

Virtue Care Ltd

42 Alexandra Road

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

42 Alexandra Road is a domiciliary care agency which was providing personal care to 24 people on the day of the site visit. Staff provided people either with care calls or 24 hour live-in care. The provider's office is located in Farnborough and they provide care to people living in Hampshire, Southampton and Hounslow. They provide care to both younger and older adults, who may have a disability, a mental health diagnosis, a learning disability or who may be living with dementia

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 and relative's feedback about the service was overall negative. One relative described the service as 'absolutely atrocious'. People and their relatives expressed their anger and frustration with the management of the service which they felt was the underlying cause of the issues. They felt unheard and several told us they were seeking alternative care. Feedback about the care staff was, they were generally nice, but lacked the required skills and time to provide people with effective and compassionate care.

People did not always receive their medicines safely. The registered manager had not recruited staff safely, nor did they ensure there were sufficient staff to provide people's care as commissioned. People were not adequately protected from the risk of abuse, as although staff had received training, they were not all fully aware of the relevant information required to keep people safe. People were at potential risk from unsafe care and incidents were not always reported. People were not always protected from the risks of acquiring an infection.

The registered manager had failed to ensure staff were always sufficiently skilled for all aspects of their role or to provide ongoing supervision. They had not ensured professional guidance was sought when people presented with swallowing problems or ensured peoples' dietary wishes were respected. People did not always feel well-supported, cared for or treated with dignity and respect.

There had been a failure to fully mitigate the risks related to people's safety and welfare or to maintain accurate and complete records. There was also a failure to effectively assess and improve the quality of the service provided or to use people's feedback to improve the service. There had been a failure to inform CQC of a notifiable injury. There was not always an open and accountable culture.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. There was not evidence to show people's relatives had always been involved in best interests decisions where they lacked capacity to make decisions about their care.

Staff assessed people's care needs as required, but the information was not always transferred to their care plan.

People's care plans were not always personalised to their needs, preferences and interests.

Staff involved people's relatives in decisions about their care where they had the capacity to determine they wanted them involved. Staff liaised with professionals and relevant agencies about the delivery of people's care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 November 2021) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

A focused inspection of safe and well-led was prompted due to our ongoing monitoring of the service and then concerns were received about a person's care. A decision was made for us to inspect and examine those risks. During the inspection, further concerns were identified, and the inspection was expanded to include effective, caring and responsive.

We have found evidence the provider needs to make improvements. Please see all sections of this full report.

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 42 Alexandra Road 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 monitor the service and will take further action if needed.

We have identified multiple breaches in relation to safe care, staffing, safeguarding, good governance, consent, person centred care, dignity and failure to notify. A condition has been placed on the provider's registration.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

42 Alexandra Road

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 was completed by an inspector and an Expert by Experience. 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager is also the provider for this service.

Notice of inspection

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

Inspection activity started on 15 July 2022 and ended on 22 July 2022. We visited the location's office on 18 July 2022.

What we did before the inspection

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 sought feedback from the local authority and professionals involved with the service. We used all this information to plan our inspection.

During the inspection

We spoke with five people and seven relatives about the care provided. We also spoke with the registered manager who is also the provider and five members of staff. We reviewed seven people's care plans and records. We reviewed four staff recruitment records and records relating to the management of the service.

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 changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- A member of staff had administered people's medicines prior to the completion of their medicines competency assessment. These assessments are required to ensure staff's medicine competence has been assessed and the provider is assured that they have the knowledge and skills to administer medicines appropriately and safely. The registered manager had not assured themselves of this, the registered manager had not followed good practice guidance.
- Staff were applying an, 'over the counter cream' for a person. There was a lack of records to show any checks had been made about its' suitability, associated risks such as flammability had been considered or a record of what had been applied. The registered manager had not followed good practice guidance.
- A person was prescribed an inhaler for use 'as required'. There was no guidance to direct staff about when this might be necessary and how long should be left between doses. This created a risk the person might not be administered this medicine correctly.
- Some people's medication needs were not accurately recorded in their medicines care plan, which contained contradictions. One person's plan stated their relative supported them with medicines and then said they wanted staff to support them. There was no guidance for staff on exactly what they were required to do with regard to this person's medicines. People were at risk of not receiving their medicine as prescribed due to unclear medicine plans.

