

State of The Art Care Solutions Ltd

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Inspection report

173 Ridge Hill Lane
Stalybridge
Cheshire
SK15 1ES

Tel: 01613387018

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Inadequate ●
Is the service responsive?	Inadequate ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

We undertook an announced inspection of State of the Art Care Solutions Limited on 13 January 2016. The inspection was announced 48 hours prior to our visit to ensure that the registered manager, manager or other responsible person was available to assist with our inspection.

The service was registered with the Care Quality Commission (CQC) in February 2015 and has not previously been inspected.

There was a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We identified multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

State of the Art Care Solutions Limited is located in the Stalybridge area of Tameside and is an independent domiciliary care service providing personal care to people in their own homes. There are two directors (one of which is the registered manager), one care co-ordinator and two support staff.

The service is run from the registered manager's home situated on a residential estate. The only documents made available to us during our site visit were staff files

We were not able to view any other documents during our visit. The registered manager told us that all other documents relating to providing the service were held electronically and unable to locate them during our visit to the location. The registered manager emailed the requested documentation to the lead inspector 5 days later.

We were provided copies of generic policies and procedures; however, these procedures were not in place operationally, for example, there was no accident and incident recording procedure or any service checks in place to assure the delivery of safe and quality care.

During the registration process of the organisation, the registered manager told us there were five people employed by the service. However, three of the five staff recorded as employees of this provider were not currently providing care; the registered manager told us that this was due to the organisation not having much business and a subsequent lack of available hours for them to work.

We spoke to the registered manager during the inspection, but we were unable to speak to the other director as they did not make themselves available to us during the inspection period. We wanted to speak

to this person as they had provided care to two people.

Safe and appropriate recruitment and selection practices had not been used to ensure that suitable staff had been employed to care for vulnerable people. We found that in four out of five staff files, no safety checks had been made and there had been no recruitment and selection process.

State of the Art Care had been commissioned by a care organisation, to provide support to two young people, this organisation provided positive feedback about the worker, and said they were "very happy", with the level of care provided.

When asked, the registered manager had a general understanding of the safeguarding of vulnerable people, however, was not able to evidence that they were aware of local arrangements and who to contact locally. The safeguarding policy emailed to the lead inspector did not provide the details of local arrangements.

During the inspection we found the registered manager to be unprepared and did not have the ready knowledge or information about the service, as they were unable to produce documentation or information at our request. They did not have the necessary infrastructure in place to provide safe and effective care. We were unable to carry out our inspection in the usual way as we were obstructed by the lack of required information and the lack of cooperation from both directors of the organisation.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC.

Services in special measures will be kept under review and if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall will take action in line with our enforcement procedures to begin the process of preventing the provider from operation this service. This will lead to cancelling their registration or to vary the terms of their registration within six months of they do not improve. This service will continue to be kept under review and, if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvements so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms 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?

Inadequate ●

The service was not safe.

The manager was not aware of local arrangements for reporting safeguarding concerns.

No risk assessments were in place.

There was no evidence in the staff files looked at that the necessary pre-employment checks had been undertaken to ensure the safe recruitment of staff and the safety of people receiving a service.

There was no accidents and incidents recording procedure in place.

Is the service effective?

Inadequate ●

The service was not effective.

Documentation provided showed that staff did not have the required training, skills and competencies to enable safe delivery of care.

Records showed that no staff had received training in the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Inadequate ●

The service was not caring.

There was no evidence that people were involved in deciding their own care and support as no recording systems were in place.

Is the service responsive?

Inadequate ●

The service was not responsive.

There were no care plans in place to ensure people received a personalised service.

The service did not have a complaints policy and had not sought the views of people and their relatives.

Is the service well-led?

Inadequate ●

The service was not well-led.

The registered manager did not have the knowledge, infrastructure or necessary information to hand to demonstrate they provided an effective service.

There were no audits or quality systems in place.

State of The Art Care Solutions Limited

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 inspection took place on 13 January 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of two inspectors.

