

Mrs Helen Lise Cass

# Safe Care

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Safe Care provides domiciliary care and support services to people with individual needs in their own homes. At the time of our inspection 18 people were being supported by the staff with personal care and a further five were being supported with domestic and wellbeing visits.

This inspection took place on 23 October 2018. This was an announced inspection which meant the provider had prior knowledge that we would be visiting the service. This was because the location provides a domiciliary care service, and we wanted to make sure the provider would be available to support our inspection, or someone who could act on their behalf.

This service was rated 'Requires Improvement' in February 2018 and the provider was found to be in breach of three regulations. The service was rated as 'Requires improvement' for a third consecutive time. The provider had a positive condition imposed on their registration. This meant they were not able to take on any new packages of care without the prior written agreement of The Care Quality Commission. The provider had to further submit monthly reports of written records of staff training, risk assessments and all quality monitoring conducted within the service.

A Notice of Decision was served to cancel the provider's registration. The provider submitted representations to tribunal. This inspection on 23 October 2018 took place to check if the provider had made sufficient improvements, in order for The Care Quality Commission to withdraw from going to Tribunal. Although there are still areas of improvement, enough progress had been made to withdraw our Notice of Decision. The provider accepted to have a further condition imposed on their registration around risk management.

The provider will continue to provide monthly reports to The Care Quality Commission for ongoing monitoring. The provider will now be able to start accepting new packages of care into the service.

The service is registered as an individual provider and does not require a registered manager to be in place as the provider was in day to day control. The individual provider is responsible for the day to day running of the location, and has the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Risk assessments did not always provide adequate measures to reduce the risks. For example, one person who was at risk of serious harm, did not have a risk assessment in place and there was no guidance available for staff to follow in an emergency. After this inspection the provider sent a copy of the updated risk assessment which contained detailed information.

There was not always documented evidence of internal investigations into incident and accidents that occurred.

At this inspection we noted some areas of improvement were needed around safe medicine management. We found that there were no protocols in place for medicine to be taken 'as required' (PRN). This meant staff did not have written guidelines available of what to be aware of, in offering and administering PRN medicine.

We saw that care reviews had not always been managed appropriately. For example, one person had an incident where they became dehydrated. There was no evidence that the care plan had been reviewed in response to this incident.

Although not all the concerns from this inspection had been identified prior to this visit, the provider had worked to address most of the previous concerns from our last inspection.

The improvements to staff training had continued. Staff were up to date with their necessary training and receiving refresher training when needed.

People received care and support from staff who had got to know them well. The service maintained consistency for people by providing regular core staff, that allowed mutually trusting relationships to develop.

Staff spoke positively about the support they received from the management. People using the service also felt confident about the management structure in place to deliver their care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Risk assessments did not always provide adequate measures to reduce the risks.

There was not always documented evidence of internal investigations into incident and accidents that occurred.

At this inspection we noted some areas of improvement were needed around safe medicine management.

There were sufficient staff to meet people's care needs. People told us they did not experience missed visits and staff stayed the required amount of time

### Is the service effective?

**Good** ●

The service was effective.

The improvements to staff training had continued. Staff were up to date with their necessary training and receiving refresher training when needed.

The care plans that we reviewed all demonstrated evidence that people were supported to access health services when needed.

### Is the service caring?

**Good** ●

The service was caring.

People received care and support from staff who had got to know them well.

Peoples dignity was respected by staff and staff were able to say how they maintained people's privacy.

The service promoted a positive culture and staff completed training in equality and diversity.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Care, treatment and support plans were personalised and detailed, however end of life care plans were still not in place.

We saw that reviews had not always been managed appropriately.

We reviewed the complaints folder but saw that it did not match up with the amount of complaints on the monthly audit tool.

**Is the service well-led?**

The service was not always well-led.

Although not all the concerns from this inspection had been identified prior to this visit, the provider had worked to address most of the previous concerns from our last inspection.

The provider had failed to notify The Care Quality Commission of one incident of potential abuse.

Staff spoke positively about the support they received from the management. People using the service also felt confident about the management structure in place to deliver their care.

