

Community Care Direct Limited

Community Care Direct

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Community Care Direct is a home care provider which offers domiciliary care and support for people within their own homes. The service was providing support to 40 people at the time of the 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

At the last inspection in September 2020 we had found the provider in breach of regulation with regards to the governance and running of the service. At this inspection we found continued management issues and there was a lack of overall governance and monitoring systems. The provider remains in breach of regulation.

There remained a lack of clarity regarding the senior manager roles in terms of the running of the agency. Since the last inspection the registered manager had maintained safe standards of care as reported by people using the service. However, there had been no development with respect to auditing systems to monitor and ensure safe standards were maintained. The overall governance of the service was poor with a lack of updated records being maintained in staff training, care, medicines and assessing clinical risk.

People reported good support regarding the management of their medicines and told us they get their medicines on time. There were some anomalies with medication records and the auditing processes had not been carried out effectively and had not picked these up. Although staff underwent training, they were not being formally monitored in terms of their ongoing competency to administer medicines. These findings were similar to the last inspection. Following our feedback, the provider ensured all staff administering medications had been checked for competency.

The agency had move location since the last inspection and were in the process of staff recruitment. There was enough staff to carry out the care and support needed. Current staff had been recruited safely.

People's experience of using the service was mostly positive. People told us they received their care and support when required and at their preferred times. People and family members told us staff were helpful and kind.

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

Rating at last inspection

The last rating for this service was Requires improvement (published 16 December 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two

consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance and management of the service. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

The inspection was prompted in part due to a safeguarding concern received about the support and care for a person. We also had some concerns about the service being responsive to regulatory requirements such as timely submission of statutory notifications. The service was also in breach of regulations from the last inspection. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well led key question of this full report.

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 remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Concern (UK) on our website at www.cqc.org.uk.

Enforcement

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

We have identified breaches in relation to good governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 well-led.

Details are in our well-led findings below.

Inadequate ●

Community Care Direct

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

The inspection was carried out 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.

The service had 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.

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 that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 July and ended on 26 July 2021. We visited the office location on 26 July 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. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and three relatives/supporters about their experience of the care provided. We received feedback from ten members of staff as well as the nominated individual for the provider. The registered manager was not present at the inspection.

We reviewed a range of records. This included three people's care records and 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 audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked for more reassurances from the provider with respect to concerns around staff competency to administer medications and the updating of care 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 requires improvement. At this inspection this key question remains the same. 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

- Most people told us they received their medicines at the right time. when people were administered medicines there was a record made on a Medication Administration Record [MAR].
- MAR's did not always have enough detail with respect to administering medicines to be given when needed [PRN]. There were no support plans to advise staff and help ensure consistent administration.
- Staff told us they had training to administer medicines but were unsure that managers assessed their competence to administer safely; there was no formal assessment or record of this. We asked the provider to ensure this was conducted urgently as this was also a finding at the previous inspection. The provider contacted us after the inspection to say this had been completed.
- There was limited and inconsistent auditing of medicines. The medication auditing tool that had been used previously had not been completed for some time [April 2021] and findings at that time had not been acted on. One MAR contained some anomalies and errors that the provider could not explain as the MAR had not been audited.

Assessing risk, safety monitoring and management

- Risk assessments were completed to identify areas of risk and how people needed to be supported. These were not reviewed regularly, and some were not updated to include current risk. Risk assessments we reviewed had not been updated since July 2020. One person's mobility had changed and improved over this period, but the moving and handling assessment and plan did not reflect this.
- Individual assessments did not include assessments and plans for Covid19, which the registered manager advised they would develop at the previous inspection.

Staffing and recruitment

- Most people told us they were receiving support when they needed and that they felt care staff were competent. One person told us, "Yes there seems to be plenty of them, there is half a dozen, you get to know some." A relative commented, "We have a laugh they're nice they make [person] laugh."
- Staff interviews were mostly positive, and they told us they were supported by the management. This was an improvement from the last inspection. Most staff felt moral had overall improved since the last inspection; much if this was put down to the approach of the registered manager.
- The service had recently moved location and there was a positive recruitment drive for new staff. This included office staff and senior care staff.
- Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place. There were examples where the registered manager had contacted and liaised with the Local Authority safeguarding team when needed.
- Staff understood their safeguarding responsibilities and had confidence in managers to address any concerns.