On this occasion, we had not asked the provider to complete a provider information return (PIR) before the visit. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We were not able to speak to any healthcare professionals involved in people's care as no records of care delivery had been kept.

We were not able to gain any feedback from the local authority or clinical commissioning group as the provider did not hold any contracts to provide care with these organisations.

We were not able to speak to people who had used the service as we the registered manager told us that they were unable to be contacted.

We were unable to speak to staff as the one staff member who had provided care did not make themselves

available during the inspection period.

We were not able to observe any staff interactions with people or any care being delivered as the organisation was not currently providing care to anyone.

During our site visit, staff files for all five members of staff were made available for us to inspect; two directors of the service (one was also the registered manager), one care co-ordinator and two support workers.

No other documents were readily accessible and were not made available to us during the site visit; however we received electronic copies of requested policies and procedures via email 5 days later.

Is the service safe?

Our findings

At the beginning of the inspection, the registered manager was unable to accurately confirm how many hours of care and support had been provided since the service's registration in February 2015. During the site visit the registered manager told us that two people had received a service, however, when we looked at emailed invoices five days later, we found that three people had received a service from State of the Art Care Solutions Limited.

No risk assessments or care plans were in place for these three people. We were unable to ascertain if people had received care and support that had been properly assessed for any risks to their safety as there were no records or assessments to review. This meant that people were at risk of not receiving safe and appropriate care and support and were not protected from avoidable harm.

During the site visit the registered manager was not able to produce an accident and incident policy. This general document was emailed to us five days later. The registered manager confirmed to us that there was no accident and incident book or any recording system in place. We do not know if any accidents or incidents occurred during care delivered by State of the Art Care Solutions Limited as no records of care have been completed. This meant that the registered manager could not monitor the safe delivery of care or take appropriate action with regards to people's safety.

The registered manager was unable to produce a medications policy at the time of our site visit, but this was emailed to us five days later. This was a generic policy that included the agreement that the provider would administer medication. A lack of documentation meant that we were unable to ascertain if any care provision had involved the administration or prompting of medication. The registered manager had a certificate for 'safe handling of meds', however, no medication training was evidenced for any other member of staff. We did not view any evidence of competency checks for any staff. This meant that people were potentially at risk of receiving their medication from staff who were not trained to safely prompt or administer their medicines.

Although the registered manager had completed some of the training necessary to provide safe and effective care, there was no evidence of any relevant training in the other four staff files. The registered manager told us that this training had not been organised for staff as they did not have enough people using the service to warrant this. However, one staff member had been providing care and support to two people since April 2015 and no relevant training or evidence of competency or skill checks was held in this person's staff file.

This was a breach of Regulation 12 (1) and (2) (a) (b) (c) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

During our site visit we were unable to access any information around the safeguarding of vulnerable

people, however a general policy was emailed to us five days later, which was found to be insufficient as it did not include information around local arrangements for reporting any concerns about the safety of someone. A provider's safeguarding policy should include the specific arrangements from the local authority in the area where they are providing the care and a procedure should be made known and readily available to all staff.

We asked the registered manager questions about safeguarding and the related legislation and they were able demonstrate a general knowledge of these subjects and what to do in several examples, but they were unable to evidence that they were aware of local arrangements and who to contact locally. We were unable to check with the staff member, who had provided care, around their understanding of safeguarding and the related procedures as they did not make themselves available to speak with us during the inspection period.

We saw that the registered manager had a certificate for safeguarding vulnerable adults training, however, there was no evidence that any other staff members had received this necessary training. Staff did not have ready access to policies and procedures as they were held electronically and the registered manager could not access them during our visit. This meant that people who use the service were not protected by staff who were suitably trained in how to recognise abuse and what correct action to take if they were concerned about the safety of someone.