**Requires Improvement** 

# Safe Care

## **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 is 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.

This was a planned comprehensive inspection to look at the concerns identified at our last inspection in February 2018. The inspection took place on 23 October 2018 and was announced. This meant the provider was given short notice that we would be visiting. This was because the location provides a domiciliary care service to people in their own homes, and we wanted to make sure the provider would be available to support our inspection, or someone who could act on their behalf.

The inspection team consisted of one inspector and an inspection manager. The service was previously inspected in February 2018 and the provider was found to be in breach of three of the regulations. The service was rated as 'Requires improvement' for a third consecutive time. The provider had a positive condition imposed on their registration. This meant they were not able to take on any new packages of care without the prior written agreement of The Care Quality Commission. The provider had to further submit monthly reports of written records of staff training, risk assessments and all quality monitoring conducted within the service.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with four people who were using the service by telephone. We looked at the care records of eight people and three staff recruitment files. We also looked at records relating to all aspects of the service including care, staffing, training and quality assurance. We spoke with the provider, assistant manager and four staff. One health and social care professional also provided feedback.

## Is the service safe?

### Our findings

At our last inspection in February 2018 the service was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments had not always been put in place when there was an identified risk to a person. Some risk assessments did not have effective information recorded on how to minimise the risk. The provider has a positive condition imposed on their registration which requires them to submit a monthly report. This includes information on how they address risk management systems. At this inspection, we found that the service had not taken enough action needed to meet this Regulation and remained in breach. The positive condition to provide monthly reports will not be removed at this stage.

The provider had created a new template to record risk assessments on and we saw that the majority of risk assessments were now in place for people. We reviewed the risk assessments for eight people and found these did not always provide adequate measures to reduce the risks. For example, one person who was at risk of serious harm, did not have a risk assessment in place. Although external health professionals had been contacted, there was no information about their specific risk mentioned in their care plan and no guidance available for staff to follow in an emergency. An incident had happened involving this person in September 2018, however we saw the provider audits for October 2018 stated that all care plan updates were completed. This meant this person had been left vulnerable to risk as staff had not been properly informed on the correct actions to take. After our inspection the provider took action and put the necessary documentation in place. The provider sent a copy of the updated risk assessment which contained detailed information and demonstrated their understanding of managing this risk.

One risk assessment for personal care did not state the actual risk that could present during personal care. The mitigation actions included staff to be competent and have training but this alone would not prevent an incident from happening. Another person had a risk assessment for sliding off a wet shower chair. The only control measure in place was around tilting the chair. There was no consideration to putting something onto the chair to prevent the person slipping. One risk assessment around the risk of falling did not refer to appropriate moving and handling procedures, or consider the impact of any environmental risks staff should be aware of. We saw that one person had a Do Not Attempt Resuscitation (DNAR) form in place, however this was not included on the profile page of important things to know about the person.

We saw that all risk assessments had been given a risk rating which ranged between one for low risk and five for very high risk. We asked the assistant manager how these were determined as all the assessments we viewed were rated as low. We were informed there was a chart used which gave this rating on the provider's laptop. We asked the provider to view this tool however, they confirmed there was no tool and they just went on what they thought and the measures they had in place. The provider did not demonstrate a clear understanding of assessing the level of risk, to ensure the measures they had taken were sufficient to keep people safe.

There was not always documented evidence of internal investigations into incident and accidents that occurred. For example, one person experienced an incident in September which was notified to the local

authority safeguarding team and The Care Quality Commission. After the notifications there was no documentation in place to show what steps had been taken internally to mitigate the risk for this person. This incident had not been recorded in the incident and accident file.

We found only two accidents and incidents recorded in the provider's folder, however there was evidence in people's care plans that three falls had occurred and two incidents. We saw for two falls in April and July 2018, an accident form had not been completed. The provider's policy stated that, "No accident book but accident forms used. All accidents to be recorded no matter how minor. Once completed the accident form must be forwarded as soon as possible to the manager. Near misses should also be recorded as they enable action to be taken to prevent accidents occurring." This had not always been followed to ensure all incidents and accidents could be reviewed effectively and measures put in place.