Medicines were not managed safely. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed medicines training and had access to the provider's medicines guidance, which covered assessment, administration and self-administration. The medicines policy was due for review, to ensure it remained up to date and included all relevant information for staff's guidance. People's electronic medicine administration records had been fully completed by staff as required.

Staffing and recruitment

- Five people who received homecare and their relatives reported shortened or missed calls, or double up calls where the required two staff attended the call separately instead of together. This meant the required

care for the person could not be provided by the two staff as commissioned. People also reported calls not being made at the agreed time. Feedback included, "I have had over 20 different people [staff] in here, it's just not on" and 'sometimes they [staff] are late or don't come, you don't know' and 'we have had missed calls, well we had one recently'.

- A relative said, "[Name of person] should have two carers three times a day - sometimes only one carer comes so they [staff] cannot provide the care." Two staff were required to use the required equipment to re-position this person safely. Records confirmed there had been numerous occasions when the two staff required completed the care call separately. This person's care had not been provided as commissioned or safely.
- Another relative said, "I rang up and said over a 45 day period I have had 28 missed visits for two carers [only one came] and two missed visits for two carers [no one came at all] and that is unacceptable." Records confirmed there had been occasions when the two staff required completed the care call separately and on other occasions calls were shortened.
- A person said, "They [staff] should come three times a day but sometimes they don't come until 9am and I'm up myself by that time, they should come lunchtime but sometimes it is so late or they don't come at all, they come in the evening between 4 and 6pm, but I'm not ready to go to bed then" and 'sometimes they only stay 10 minutes and they should be here 45'. This person's records showed evening calls often took place at 5pm to 6pm. This person's care had not been provided as agreed with them.

The failure to deploy sufficient numbers of staff to meet people's care needs as commissioned was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had not been recruited safely. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The registered manager had obtained a declaration of an overseas worker's lack of a criminal record as part of their pre-employment checks, prior to their arrival and recruitment. However, they had not applied for a DBS as per legal requirements. The staff member's DBS application was submitted the day of the CQC site visit. They had worked for the provider for three months without a DBS.
- A second worker was employed in January 2022, but their DBS was not completed until June 2022. Although they did not commence work immediately after they were offered their post. The outcome of the DBS should have been used to consider their suitability for their role prior to the offer of a contract.
- Another staff member had a DBS for another service. The registered manager said the staff member was on the DBS update service and their DBS had been checked at the time of their recruitment, no evidence of this was provided.
- Three staff had gaps in their employment history, therefore they did not have a full employment history as legally required.
- People had been placed at risk of receiving care from unsuitable staff as the registered manager had not ensured all required pre-employment checks had been fully completed. There was a lack of a risk assessment to demonstrate how the registered manager had assessed and managed any associated potential risks whilst these required checks were completed.
- The provider's recruitment policy was incorrect in relation to their reference requirements. Legal requirements state a provider must try and obtain satisfactory evidence of the applicants conduct for all previous roles in health or social care, not just their last one.

The failure to ensure relevant recruitment checks had been completed was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager following the site visit provided evidence the DBS application they had submitted the day of the site visit for a staff member had been processed and did not contain any information of concern.

Systems and processes to safeguard people from the risk of abuse

- Three relatives reported staff had not supported their loved ones appropriately with aspects of their care. Two of them both reported their relatives had been 'force fed' by staff. CQC reported these incidents to the relevant local safeguarding authorities as the lead agencies for safeguarding, for them to investigate the allegations made.
- Three care staff spoken with were not familiar with the provider's safeguarding policy and relevant information, such as the need to record any damage to service users skin on a body map. A staff member said, "I need to get the safeguarding policy and numbers" and another said they were, 'not aware of body maps'.
- People were at risk of abuse because not all staff were aware of what abuse was and when and how to report it. Events and incidents that should have been reported were not, the registered manager had no oversight meaning people were at risk of receiving ongoing poor care because the registered manager did not know it was happening.

