

Mrs Mavis Crabtree

# About Care

## Inspection report

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Tel: 01473741286

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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

This inspection took place on the 4 October 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the provider is often out during the day providing care; we needed to be sure that someone would be in.

At the last inspection, the service was rated Requires Improvement. At this inspection we found the service remained Requires Improvement.

About Care is a domiciliary care service providing personal care to people in their own home. On the day of our inspection there were 22 people using the service.

At our last inspection in January 2016 we had moderate concerns about the safe handling of people's finances and the lack of robust and effective audits. Risks in the handling of people's finances had not been identified. Effective policies and procedural guidance had not been provided for staff with guidance to enable them to know the actions they should take to protect people from the risk of financial abuse. Where people with fluctuating capacity did not have support of relatives, appropriate advocacy support had not been explored.

The provider did not have robust recruitment processes and systems in place to assess and confirm that staff were sufficiently skilled, had the required knowledge and were trustworthy and of good character. We asked the provider to send us an action plan describing how they would make improvements to meet relevant requirements.

At this inspection 4 October 2016 we identified continued breaches of regulatory requirements in relation to the recruitment and selection of staff as well the systems in place to safeguard people from the risk of financial abuse.

The provider is also registered as the manager of the service but is no longer in day to day management of the service and only visiting the service infrequently. The provider had appointed a manager who had been in post almost two years. However, they had failed to submit a satisfactory application to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission 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.

There was insufficient numbers of staff available, confirmed as suitably qualified and competency assessed. The manager spent approximately 50% of their time providing hands on care to people. This meant that they did not have time and the capacity to provide adequate leadership and oversight of the service. Both the provider and manager demonstrated a caring approach to the people they provided a service to. However there was a lack of visible leadership and oversight which meant that there was no effective

process in place to monitor the care and improve the quality and safety of the service.

The provider visited the service infrequently and did not have any formal system and processes in place for monitoring the quality and safety of the service. This meant there was no system in place whereby the provider and manager would identify improvements required with actions identified and identified timescales for follow up. Care plans including risks assessed had not been updated as required to reflect their changing needs and provide staff with the guidance they needed to safeguard people and meet their needs.

During this inspection we identified a number of continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

This report only covers our findings in relation to this, focused inspection. You can read the report from previous inspections, by selecting the 'all reports' link for 'About Care' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 continued not to be safe.

The risks to people's health, welfare and safety had not been fully assessed. Staff had not been provided with the steps they should take to protect people from the risk of financial abuse.

The provider continued to not operate safe and effective recruitment and selection procedures when employing staff to work unsupervised in the community.

There was insufficient numbers of staff available, suitably qualified and competent to enable the manager the capacity to spend time to provide adequate oversight of the service and meet regulatory requirements.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

There was a lack of policy and procedural guidance in place for staff to guide them in how to carry out their roles effectively and mitigate the risks to people.

Staff supervisions and spot checks on staff to assess their competency, performance and plan their training needs had not been regularly undertaken in accordance with the provider's policy.

Both the provider and manager demonstrated a caring approach to the people they provided a service to. However there was a lack of visible leadership and oversight which meant that there was no effective process in place to monitor the care and improve the quality and safety of the service.

**Inadequate** ●

# About Care

## **Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This follow up inspection took place on the 4 October and was announced.

We carried out this follow up inspection to check what improvements had been made to meet legal requirements planned by the provider after our comprehensive inspection carried out on 13 January 2016.

This inspection was carried out by one inspector.

Before our inspection we reviewed the previous inspection report to help us plan what areas we were going to focus on during our inspection and the provider's action plan. We spoke also spoke with the local authority.

We looked at records in relation to two people's care. We spoke with the registered provider, the manager and the deputy manager.

We looked at care records and records relating to the management of people's finances, medicines, staff recruitment, staff training and systems for monitoring the quality and safety of the service.

# Is the service safe?

## Our findings

At our last inspection we found that several staff had access to one person's bank card and their security pin numbers. This was not part of the support plan and the manager told us that they were unaware of this arrangement. Another person the provider was recorded in their care plan as their next of kin. Since our last inspection alternative arrangements had been made to support this person in conjunction with the local authority.

At this inspection we found that the risks to people's health, welfare and safety had not always been assessed adequately. Care plans including risk assessments continued not to be reviewed and updated to describe what actions staff should take to mitigate risks including when managing people's money.

For one person's financial records viewed, this showed us that action had been taken to implement a record of income and expenditure. However, we found that we could not audit successfully as the receipts obtained and submitted by staff from transactions such as shopping had not been coded to enable us to cross reference these to the records in place.

There was a lack of appropriate policy and procedural guidance for staff with steps they should take to protect individuals when handling their money and personal possessions. This meant that the risks to people had not been fully assessed and staff had not been provided with the steps they should take to protect people from the risk of financial abuse.