This was a breach of Regulation 12 (2) (a) (b) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we noted some areas of improvement were needed around safe medicine management. One person had been prescribed medicine to take 'as required' (PRN). We saw however that this had not been clearly marked on the person's medicine administration record. This meant there was a risk staff would give this to the person as a regular medicine. The provider told us they would amend this record to reflect this medicine was PRN.

We found that there were no PRN protocols in place, to detail information including signs and symptoms. This meant staff did not have written guidelines available of what to be aware of, in offering and administering PRN medicine. One person had been consistently refusing one of their medicines. We could not see evidence that this had been identified or action taken such as asking the GP to review. The provider told us they would take action if a person refused a medicine that was more serious to their overall health or wellbeing. The provider gave a recent example of doing this, but it had not been done in this instance.

We saw that staff did not receive planned direct observations on administering medicine after their initial training to ensure they remained competent in this process. The provider's policy stated that staff would assist with medicines following training and completing the required competency. The provider told us they conducted observations on staff in people's homes and could start to include a focus on administration of medicines within this.

People all had a medicine care plan which was clear in detailing the support required. A medicine risk assessment was in place on how to reduce the associated risks when administering people's medicines. There were clear topical medicine application charts in place which detailed clear instructions on where staff should apply creams.

A robust on-call system was in place for staff to use if they required support out of office times. This was managed by the provider and assistant manager. Staff were confident in the on-call process and one staff said, "We have [Provider's name] number, I always get hold of her at any time if I need her, she always answers or gets back to me."

There were sufficient staff available to meet people's care needs. People told us they did not experience missed visits and staff stayed the required amount of time. Comments included "Staff are very punctual, they are very good" and "They stay the time, they don't short change you, they are very nice to me." Staff told us they had enough time on their visits, which meant people were not rushed and they could chat with them. One staff said "There are enough staff, we all help each other. We have enough time to talk to people,



they love seeing you so don't like to rush them."

The provider did not use a formal dependency tool to calculate staffing but allocated regular staff to people so they had familiar faces to support them. Staff told us that periods of sickness or leave would be covered by staff picking up extra shifts or the management team.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

We saw one staff member's employment had been terminated with immediate effect because they had failed to show up for supervisions on repeated occasions. However, we could not see documented evidence that this had been managed following the provider's own policy on terms of employment. The person had not received any verbal or written warnings and there was a lack of recorded evidence on the appropriate actions taken.

Staff felt confident in identifying safeguarding concerns and acting on them to protect people. Comments included, "We make sure people are safe in their own environment and that things are recorded. I would report anything. We were asked on a course if we would Whistle blow and I would do this." Whistleblowing is the term used when a worker passes on information concerning wrongdoing. Staff told us they had received safeguarding training and we confirmed this from training records. One person told us "I trust the staff who come in to my house."

Staff had access to the correct personal protection equipment to ensure they maintained good levels of infection control management. We saw the provider had a policy in place relating to health and safety, which included information about personal protective equipment and correct hand washing guidance.

## Is the service effective?

### Our findings

The improvements to staff training had continued. Staff were up to date with their necessary training and received refresher training when needed. The provider spoke to us about how one training subject each month was focused on and all staff had to then complete that training by the end of the month. If this was not completed within this timeframe the staff member would be called into the office for a meeting.

The training system was accessible by the provider online so they could see which staff were up to date. Once completed certificates could be printed off and added to each staff's record. The provider had also completed training in diabetes awareness and was booked alongside the assistant manager on a 'Lead to succeed' course.

Staff received an induction on joining the service which involved relevant training for the role, shadowing shifts and meeting people and working through an induction checklist. We saw evidence that staff attended regular one to one supervision meetings with their line manager. During these meetings they were able to discuss training needs, achievements, concerns and performance. Staff spoke positively about their supervisions commenting "I have my supervisions with the provider, I can raise anything" and "I have regular supervisions and have done a lot of training."

Staff continued to support people with any meal preparation if required and we saw this was detailed in people's care plans. Staff knew the importance of encouraging fluids and leaving people with a drink within their reach before they left the visit.