The failure to operate effective safeguarding processes to protect people from the risk of harm was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed safeguarding training. The registered manager kept a log of safeguarding's raised and the actions taken. These showed when the registered manager had been informed of events by staff, they had taken appropriate action. A relative told us, they had found their loved one was safe in the care of their live- in staff member.

Assessing risk, safety monitoring and management

- Relatives told us risks to their loved ones had not been safely managed which exposed them to the risk of harm. Two relatives reported their loved ones were not being washed properly by staff, leaving their skin at risk of breakdown. A relative said, '[person] is getting sore again, I'm sure it's because she is not cleaned properly, if at all'.
- People's care plans did not always provide staff with sufficient guidance to manage risks to them safely. The registered manager told us a person was, 'lashing out and kicking out as you provide the care'. Although the person's care plan instructed staff to risk assess them each morning and to report any concerns to the office. There was a lack of written guidance for staff about how to work with them to support them to receive their required care. The registered manager also told us staff used a Wendylett sheet to re-position the person, but this was not mentioned in their care plan, for staff's guidance. A Wendylett sheet is a slide sheet used by staff to assist them when moving people, to ensure they are moved safely. Daily records showed the person was being re-positioned, however, there was a lack of written guidance about this for staff. This meant there was a risk that staff were not completing this task safely to minimise the risk to the person.
- A person's undated lifting and handling risk assessment stated, 'Medical conditions affect mobility / behaviour - high risk' and 'Carers to follow health and safety policies and procedures when carrying out tasks. Carers to report any issues to the office'. However, these were generalised statements. They did not explain why the person was at high risk or what personalised actions staff needed to take to manage this risk to the person. They also had a hoist risk assessment, which did not state how many staff were required for safe use. It just said, the number of staff required were involved. There was a lack of clear guidance for staff meaning the person was at risk when being moved.
- Relatives and staff told us safety incidents had occurred, however, the registered manager was not able to

demonstrate staff had always reported them, nor had staff always completed incident forms as required. A care staff member told us, "When I arrived [name of person] had a bruised bottom and the hospital had provided plasters - the sore has now gone. Her wrist and foot were swollen." When we asked if there were incident forms for these injuries, they replied, "No I don't think there were incident forms or body maps for the injuries." We checked the provider's safeguarding and incident logs and neither of these injuries were logged.

- Another care staff told us, staff from a second agency supported them several times a day with a person's care, as the person needed to be hoisted. They told us, 'there was no additional carer last [day]' so they had to provide the person's care on their bed as they were alone. They could not hoist the person as required to provide the person's personal care properly, as this required two staff for safety. There was no written evidence this incident had been reported to the registered manager on an incident form for action or logged on the incident or safeguarding log.

The failure to provide safe care and treatment was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager ensured a range of risk assessments for people were completed in relation to the risks from people's environment, falls, mobility and fire. Staff had completed safety training in areas such as, first aid, moving and handling and fire safety. The registered manager monitored staff's awareness of risks and use of safety equipment when they completed spot checks upon staff.

Preventing and controlling infection

- A person's risk assessment noted personal protective equipment (PPE) was to be worn at all times during personal care. The person's carer told us, they had 'no gloves and aprons'.

- Two staff told us they had not completed lateral flow tests (LFT) to ensure they were not COVID-19 positive. The registered manager said this was because staff, 'did not understand what a LFT is.' Following the site visit the provider supplied evidence which showed all staff, including these two staff had completed LFT's weekly, however, there were no dates or test numbers, for verification. Current guidance requires staff complete this test twice weekly. Staff had not met good practice testing requirements.

- The provider's COVID-19 guidance for people and staff had not been reviewed or updated since May 2020. Therefore it was not current.

- A person told us a staff member wore long nails to provide their care, which was an infection control risk. They commented, 'she has very long nails, false ones I think'.

The failure to ensure the risks of infection were controlled was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed the provider's infection control training. The registered manager checked staff's infection control practices, when they had a spot check of their practice. However, none of these spot checks had identified the issues that were raised with us

Learning lessons when things go wrong

- Staff did not all understand their responsibility to raise concerns, record safety incidents and near misses. Therefore, there was a risk of under reporting due to staff not recognising incidents or understanding the need to report them or how to.

- When staff raised incidents, there was evidence the registered manager had investigated them and relevant actions were taken for people.

