had five different managers in charge – none of which have registered with CQC as required to operate as a care agency. Nor had we been notified of the changes and who was in day to day control.

Consistent management was lacking, and systems were not followed, thus placing this service at risk. This was a breach of regulation 15 [Notice of changes] of the Health and Social Care Act 2008 (Registration) Regulations 2014.

- There was a lack of understanding about regulatory requirements. We had sought clarification as to whether the agency was delivering personal care to people. We had been assured by the provider more than once that the service was dormant and not providing personal care to people. However, we found evidence the provider was providing personal care to people and we had been misled by the provider who had been untruthful.

- This was confirmed by health and social care professionals who contracted care and support for people, some of whom were extremely vulnerable and required complex care support.

- The current manager told us they didn't know about the need to inform CQC of significant events such as safeguarding investigations and other notifiable incidents.

- The current manager was helpful, but lacked the knowledge, experience or appropriate qualification to manage a care agency. This was their first job in care. They had been appointed as a support worker and the provider had placed them in a position of management due to other staff leaving. The provider had failed to ensure consistent oversight and good management of the service. Care staff spoken with were aware that management systems were not being followed and were concerned that the agency was not being effectively managed.

- The oversight and quality of care had started well at this agency but had slipped with staff resigning. We could see that policies and procedures were in place. These were initially followed, but recent audits, monitoring had not been completed. No actions had been taken to drive improvement and learn from events. Examples of this being medicine audits, safeguarding incidents and staff recruitment procedures.

- The person in charge at the time of our visit was unaware of the best practice guidelines in relation to COVID-19 and staff testing.

- When we asked for a list of staff and service usernames with contact details they were unable to provide this from the agency records as they did not have access to the full computer systems in use. Information

about staff and people was visible on the walls and confidentiality was a concern.

Management was lacking and systems were not followed, thus placing this service at risk. This was a 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

- We were told there were no concerns or complaints reported. Therefore, the provider had yet to exercise their duty of candour. However, CQC being misled in relation to the service being operational did not indicate open and honest behaviour.

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

- Initial indications are that this service started well and did achieve positive outcomes for people. However, this was reliant on the actions of the staff delivering the care to people they knew well. The lack of leadership, governance and effective employment practices present a risk of declining outcomes for people. Therefore, how that culture is maintained and developed is questionable with the lack of effective leadership in place.

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 15 Registration Regulations 2009 Notifications – notices of change Consistent management was lacking and systems were not followed, thus placing this service at risk.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate effective prevention and control of infection. This placed people at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management was lacking and systems were not followed, thus placing this service at risk.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems were either not in place or robust enough to demonstrate people were safeguarded from inappropriate person employed. This placed people at risk of harm.

