

Care and Respite England Ltd

# Care and Respite England Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Care and Respite England Ltd is a domiciliary care agency that provides personal care to people living in their own home. 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. At the time of the inspection there were 18 people receiving support with their personal care.

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

The provider had failed to ensure systems were in place to identify shortfalls found during this inspection. Shortfalls included recruitment processes not being followed, missing signatures on medicines administration records, and people having their planned visits cut short and missed and bills not reflecting what planned care people had received. Inaccurate and incomplete records relating to staff files and systems had failed to ensure concerns were identified and acted upon.

People and staff were experiencing the impact of care staff who had left and who were yet to be replaced. This at times affected the management of the office. The provider sought feedback from people, relatives and staff through provider questionnaires. Records confirmed feedback was positive although this did not reflect the feedback we received during this inspection.

The registered manager worked in partnership with local health care professionals and they had a positive working relationship with them especially around end of life care. People felt supported by staff who they had built positive relationships with. Not all relatives and people were happy with the management of the service, including the culture of the organisation. Staff knew people well and they had a good understanding of the different types of abuse and who to report concerns to.

People's care plans had important information relating to medical conditions and any diagnosis which could affect their short-term memory. The registered manager confirmed all people at the time of the inspection had capacity.

### Rating at last inspection

The last rating for this service was requires improvement (published August 2021) and there were breaches of regulation.

Following the inspection, CQC took enforcement action against the registered manager and the provider. We 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.

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.

### Why we inspected

The inspection was prompted in part due to concerns about there being a lack of staff, lack of care plans and people not receiving their visits as required. A decision was made for us to inspect and examine those risks.

As a result of the concerns we had received we undertook a focused inspection to review the key questions of Safe and Well-led only.

During this inspection we found breaches of Regulation. More information can be found below under enforcement.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Requires Improvement.

### Enforcement and Recommendations

Following our last inspection the registered manager and provider had failed to demonstrate compliance in line with our regulations. We are taking enforcement action but cannot yet publish actions due to representations and appeals process.

At our last inspection we recommended that the provider reviewed their recruitment procedure in line with their recruitment policy and legal requirements. At this inspection we found no improvement had been made. The providers recruitment policy was not being followed along with legal requirements. This was a breach of Regulation 19.

During this inspection we identified a repeated breach of Regulation 17. We have issued a warning notice where the registered manager and provider must ensure compliance.

A new recommendation has been identified in relation to ensuring there are enough staff employed to meet the needs of the service.

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 from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Care and Respite England Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of two inspectors on the first day of the office visit and one on the second day of the office visit.

#### Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave notice of this inspection, as we needed to be sure the provider/registered manager or office staff would be available to support the inspection. We also needed to arrange to speak with people and for documents to be available to us.

Inspection activity started on 30 September 2022 and ended on the 20 October 2022. We visited the location's office on the 12 and 20 October 2022.

#### What we did before the 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people and nine relatives about their experience of the care provided. We spoke with four members of care/office staff as well as the provider who was also the registered manager and the care manager. We were unable to gain feedback from the two health professionals we contacted.

We looked at six people's care plans and medicines records and four staff files in relation to recruitment. We looked at records relating to the management of the service, including policies and procedures, incidents and accidents, audits and quality assurance systems, questionnaires and the service action plan.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained 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.

Systems and processes to safeguard people from the risk of abuse

- We were not assured systems and processes were in place to safeguard people from the risk of abuse. As we found issues with bills and concerns that were raised with us that had not been identified and reported by the provider to the local authority safeguarding team.
- During our inspection concerns were shared with us about one person's care package and how this was being billed. We shared the information we had with the local authority so they could investigate the concerns. The providers safeguarding audit had failed to identify these concerns. Due to the financial nature of the concern we raised a safeguarding with the local authority. The providers safeguarding audits had failed to identify concerns. We raised the information with the local authority as they investigate concerns of this nature. The registered manager following our inspection confirmed they were aware and were taking action to rectify this.
- Some people told us they were experiencing issues due to the service not having enough care staff which was having an impact on their care visits. Feedback included calls being late, calls being missed and staff not staying for the allocated time. We raised individual concerns to the local authority safeguarding team as some people could be at risk of not having their assessed needs met. The providers safeguarding audits had failed to identify these concerns.
- One person raised a concern with us about being billed for more hours than they had received. We intervened and sent a safeguarding referral to the local safeguarding authority due to the financial nature of the concern. The providers safeguarding audits had failed to identify this concern. The registered manager following our inspection confirmed they were aware and were taking action to rectify this.
- During our inspection we were informed one person had not received their planned visit as required. This placed the person at risk due to the level of care and support they required. We raised a safeguarding to the local authority in relation to this concern. The providers safeguarding audits had failed to identify this concern.
- We found during the inspection people were not being protected by robust procedures and processes that identified the above shortfalls and this placed people at risk of abuse.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt supported by staff who provided them with safe care and who they had a good