- There was evidence when required learning was identified, this information was shared with staff.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Two people and a relative told us some staff were not trained properly in all aspects of delivering care. A relative said, 'most of them [staff] cannot cook from scratch or even know how to reheat a ready meal properly, some haven't known how to turn on the oven.' A second person confirmed, they [staff] really don't understand the ready meals anyway, they either char them or undercook them, I'm safer doing it myself', A third person told us, a carer did not know how to apply their continence pad and they had to instruct them.
- Staff had received an online induction to their role and records were kept of when their training was due to be refreshed. Staff completed the provider's, 'All in one mandatory staff training' which included the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- However, the feedback received demonstrated not all staff had understood the training provided, which resulted in some people receiving unsuitable care. Staff completed online training in areas such as privacy and dignity and food hygiene. However, they were not provided with training on how to prepare or cook a meal. This was an unidentified training need for staff.
- Staff were not supervised as frequently as required by either guidance or the provider's policy. The provider information return stated checks were to be completed on live-in staff once every three months. The supervision policy required staff received formal supervision every two months. Records reviewed showed staff had not been supervised at the required frequency. Four staff files were reviewed, two staff had no evidence of supervision or spot checks and two staff had evidence of one supervision each on the day they commenced work. The registered manager provided evidence of a spot check completed for three of their staff. Not all staff had received the regularity of supervision or spot checks they required to ensure there was sufficient oversight of their competence in their work.

The failure to ensure staff were always sufficiently skilled for all aspects of their role or to provide ongoing supervision was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A person's care plan stated they must have 'soft meals to meet nutritional requirements' however there was no evidence this instruction was based on professional guidance. If the person had been referred to the speech and language therapist (SALT) they would have assessed their needs if required and prescribed their diet based on the internationally recognised International Dysphagia Diet Standardisation Initiative (IDDSI). This framework uses agreed definitions to describe the safe consistency of food and drink for people, which

staff can then follow.

- A staff member told us, '[name of person] cannot chew hard foods', they told us they blended food for them to make it soft. This was not referenced in their undated care plan. When asked if a SALT referral had been made the carer did not know. If staff had identified the person had issues eating, this should have been reported internally, the care plan updated and a SALT referral discussed with the person and their family.
- There was a lack of clear guidance for staff about people's nutritional requirements and preferences. A staff member told us, the person they cared for, 'must have soft food'. We checked their care plan, this did not indicate they had any issues eating. Their relative told us, the person did not require a soft diet and needed their food chopped up for them. This was not reflected in their care plan. There was a lack of clarity about this person's dietary needs for staff. When people presented with potential dietary risks professional guidance had not always been sought.
- A person's care plan stated, 'I want my carers to ensure that meal choices are respected and assist with cooking when required'. However, their relative told us a staff member had served them an inappropriate mixture of foods at the same meal. This person's dietary wishes had not been sought or respected by staff.

The failure to ensure people's nutrition needs were assessed by a professional when people presented with swallowing problems to determine what foods were suitable for them was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed food hygiene training.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The MCA form staff used to assess if people lacked capacity, was incorrect. It made reference to multiple decisions, rather than being decision specific. MCA assessments reviewed for four people, showed they related to 14 decisions about their care. These ranged from if the person could decide when to get up, to if they could decide to leave their house unaccompanied, to if they could manage their finances.
- When people had been assessed as lacking capacity to make decisions about their care, there was not always evidence of a best interest decision as legally required. Staff had assessed a person lacked capacity to make decisions about their care, but there was no evidence of a best interest decision, to show receiving the care was in their best interests and that relevant people such as their relatives had been involved. We spoke to the person's relative who confirmed, they had no idea there even was a care plan. There was a lack

of evidence to prove they had been consulted about whether the care provided was in the person's best interests. When people could not consent to how they were cared for, records indicated staff had reached these decisions on their behalf without always consulting relevant people such as their relatives.

- A person's falls risk assessment noted, should they be unable to make a decision about their care and support needs, their relative could make the decision. This was not correct as a best interest decision should be made.