Preventing and controlling infection

- Personal protective equipment, such as gloves, masks, visors and aprons, was available to help staff maintain infection control.
- Staff had been advised and kept up to date with the requirements of which personal protective equipment (PPE) to wear during the Coronavirus pandemic.
- Staff told us they underwent regular testing for COVID-19.

Learning lessons when things go wrong

- There was no record of any incidents and accidents, and we were told there had been none reportable.
- The issues reported on in the last inspection and which the provider had addressed in an action plan to CQC had not been followed through. Many of the same issues had arisen on this inspection which evidenced poor learning and planning of improvements in specific areas of safe care.

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 requires improvement. At this inspection this key question has now deteriorated 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; 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.

At our last inspection the provider had failed to establish governance systems and processes to monitor the quality and safety of care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. No improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There were poor and Incomplete records. These included the auditing and monitoring of key areas of quality and safety such as medication administration records [MARs], staff files and care records including a lack of updated risk assessments and care plans to reflect current care. There were no infection control audits to establish safe ongoing standards regarding COVID19 compliance.
- There were no overarching service audits available. The last service audit had been conducted in 2018 by a previous registered manager.
- There were some quality assurance surveys aimed at getting feedback from people using the service and some individual positive feedback was noted. There was no analysis of the surveys however, or completion of the audit process to tie into future planning for the service. There was no development plan for the agency. We were told by one staff "It's in [Nominated individuals] head.""
- There were only four spot checks for staff to help support good care practice. There were no staff supervision records available as formal supervision of staff had not been completed. There were no regular staff meetings to assure good ongoing communication.
- One managers meeting seen dated 26 May 2021 reflected some aspects of the above and overall chaotic running of the agency.
- The roles of senior management personal had not been clearly designated and communication between the registered manager and the rest of the management team had not been clear. The Nominated Individual for the provider had left the running of the service to the registered manager with little oversight. There had not been any formal review of the registered managers ongoing role.
- Regulatory requirements had not always been complied with. The service had moved premises recently and the required statutory notifications had not been submitted to CQC in a timely manner; CQC having to contact the registered manager to remind them. This was a potential offence under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

These were similar findings to the last inspection. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe care was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed specific actions to establish staff competencies to administer medications and all care plans and risk assessments had been updated. The provider also committed to not taking any further clients for a period of at least three months or until improvements were made.

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

- People generally received their support at a time which suited them; they received the support they needed to meet their needs. Interviews with people using the service and relatives were generally encouraging.
- Staff told us they enjoyed working for the service overall although staff moral could vary. Longer serving staff reported the service had benefited from a consistent approach by the registered manager and this had improved moral. One staff commented, "Its good we have recruited some incredible staff members including our current care manager [registered manager] and have pulled together through some tough times including poor organisation of the rota's."

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

- People's opinion of the service was sought in a limited way only and feedback was not included in any formal ongoing planning.
- There was no records of regular reviews taking place for people using the service to ensure the support was meeting their needs.
- Staff felt communication from managers varied. Some staff still felt they were not always listened to at times.

Continuous learning and improving care

- Quality assurance measures still needed developing to clarify areas for improvement, such as those identified on the inspection.
- The office managers and the nominated individual for the provider were responsive to the feedback we delivered during the inspection and stated they understood the issues and were positive in being able to develop the service going forward.

Working in partnership with others

- The registered manager worked with the neighbouring local authorities and healthcare providers.
- Feedback from local authorities confirmed that commissioners had no current care concerns about the service.

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 17 HSCA RA Regulations 2014 Good governance Governance systems and processes were not established; the quality and safety of care was not effectively being monitored or assessed.

The enforcement action we took:

We issued a warning to the provider telling them they needed to improve.