

A New Angle Ltd

Independent Home Living (Beverley)

Inspection report

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14 May 2021

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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

Independent Home Living (Beverley) is a domiciliary care service providing care and support to people with a range of support needs living in their own homes. There were 48 people being supported by the service at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Risks assessments to assess risks associated with the COVID-19 virus were generic, and did not contain personalised information for people or staff. We have made a recommendation about the management of risk reduction in relation to COVID-19.

Quality assurance systems in place were not consistently completed and did not identify the shortfalls we found during the inspection. A lack of oversight from the provider could not guarantee people were being effectively or safely supported.

Staff had lost faith in the provider and were frustrated with persistent concerns about operational issues. A number of staff had recently left the service and a further 11 staff were due to leave within the next month, this included the area director.

People received person centred care. Care plans and risk assessments for people's health needs contained detailed person-centred information and informed staff how to manage and mitigate potential risks to people. Staff demonstrated a good understanding of how to keep people safe from abuse.

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; the policies and systems in the service supported this practice.

People and their relative were happy with the care and support provided. The area director and care coordinators worked hard to ensure people received their required support. Following the inspection the area director completed lessons learnt for the shortfalls found at the inspection in order to prevent reoccurrences.

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

Rating at last inspection

The last rating for this service was good (published 18 September 2018).

Why we inspected

We received concerns in relation to provider operational issues which resulted in a high turnover of staff. This included staff not being paid on time. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

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 two breaches in relation to medicines safety and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Independent Home Living (Beverley)

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

One inspector visited the office location on 10 May 2021 and 14 May 2021. An Expert by Experience made calls to people and relatives following the inspection site visit. 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 did not have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had recently recruited a new manager who was present during the inspection and had been in post for eight weeks. The previous registered manager had been promoted to area manager and was present during the inspection.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Further inspection activity was completed via telephone and by email, which included speaking with

people, staff and relatives and reviewing additional evidence and information sent to us by the management team. Inspection activity started on 10 May 2021 and ended on 17 May 2021.

What we did before inspection

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

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the area director, manager, care coordinator and care workers. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We looked at training data and quality assurance records.

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 good. At this inspection this key question has now deteriorated to 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.

Using medicines safely; Staffing and recruitment

- Medicines were not managed safely.
- People did not always receive their medication as prescribed. For example, one person was prescribed medicine to be taken on Monday and Friday each week, but this had not happened. Another person had missed their medication for one day as staff did not collect this in a timely manner from the pharmacy.
- Medication administration records [MARS] were not accurately completed. Gaps in MARS were identified on multiple records.
- Medication audits had not been completed for February. Staff told us they had got behind with these audits due to a number of staff leaving, including previous care coordinators. Their time was taken up by learning new roles within the company and ensuring rotas were fully covered.

A failure to ensure medicines were managed safely is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

- During the inspection the area director addressed other concerns found with the management of medicines. This included working with health professionals to increase call times to ensure medicine was administered as prescribed.
- Staff were recruited safely; appropriate checks were carried out to protect people.
- The provider was not actively recruiting staff despite a high number of staff leaving the service.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people were assessed. Risk assessments and care plans for people's health needs were person centred and provided staff with information on how to manage and mitigate risk. However, risk assessments in relation to COVID-19 pandemic did not provide personalised information and were generic.

We recommend the provider consider current guidance on COVID-19 risk reduction alongside their current risk assessments and take action to update their practice accordingly.

- Staff had received training to ensure they were working safely during the COVID-19 pandemic. People told us staff always wore Personal Protective Equipment [PPE] upon visiting them.
- Staff received tests in line with government guidance.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office location.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. Comments included, "I am happy with the service. My relative is safe, we have regular carer's and we have got to know them quite well" and, "I have been very happy with how the carers have kept me safe during the pandemic."
- Systems and processes to protect people from the risk of abuse were in place and followed.
- Staff had a good understanding of safeguarding practices and knew what action to take to ensure people were safe and protected from harm and abuse.

Learning lessons when things go wrong

- Systems were in place to review and analyse accidents and incidents. These were used as learning opportunities and shared with staff.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes were not operated effectively to ensure the service was assessed or monitored for quality and safety in line with requirements.
- Audits completed for care files and medication records had not been completed since February 2021. We found a number of concerns relating to people's prescribed medicines.
- Quality monitoring tools used did not highlight areas that needed to be monitored. For example, the lack of auditing of care notes and medication records.
- Systems had failed to ensure an appropriate risk assessment process was in place to assess, monitor and mitigate risk to people during the COVID-19 pandemic.
- The provider was not actively recruiting. A number of staff had lost faith in the stability of the company and were working their notice period.
- The manager has worked at the service for eight weeks and held weekly virtual meetings with the provider.
- The provider had failed to update their policies and procedures where required, to ensure people were safely supported. The pandemic policy did not reflect COVID-19. This meant staff did not have up to date information to enable them to provide safe care to people.

The failure to operate effective quality assurance systems and properly assess, monitor and mitigate risks and ensure safety is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us that they were looking to bring in further quality assurance tools and would update CQC once these were implemented.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Prior to the inspection we received information that staff had on-going concerns about provider level operational issues. People were at risk of not receiving sustainable, quality care due to this. We are seeking assurances regarding this outside of the inspection process.
- Staff morale was at an all-time low. Comments from staff included, "The provider has caused a lot of stress for staff" and "I love my job but it is an impossible task at the moment because of the provider",

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

- The manager was aware of requirements in relation to the duty of candour and was open and honest throughout the inspection process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Where staff raised concerns with the provider, these were not acknowledged or addressed.
- People received care in the way they wanted, and relatives were happy with the service. Comments included, "The staff are brilliant they come on time. I have developed a real rapport with them" and, "My relative has the same carer and has had from the start. They are kind caring and nothing is a trouble to them."
- People and their relative were contacted on a regular basis to give feedback about their care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the safe management of people's prescribed medicines. Regulation 12 (2) (g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective quality assurances systems and properly assess, monitor and mitigate risks to the service, staff and people. Regulation 17 (1), (2), (a), (b)