The provider's procedures when people appeared to lack the capacity to make decisions about their care did not meet the requirements of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received MCA training and had access to the provider's MCA policy for guidance. However, there was a lack of evidence to demonstrate how the registered manager had verified if the staff had understood the training provided or the policy.

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

- People had received an assessment of their care needs as required. This identified their needs in relation to various aspects of their care. However, the information was not all transferred to people's care plans which prescribed how their care was to be provided, to inform and direct staff. For example, a person's initial assessment noted they used a hearing aid, but this was not mentioned in their care plan.

- A person's initial assessment detailed their care needs. It said they had experienced a stroke and were forgetful, it did not state they had a diagnosis of dementia. Parts of their care plan referenced a different person, it also said they had dementia. Their relative confirmed, "I had no care plan and I have asked and asked for it and finally it came on Monday and it was full of mistakes and even wrong names." This person's care and support plan was incorrect and did not meet legal or good practice requirements.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People's live-in care was often provided with the support of a second, external agency, where for example, they required the assistance of two staff for personal care. There was no reference to the second agency in people's care records to ensure staff understood each other's responsibilities.

- There was evidence staff had liaised with professionals such as occupational therapists, physiotherapists and district nurses about people's risks and issues when they had been identified and escalated. Staff liaised with professionals about the delivery of some people's care.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity: Respecting and promoting people's privacy, dignity and independence

- Not all of the staff were compassionate, kind and considerate in the provision of people's care. Not all of them always treated people with dignity or respect.
- A relative whose loved one received live-in care said, 'well it's absolutely atrocious. The first carer was very good but since then we have had all different carers, some very young and totally inept, they keep in their room, order takeaways and are constantly on their phones and never speaking to my relative'. They also told us, "I've turned up and the heating has been up at 28 degrees and [relative] nearly expiring in the heat" and '[relative] gets no stimulation from them [staff], no conversation.'
- A person told us a staff member wore long nails to provide their care. They commented, 'when she washes my hair she scratches me.' The registered manager had not ensured the staff member followed good practice guidance and this had negatively impacted this person's care.
- Two people who received homecare told us their care could be 'rushed'. One said, 'they [staff] rush away before I can think of what they should do' and "they are just in such a rush to go, I wish they would slow down a little'. A relative told us, 'Staff are nice but rushed.'
- The feedback from two relatives about their loved ones being forced fed, indicated these staff saw this as a task to be completed rather than as a chance to create a relaxed, pleasurable and enjoyable experience for the person they care for. The registered manager was focused on the completion of tasks rather than personalised care and well-being. They told us, "The main priority is to ensure people are washed, clean and comfortable and not at risk." This did not demonstrate they understood the need to respect people's wishes and stated preferences and to consistently provide caring and compassionate care. There was a lack of sufficiently personalised guidance in people's care plans beyond the practicalities of the care to be provided, to inform and guide staff about how to meet people's preferences about the delivery of their care.

The failure to ensure people were always treated with compassion, dignity and respect was a breach of Regulation 10 of the HSCA 2008 dignity and respect.

- There had been breaches of confidentiality and data protection as two people's records reviewed contained other people's names.

The failure to ensure peoples' confidentiality was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relative's feedback overall was that most of the staff were kind. Feedback included, 'very good, very kind'.
- Many people and their relatives felt the issues they experienced were due to the management of the service rather than the care staff. Feedback included, 'the carers are very good, very nice it's not their fault. It's not the girls [staff] it's the organisation', 'they [staff] are all OK really, it's not the carers it's the management' and 'the staff are very nice and do their best ,they are just unhappy.'
- Staff had received training in areas such as dementia care, equality and diversity and person centred care and had access to the provider's policies. The registered manager monitored staff's interaction with people when they completed spot checks upon staff. However, spot checks were sporadic and had not identified staff were not always understanding or applying their training fully.