rapport and relationship with.

- Staff had received training in safeguarding adults, and they knew how to recognise abuse and felt people were safe.

#### Recruitment

- Following our last inspection we found the provider was not ensuring safe recruitment procedures were being followed in line with their recruitment policy and legal requirements. At this inspection we found improvements were still required.
- During our inspection we found one member of staff had started without a completed Disclosure and Barring Service (DBS) check being completed. No risk assessment was in place to mitigate the risk. We were therefore not assured safe recruitment procedures were being followed in line with legal requirements. The providers quality assurance system had failed to identify this shortfall more information is within the well-led section of this report.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst reviewing a second member of staff's file. We found incomplete and missing information relating to the member of staff's name, start date, job role and second reference. Two different start dates had been recorded in their recruitment paperwork. Only one reference had been received, their risk assessment confirmed this. This meant records relating to the employment of staff were not always accurate or in line with legal requirements.
- We reviewed a third staff file on the second day of our inspection. We found the member of staff had a risk assessment in place whilst awaiting their DBS. References had been sought prior to their start date although we found three different start dates recorded within their staff file. This meant records relating to the employment of staff were not always accurate.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records relating to staff's contracts had no record of specific contractual hours they were employed to work. Just if they were full time or part time. The registered manager confirmed most staff were employed full time. This meant improvements were required to staff records to demonstrate what hours staff were employed to work. The registered manager following our inspection confirmed new contracts had been sent to staff to address this issue.

#### Using medicines safely

- People's records relating to the safe administration of medicines were not always completed to demonstrate they had received their medicines as required.
- Staff had received training in the safe administration of medicines although we found missing and incomplete records on some people's medicines administration charts and topical administration records to demonstrate staff had administered medicines as required. The provider's quality assurance system had failed to identify the missing and incomplete records. More information can be found in the well-led section of this report.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



## Staffing

- At the time of the inspection there were care staff vacancies. The registered manager, the care manager and staff who were employed to work in the office all confirmed they were having to support with people's planned visits over working their planned and contracted hours in the office. This meant at times office duties were not always effectively being carried out. The registered manager confirmed they had an on-going recruitment campaign and they were hopeful things would improve. However, at the time of the inspection this was impacting on people's experience and the management of the office.
- Feedback from people and staff confirmed at the time of our inspection they were un-familiar with which staff were coming and what time their visit would be. This they felt was due to the shortage of care staff.
- We reviewed the scheduling of people's calls and staff rotas following their feedback. At the time of the inspection we were told all calls were scheduled manually by office staff. The registered manager confirmed this arrangement. Due to there being a lack of care staff, those who worked in the office had been working in the community. We were told people and staff got invoiced and paid from these schedules it was therefore important there were robust arrangements in place. The registered manager confirmed during our inspection they had hoped to implement a more robust system over the summer although at the time of our inspection this had been delayed.

We recommend the provider ensures there are sufficient staff to meet the needs of the service.

## Assessing risk, safety monitoring and management

- Some people told us they had no care plan and they were unsure where staff made a record of their visits. We asked the registered manager what the arrangements were for recording visits. The registered manager confirmed there was a communication sheet in place, this logged cancelled calls or anything more important. During our visit to the office we reviewed daily records. These confirmed the date people had received their visit and what support staff had provided. We fed back to the registered manager not everyone confirmed they had a care plan in place. The registered manager following our inspection confirmed all people now had a care plan in place.
- Some people's care plans were printed and in a filing cabinet and others were held electronically. We asked to see a combination of the care plans already printed and those held electronically. Most care plans we looked at were comprehensive and person centred, giving staff details of how to support the person. One care plan had missing information relating to the person who had experienced a bang to their leg. We found no updated information in their care plan around their skin and this injury or an updated risk assessment and no incident or accident record had been completed. This incident had failed to be picked up through the providers monitoring of incidents and accidents.
- Care plans we reviewed as part of our inspection contained risk assessments and guidance for staff.