This was a breach of Regulation 13 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The staff files we looked at during the inspection, showed us that safe and appropriate recruitment and selection practises had not been used to ensure that suitable staff were employed to care for vulnerable people. Staff files had no evidence of interviews, application forms, CVs, health declarations and there were no references. Apart from the registered manager, staff members had not had the relevant disclosure and barring service (DBS) pre-employment check. The DBS carries out checks and identifies to the service if any information is found that could mean a person may be unsuitable to work with vulnerable adults. This meant that background and police checks had not been completed to reduce the risk of unsuitable staff being employed by the service. Only one staff file contained the necessary photographic identification.

This was a breach of Regulation 19 (1) (b) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Is the service effective?

Our findings

The necessary staff training was not recorded in staff files held at the service and the registered manager was unable to confirm that staff had received training. This meant that people were not able to receive effective care from staff who had the required skills and knowledge because staff had not received the necessary training, induction or supervision.

This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

There were no care records for people who used the service; therefore the inspection team was unable to ascertain if people received any additional support from healthcare professionals or how the service supported people who use the service to maintain their health and wellbeing.

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 made in their best interests and as least restrictive as possible. The lack of any care records meant that we were unable to check whether the service was working within the principles of the MCA. We could not check whether staff were knowledgeable around consent as we were unable to speak to them. We did not see any evidence in staff files that any staff had received MCA training.

We were unable to talk to any people who had received support from State of the Art Care Solutions Limited and we were unable to observe any delivery of care, this meant that we were unable to report on whether people were given choice or whether staff sought consent to support someone.

We spoke to the registered manager during our visit, but were unable to speak to any other member of staff as they were either not currently providing care or did not make themselves available. Speaking to staff is an important part of our inspection methodology as this enables us to check staff knowledge and training, how they respect and care for people, how they ensure safe and effective support and how they are supported by management in their role.

Is the service caring?

Our findings

At the time of our inspection, State of the Art Care Solutions Limited had provided care and support to three people since February 2015. As part of our inspection methodology for a domiciliary care organisation, we like to contact people who use the service to check that appropriate care is being delivered and how satisfied they are with the care they receive. We were unable to speak directly to anyone who had received personal care as the registered manager told us that the one person, who had received care directly from the service, had lost their mobile phone and we would not be able to telephone them. This meant that we were unable to gain valuable feedback from people who receive care from the service.

We spoke to another care organisation, which had used the services of this provider (one support worker) on several occasions, and they confirmed that the care and support delivered by one staff member was very good. They told us "Brilliant. A very good support worker. They have a great relationship".

We were unable to ascertain whether people received personalised care or care delivered with respect and dignity as we were unable to observe care or talk to staff or people who use the service.

The impact of the absence of any documentation, direct observation or access to the views of the people who had received care meant that we did not have any reassurances around how caring the organisation was.

Is the service responsive?

Our findings

There were no care plans in place. This meant that we were unable to report on whether people were receiving care in the way they preferred and whether this care was responsive to people's needs.

We have no assurances that people were being cared for by staff who knew their healthcare needs, if people were listened to or given choice in how they would like to be supported.

The registered manager told us that they did not actively seek feedback and had no systems in place to check if people were happy with the care they received.

There was no complaints policy or procedure evidenced during our inspection and the registered manager told us that this was not in place at State of the Art Care Solutions Limited. This meant that we were not reassured that any feedback or complaint would be acted upon and responded to appropriately to improve the quality of care.

This was a breach of Regulation 16 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Is the service well-led?

Our findings

The registered manager is also a director of the organisation and was unable to locate important documents and was not aware if some policies and procedures were in place.

At the beginning of the inspection, the registered manager was unable to find documents that could accurately confirm how many hours of care and support had been provided since their registration in February 2015. This meant that the registered manager did not show an understanding of, nor were adhering to, their responsibilities and the requirements of being registered as a service provider with the Care Quality Commission (CQC).

During the site visit the Registered Manager was unable to demonstrate that the service had the leadership, management and governance systems in place to assure the delivery of safe, effective, caring and responsive care to people who use the service. No audit or quality control procedures were in place and no records of care had had been completed.

We did not see any evidence during the inspection process of the registered manager having an overall understanding of the organisation.

This was a breach of Regulation 17 (1) (2) (a) (b) (c) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.