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

- Staff often recorded just the practical aspects of people's care, but not their mood or how they spent their time. However, one person's records did document this information and this clearly demonstrated how the person had been and what decisions they had been involved in making during their day.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Five relatives said the person either lacked a care plan or it was incorrect. Feedback included, "The carers from the other company have a care plan but I don't think there is one from Virtue [name of provider]," "I kept asking for the care plan and eventually the most vague and loosely written thing turned up" and "There is no care plan that I know of, we used to have a folder but the girls use the App now to record things and I have no access to that." A staff member confirmed for the person they cared for, "There is no care plan in the house."
- Three staff spoken with were not familiar with the care plan for the person for whom they provided care. One told us, they had 'not read the care plan' and 'relied on the verbal handover provided.' A person's care plan contained information about how to support them if they became agitated. However, when we spoke with the staff member who provided the person's care they were not aware of this guidance. Another staff member when asked about the guidance to support a person eating said, they did, 'not know what is in the care plan about feeding [person]'.
- A person's care records were not personalised regards their preferences for their care. There was a lack of a personal history, to provide a sense of the person, their interests and life. They were being provided with live-in care but there was a lack of information about their preferred routines and detail of how they liked their care provided. The plan primarily focused on the tasks to be completed rather than what was important to the person as an individual and the outcomes they wanted to achieve. The person had difficulty expressing themselves verbally. The only guidance for staff was to communicate patiently with them.
- A person's initial assessment provided information about their needs and preferences but this information had not then been reflected in their care plan. The care plan stated staff were to provide the person with stimulation. The staff member caring for them told us they, 'had not read the care plan' and their relative said, the person was 'getting no stimulation' and was 'losing motivation.' People's care plans were not personalised or reflective of the individual's preferences for their care as a result people's care did not always meet their needs. A person said due to their care needs, 'I need everything put back in the same place but I have trouble explaining to them [staff] and them understanding me, so I do it myself.'

The failure to ensure people's care plans were personalised to their needs, preferences and interests was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had an accessible information policy to guide and inform staff. People's communication needs were documented.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which set out the process whereby people should raise issues. The provider's complaints log contained two complaints, one of which related to one of the safeguarding's CQC raised about a person's care and the other related to a person no longer in receipt of care. The log documented the issue and the resulting actions.
- People and relatives told us they had raised issues. Their feedback included, "I have given up trying to complain, nothing happens, I ring up but you are just ignored" and 'if you ring them nothing much changes.' They felt there was little point in complaining as they did not feel effective action was taken when they did.

End of life care and support

- Staff had completed end of life training and access to the provider's guidance. Where required people had end of life care plans in place.

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 changed to 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

At our last inspection the provider had failed to fully mitigate the risks relating to people's safety and welfare or to always maintain accurate and complete records. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- As detailed in safe, the risks to people's safety and welfare related to staffing, recruitment, safe care, medicines, incident reporting and infection control had not always been identified and mitigated.
- Some people's care records were inaccurate, lacked dates and attention to detail and contained conflicting information about their care. A person's record incorrectly recorded their personal information. Another person's care plan noted staff were to 'maintain my indecency'. A person's environmental risk assessment stated, 'Service user is not using a hoist currently' however staff told us, 'carers come four times a day to transfer him'. Numerous records lacked a date, therefore it was not clear when they were written and if they required review.
- The registered manager had not been fully open about the date of application for a staff member's DBS and not all documents provided accurately reflected the care and treatment provided to people. Some records contained discrepancies.
- The registered manager submitted a medicines administration records audit, which contained details of a person whose care had not commenced at the date of the audit. One person's medicine administration records were signed on four occasions by staff who had not attended the care call and therefore could not have administered their cream. An incident report was provided during the inspection, which contained incorrect information about the date CQC were informed of the incident.

The failure to fully mitigate the risks related to people's safety and welfare or to maintain accurate and complete records was a continuing breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was also the provider. They had a senior team of co-ordinators and supervisors in place to support them and to have oversight of the service. They held staff meetings with staff, when their

expectations of staff, including records requirements were discussed with them. Following the site visit, the registered manager advised they had held a meeting with staff to share our findings.

- The registered manager had failed to inform CQC as required of a person who had sustained an ungradable pressure ulcer in May 2022.