This demonstrated a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider continued to not operate safe and effective recruitment and selection procedures when employing staff to work unsupervised in the community. We reviewed the recruitment records for the four most recently employed staff. Disclosure and Barring (DBS) checks had been completed. However, we found a continued lack of pre-employment checks carried out prior to staff starting their employment. Not all gaps in employment had been identified and not all references obtained or requested from the most recent employer prior to staff starting their employment. There was a continued lack of policies with procedural guidance in place for the recruitment and selection of staff. This meant we continued not be assured that steps had been taken to ensure people received care from staff who had been verified as of good character, trustworthy with the necessary skills and required knowledge to care for people vulnerable by virtue of their circumstances.

This demonstrated a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager who was in day to day management of the service told us that as a result of staff shortages they spent at least 50% of their time providing care to people out in the community. They told us the need for them to cover care calls impacted on their time to focus on the performance management of staff, with

insufficient capacity to carry out spot checks, provide staff with supervision, staff appraisals and carry out the review of care plans and risk management. This meant that there was insufficient numbers of staff available, suitably qualified and competent to enable the manager to make sure that they could provide adequate oversight of the service and meet regulatory requirements.

The provider showed us a copy of their recently updated staff handbook which they told us had been given to all staff. It was evident from our discussions that the provider and manager had not read the handbook produced by an external organisation and were unaware of its content. The provider told us the staff handbook was the primary source of information for staff to access the provider's policies and procedural guidance with guidance to enable them to carry out their roles safely and effectively. Following a review of the handbook we found that there was a lack of procedural guidance for staff which related to the provision of social care in a community setting. For example, staff had not been provided with guidance in relation to safeguarding people from the risk of abuse, whistleblowing procedures, safe administration of medicines, personal care, what to do in the event of a death or other emergency, prevention of pressure ulcers, prevention of falls and guidance for reporting incidents and accidents. We were not assured that staff had been provided with appropriate guidance with the required steps they should take to protect the health, welfare and safety of the people they supported.

This demonstrated a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service well-led?

### Our findings

The provider had not been in day to day management control of the service for the last two years. At our last inspection in January 2016 we identified the provider's failure to provide a manager registered with the Care Quality Commission (CQC). The manager who was in post and had responsibility for the day to day management of the service had continued not to register with CQC. However, immediately following our inspection the manager informed us they had submitted their application to register.

Both the provider and manager demonstrated a caring approach to the people they provided a service to. However there was a lack of visible leadership and oversight which meant that there was no effective process in place to monitor the care and improve the quality and safety of the service.

The manager told us they were responsible for providing the majority of the face to face training staff received. We found induction records and the training required for newly appointed staff had not been fully completed before they supported people alone in the community. Training for staff included the provision of safe moving and handling training which would include a demonstration of safe techniques including the demonstration of the use of lifting equipment and the competency assessment of staff. This training was provided in part from the offices where the service was located. However, we noted that there was a lack of equipment such as a bed to demonstrate for staff the range of safe manoeuvres and for staff to practice the safe techniques for arrange of people's needs and to be observed as competent. The manager told us that as they did not have sufficient space in the office they trained staff in the home of a person who used the service when they needed to demonstrate safe techniques required when supporting people to move in bed and from bed to chair. We were not assured that consideration had been given by the provider as to the appropriateness of using the home of a person who purchased care from the agency and that this action safeguarded this person's privacy with consideration of personal and professional boundaries.

The manager told us that due to staff vacancies and managing the absence of staff they were spending at least 50% of their time providing hands on care to people in the community. Whilst this ensured people did not experience any missed or cancelled calls, this also meant that they did not have the time and the capacity to monitor the quality and safety of the service and the ability to check people received the care and support they needed. They told us that their need to step in and cover for staff absences and vacancies had impacted on their ability to fully implement the required improvements as identified at the last inspection in January 2016 and drive continuous improvement of the service. Staff supervisions and spot checks on staff to assess their competency, performance and plan their training needs had not been regularly undertaken in accordance with the provider's policy.

The provider told us they visited the service infrequently and did not have any formal system for monitoring the quality and safety of the service. This meant that there was no system in place whereby the provider and manager would identify improvements required with actions identified and identified timescales for follow up. We found people's care plans including risks assessed had not been updated as required to reflect their changing needs and provide staff with the guidance they needed to safeguard people and meet their needs.



This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider did not have adequate systems in place to protect people from the risks of financial abuse.

### The enforcement action we took:

We issued a notice of proposal to vary conditions to the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not monitor the quality and safety of the service to identify shortfalls and take actions to improve the service.

### The enforcement action we took:

We issued a notice of proposal to impose conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider continued not to operate safe and effective systems to ensure that staff employed were trustworthy and of good character.

### The enforcement action we took:

We issued a notice of proposal to impose conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to ensure sufficient numbers of staff were effectively deployed and enabled to receive appropriate support, training, supervision and appraisal.

### The enforcement action we took:

We issued a notice of proposal to impose conditions on the provider's registration.