The care plans that we reviewed all demonstrated evidence that people were supported to access health services when needed, for example their GP and Community nurses. We saw that for people who had specific health conditions, guidance was available for staff to follow. If there were any concerns about a person who had vulnerable pressure areas, the provider put information in place to highlight the care needs for this person. We saw that where necessary the service would make appropriate referrals to health or social care professionals on people's behalf. Records of this and any subsequent visits or treatment plans were then updated in the care plan.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The registered manager confirmed this didn't apply to anyone receiving the service at the time of this inspection.

Not all staff were able to explain what it meant if a person lacked capacity and how best to support them, comments included, "Not sure, just still give choices all the time", "If they can't make a decision I will go back to office and they will deal with the decision. I can't make that for them they may have family who can help" and "I will look in the care plan and see who I turn to." We fed this back to the provider to consider.

## Is the service caring?

### Our findings

People received care and support from staff who had got to know them well. The service maintained consistency for people by providing regular core staff, that allowed mutually trusting relationships to develop. People told us "It's always the same staff coming, they only change if they are poorly and then they ring and tell me. Safe care have been absolutely brilliant", "I have regular staff who are very good. Staff are very nice, they call up how are you when entering my house and we chat about things, it's a good start to my day."

Staff all spoke positively about the support they were able to give people and took pride in their work. One staff said, "It's not a massive company so I regularly get to see people, the consistency, that what makes it nice." Other staff told us "I do love the job, I love to look after people" and "I support the same people, I know their needs well."

The provider conducted observations on staff, while they were working in people's homes. This looked at their timekeeping, manner and dress. People we spoke with told us the provider and assistant manager would cover shifts and give hands on care when needed. This allowed the provider to ensure the care people received was appropriate. One person said, "I see the manager, she has been in five times this week, she steps in to cover shifts."

We saw that people were involved in making their own decisions around their care and their involvement was documented within their care plan.

Peoples dignity was respected by staff and staff were able to say how they maintained people's privacy. One staff said, "If I support someone with a wash, I shut the door, if someone is visiting them I explain I need to shut the door." The majority of people we spoke with said staff listened and supported them in the way they preferred. We did receive feedback from one person however that stated "The staff are kind, but things are not always done things how I like it. Not all staff were following my routine but the management are going to change my care plan." Other people using the service told us "I can't moan about anything, I am glad to have them someone you can rely on" and "The staff follow my routine, they do things I ask." One staff said, "We promote choice, we ask people and see how they feel, we don't force anything on them."

The service promoted a positive culture and staff completed training in equality and diversity. The provider told us "We promote an inclusive culture, everyone is treated equally. We do observations which include how staff speak to people, when we do visits we ask people if they feel they are being respected and their privacy and wishes are maintained."

## Is the service responsive?

### Our findings

At our last inspection in February 2018 the service was found to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans were not very person centred and there was not always clear information in place. The provider has a positive condition imposed on their registration which requires them to submit a monthly report. This includes information on how they address reviewing care plans. At this inspection on 23 October 2018, we found that the service had taken enough action needed to meet this Regulation.

Each person had two folders kept at the office. One was a replicate file of what was in each person's home and the second contained previous care plans and assessments. Care, treatment and support plans were personalised and detailed. The examples seen reflected people's needs, choices and the care staff should offer at each visit. One staff told us "All people have a care plan and they are pretty good now."

We spoke to the provider regarding people's end of life care plans which had still not been completed. The provider had created a document entitled "Future journey" which asked the person to consider decisions around their care if their needs changed and the things they would like to put in place. This had not yet been implemented into the service as a working document but the provider told us this was planned.

The service supported some people who had sensory needs. Although this was referred to briefly in care plans, consideration had not always been given to how care plans could be provided in a more user-friendly format. The provider told us they had now put this onto the pre-assessment now to ask people if there was anything they could do further in supporting with sensory needs. The provider gave an example of one person who asked for their visit rota in a bigger format and this had been done.