## Learning lessons when things go wrong

- The registered manager told us all incidents and accidents were logged. We reviewed the records relating to incident and accidents. We found no record relating to one person who had received a bang to their leg.

## Preventing and controlling infection

- Staff told us they wore personal protective equipment as required. Training records confirmed staff had received training in infection prevention and control.
- We received feedback during our inspection that staff were not always wearing their masks safely when in their homes. This included wearing their masks down under their chins. This was not ensuring personal protective equipment was being worn as intended and to protect people and staff. We fed this back to the registered manager who confirmed following our inspection they would increase spot checks and monitor

staff using personal protective equipment more often.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

The registered manager at the time of the inspection confirmed no-one lacked capacity. We found the service was working within the principles of the MCA and care plans confirmed if people might need support with decisions due to short term memory diagnosis.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection we found the provider was in breach of Regulation 17 due to no quality assurance systems in place that identified shortfalls during our inspection. At this inspection we were not assured the management of the service was robust and that quality assurance systems were identifying shortfalls as required. Records relating to the management of the service were not always accurate and complete.
- The providers quality assurance system had failed to identify where one member of staff had started employment prior to a DBS being completed and a risk assessment completed to mitigate risks whilst awaiting a satisfactory DBS being in place. The providers quality assurance system had failed to identify this shortfall.
- Staff records were not always accurate and up to date. Although the registered manager following our last inspection had implemented a new staff check list this had failed to identify shortfalls found during our inspection relating to missing checks and inaccurate records. No other quality assurance system was in place to identify shortfalls relating to recruitment records.
- During our inspection we received conflicting information from staff, people, relatives and the registered manager in relation to how people's visits were scheduled and rostered. We reviewed the system for scheduling visits and rotas for staff. We were not assured the system in place was robust as staff and people told us they had experienced issues with their bills and not knowing who was visiting them or who they needed to support.
- The providers medicines audits failed to identify shortfalls relating to missing signatures on people's medicines administration charts and topical cream records.
- Not all incidents were identified through the providers quality assurance system. For example, where one person's care plan confirmed they had experienced a bang to their leg. No additional information had been added to their care plan and no incident and accident record had been completed.
- Prior to our site visit we had received assurances from the registered manager and the care manager the service was stable, and they were managing to cover all responsibilities including people's visits. During our inspection we received conflicting feedback and experienced disruptions to the inspection that did not reflect the assurances we had been given.
- During our inspection we experienced delays in accessing and receiving records relating to the management of regulated activities. This included receiving via email records, policies and procedures,

audits and the service action plan. This meant we were not always sent information in a timely way to demonstrate there were robust systems and processes in place.

- During our inspection the registered manager confirmed all people had a care plan within their home. We received feedback from two people as part of this inspection where they confirmed they had no care plan. We also received feedback from the local authority two people they had visited had no care plan in their home. This meant not all people had a care plan which staff could access or where they could review their care and ensure it was accurate and up to date. We had received information of concern prior to our inspection that care plans were not always in place for people and staff.
- The registered manager provided us with an action plan during our inspection. This action plan failed to identify the shortfalls found during our inspection.
- Action had failed to be taken following feedback received from a survey conducted in April 2022 where people would benefit from an easy read survey. No action had been taken at the time of the inspection to improve surveys for people and this had failed to be identified on the providers action plan.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager confirmed a new electronic system for scheduling had been delayed. However, they were hopeful this would be going live on the 24 October 2022. They felt this would improve how people were billed and how staff received their rotas and knew what work they had. Following our inspection the registered manager confirmed they had implemented a new audit for monitoring planned calls to people.
- At the time of the inspection staff were not able to meet their office duties due to the service being short of care staff. The registered manager confirmed four staff were employed to work in the office. During telephone support conversations we were given assurances that the service was managing. When we tried to arrange a site visit to undertake our inspection, we experienced delays in being able to undertake a site visit. This did not reflect the verbal assurances we had been given prior to announcing our inspection.
- The registered manager was proud of how their staff team had pulled together over the last six weeks. They confirmed they were considering additional help and support. Following our inspection, they confirmed they were happy with the current arrangements in place.
- Staff had access to a staff handbook. This confirmed the organisational chart, an introduction into the service including the background, principles, values and terms and conditions of employment such as notice periods and holiday pay.
- The registered manager confirmed they placed local adverts on social media to attract new staff.
- Following our inspection the registered manager confirmed a new electronic system had been implemented to check references of new staff and other quality assurance systems.
- The registered manager following our inspection confirmed three staff are now responsible for ensuring shortfalls are identified through the providers quality assurance systems.