The failure to inform CQC of a notifiable incident was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- Staff completed regular audits of the service, these included audits of care records, staff records and medicine records. Staff files were audited on 25 April 2022 and identified gaps in staff's employment history, to be addressed by 10 May 2022. We still identified issues with gaps in staff employment histories in addition to other missing information at the site visit on 19 July 2022, over two months later.
- On 24 June 2022 the care records of 18 people, including those of five people we reviewed were audited. It was noted, 'Identified shortcoming in care notes for individuals receiving care. Service users' notes should include a record of all agreed care given to the service users.' This was not an accurate reflection of the multiple issues with records we identified at this inspection. The required action was to, 'Provide support / Training to all staff in regard to records, assessments / care planning and documentation standards across the agency.' This was not a sufficiently robust response, staff had not completed training since May 2022, nor did it recognise the issues were not just related to staff training.
- During the inspection CQC requested documents, including the provider's service improvement plan, which was received on 22 July 2022. This did not identify or address any of the issues we had identified. The registered manager did not appreciate the extent or depth of the failings and did not have a robust plan to improve the standard of care.
- People and relatives spoken with did not feel their views had been heard. The registered manager provided evidence of staff spot checks. However, there was a lack of evidence the views of people and their relatives had been sought about the carer as part of this check.
- The registered manager provided an undated feedback form from the relative of a person showing they were pleased with the service. The person's relatives had told us they were extremely unhappy about the care provided. The feedback form did not provide an up to date record of their views.
- A person had a recent review which stated no concerns had been reported. The person told us, 'well I did ask to see (manager) but he never came, no I haven't heard from anyone asking me any questions about anything.'
- The provider's policies had not been reviewed and updated to ensure they contained relevant information as required.

The failure to effectively assess and improve the quality of the service provided or to use people's feedback to improve the service was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager was not meeting their objectives as set out in their service user guide, 'to provide our service users with a comprehensive service of care of the highest quality'. Nor had they ensured their Service User's 'Charter of Rights' was upheld for each person.
- There was not an accountable and open culture. Seven people and relatives provided negative feedback

about the service and its management and one relative provided positive feedback. Feedback included, "I don't think (manager) knows what to do," 'we can't get hold of the manager at all' and "I have had some very tough conversations with [registered manager], in fact a few flaming rows."

- The registered manager told us, 'People have high expectations' which they felt did not reflect the level of care commissioned. They rationalised the negative feedback received, as being due to some people not wanting to pay for their care, some developing dementia and having taken on complex packages of care for people declined by other providers.
- Staff were happy working for the registered manager and told us they felt supported.

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 registered manager understood their legal responsibilities.

Working in partnership with others

- There was partnership working. The provider worked with partner agencies as required when they identified or were made aware of the need to work with them, to meet people's needs and to ensure they received joined-up care. However, they had not always identified the need to seek guidance.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents There had been a failure to inform CQC of a notifiable incident.

The enforcement action we took:

A condition has been placed on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care There had a been a to ensure people's care plans were personalised to their needs, preferences and interests

The enforcement action we took:

A condition has been placed on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect There had been a failure to provide safe care and treatment, to manage medicines safely or protect people from the risks of acquiring an infection.

The enforcement action we took:

A condition has been placed on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider's procedures when people appeared to lack the capacity to make decisions about their care did not meet the requirements of the MCA.

The enforcement action we took:

A condition has been placed on the provider's registration.

Regulated activity	Regulation
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Personal care

Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

There had been a failure to provide safe care and treatment, to manage medicines safely or protect people from the risks of acquiring an infection.

The enforcement action we took:

A condition has been placed on the provider's registration.

Regulated activity

Regulation

Personal care

Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment

There had been a failure to operate effective safeguarding processes to protect people from the risk of harm.

The enforcement action we took:

A condition has been placed on the provider's registration.

Regulated activity

Regulation

Personal care

Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs

There had been a failure to ensure professional guidance was sought when people presented with swallowing problems or to ensure peoples' dietary wishes were respected.

The enforcement action we took:

A condition has been placed on the provider's registration.

Regulated activity

Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

There had been a failure to fully mitigate the risks related to people's safety and welfare or to maintain accurate and complete records.

The enforcement action we took:

A condition has been placed on the provider's registration.

Regulated activity

Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

There had been a failure to ensure relevant recruitment checks had been completed.

The enforcement action we took:

A condition has been placed on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There had been a failure to provide sufficient numbers of staff or to ensure they were supervised.

The enforcement action we took:

A condition has been placed on the provider's registration.