People received an annual review of their care needs, but if staff noticed a change in a person's needs this would be fed back to the management. One staff told us "If people's needs change, I speak to them and inform [Provider's name], and ask a review to be done." The provider told us when new people joined the service they received a review the following month to ensure they were happy, then a six monthly and then an annual review. All reviews were booked onto an electronic system, which would prompt when a review was due. A changes sheet was in place for staff to read and be aware of any changes that might affect the support visit.

We saw that reviews however, had not always been managed appropriately. For example, one person had an incident where they became dehydrated. Although the care plan stated for staff to ensure they had a fresh drink, there was no other evidence the care plan had been reviewed in response to this incident. One staff told us "Sometimes things are said by management but we see the clients more and know what they want. It's not about what the service thinks is best for them."

We reviewed the complaints folder but saw that it did not match up with the amount of complaints the provider had recorded on their monthly audit tool. There had been four complaints since our last inspection. The provider was unable to find two complaints during this inspection but told us they

remember there were an additional two commenting "It must be in the bottom of my bag or something. It must be something that I have not completed." These were found and sent to us after the inspection to review.

## Is the service well-led?

### Our findings

The service is registered as an individual provider, and therefore a registered manager does not need to be in post at the service. The provider managed the daily running of the service and was referred to as the manager by people, their relatives and staff.

At our inspection in February 2018 the service was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have effective systems in place to monitor the quality of care and support that people received. The provider has a positive condition imposed on their registration which requires them to submit a monthly report. This includes information on the provider's quality assurance monitoring. At this inspection, we found that although some improvements were still needed, the service had taken enough action needed to meet this Regulation.

Although not all the concerns from this inspection had been identified prior to this visit, the provider had worked to address most of the previous concerns from our last inspection. The provider had received support from external consultants and we met with one during this inspection. The provider told us that the more documentation they completed, the more they began to understand saying, "We hope we have improved and will continue. Part of the issue was I was doing it all and not documenting things. Not covering as much care now only sickness. I do more of the paperwork now, I led with my heart."

The provider has been submitted monthly action plans and information relating to the service in line with the positive condition enforced on their registration. At this inspection we reviewed the provider's quality assurance systems and found improvements had been made. A folder was in place which completed monthly audits including selected care plans, staff files and training. Actions that the provider had identified from these audits were set and detailed on an overarching quality assurance plan.

Services are required by law to send us statutory notifications about incidents and events that have occurred at the service and which may need further investigation. In July 2018 the provider failed to notify The Care Quality Commission of an incident of potential abuse. The notification was sent after the provider was reminded of the importance to notify without delay.

The last feedback survey had been sent to people in November 2017. People we spoke with told us the service was good at communicating with them and told us "They listen and communicate well" and "They are pretty good at communication." The audit file showed that people's views were being sought on a regular basis.

Staff spoke positively about the support they received from the management. Comments included, "If I have something to say I will tell her, she is approachable. She is a good boss, everyone we take over from, says she's the best they have had" and "The management is great, very approachable, I can get in touch with them anytime." Staff told us they had the opportunity to attend team meetings, however the minutes from the last meeting could not be located. Some staff felt the meetings could be more frequent with one

commenting "We need to have more meetings, they are not very often. We need to solve the problems and talk about any we have, as we don't see each other very often."

People using the service felt confident about the management structure in place to deliver their care. One person told us "The manager is as friendly as can be, she will do anything, she fixed my table the other day." Another person said, "I have always got on well with [Provider name], no problems, see them regularly, she's always helpful."

The provider had started to consider how the service could continue to improve and spoke to us about some of these plans. The provider planned to bring in a keyworker system, allocating a staff member as the main point of contact to ensure people's care needs were met. The provider was promoting Lifeline testing within the service following an event where one was found to be faulty (The Lifeline is an alarm service to ensure vulnerable people that can live safely and independently in their own home). Each staff member would have a list and encourage people to test their Lifeline once a month. The provider told us this would also ensure that people knew how and were able to press it, ahead of needing to in an emergency situation.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments did not always provide adequate measures to reduce the risks.</p> <p>There was not always documented evidence of internal investigations into incident and accidents that occurred.</p> <p>Regulation 12 (2) (a) (b).</p>

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

We imposed a further condition on the provider's registration