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

- During our inspection we received mixed feedback with how the service was being run. Some people and their relatives were very happy, and others were not. Feedback included, "The way its run, not very good. Carers aren't happy", "I was happy until recently not so good. Carers have left", "Not come at a regular time. Lots of problems with cars breaking down", "Last six months quite a few staff (have left) as they didn't like the way they were treated" and "Calls get cut and missed".
- People felt supported by staff who they had built positive relationships with. Comments included, "Carers themselves, brilliant", "Very helpful" and "Carers are very good".
- The aims, objectives and philosophy of care at Care and Respite England Ltd included; 'To deliver quality

care based on the needs of our individuals. To treat all individuals equally whilst valuing and respecting their human rights. To deliver compassionate care that promotes individual's dignity, respecting their needs wishes and expectations'. We were not assured through the feedback we received that people were experiencing this from Care and Respite England Ltd.

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

- During our inspection we were not always assured the provider understood and acted inline with their legal responsibilities or in an honest and open approach.
- For example, prior to our inspection we had received concerns about the culture of Care and Respite England Ltd. When we contacted the provider, they gave us assurances the service was stable and managing. We found during our inspection we were not assured the culture of the organisation was open and honest as we received conflicting information and feedback from people, relatives and staff that did not reflect the assurances we had been given at the time of the inspection or prior to our inspection.
- During our inspection we were not assured systems and processes were in place to safeguard people from the risk of abuse due to various concerns raised with us as part of our inspection.

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

- The feedback received by the service through surveys was positive. However, at the time of our inspection the feedback we received as part of the inspection did not reflect this. Feedback from the survey completed in March 2022 confirmed, 'Very good comments and no inadequate or requires improvement'.
- The registered manager had completed two staff surveys. One in January 2022 and one in July 2022. Most feedback was positive, however some staff raised improvements were required to supervisions and being able to talk to professionals and a staff bonus scheme. Staff minutes confirmed the actions were being discussed and worked on. We found the feedback provided through surveys did not reflect feedback provided as part of this inspection.

Continuous learning and improving care

- The registered manager told us over the last 12 months they had tried to get an office manager however, the member of staff employed had left their post at short notice in August 2022. The registered manager confirmed they recognised the need for support in the office however at the time of our inspection this was not in place.
- The registered manager confirmed they liaised with other registered managers and kept up to date with changes such as through Skills for Care. Skills for Care is a strategic workforce development and planning body for adult social care in England. They ensure social care had the right people, skills and support required to deliver the highest quality care and support now and in the future.

Working in partnership with others

- The registered manager confirmed how they worked in partnership with communities and professionals. They were proud of their working relationship with the local district nursing team and the support they provided to people and their families within the local area. We sought feedback from two health and social care professionals however we had no response to support this partnership working.
- The registered manager confirmed they attended provider meetings with the local authorities.
- The registered manager confirmed they worked alongside other health professionals such as speech and language therapists and physiotherapists.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider was not ensuring all legal requirements were followed prior to staff being employed by the service.</p> <p>Regulation 19 (1) (a) (2) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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>The provider's quality assurance systems failed to identify shortfalls during our inspection.</p> <p>Records relating to the regulated activity were not always accurate, up to date or completed.</p> <p>Regulation 17 (2) (a) (b) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### **The enforcement action we took:**

We issued a warning notice.