

Constance Health & Social Care Ltd

Constance Health & Social Care

Inspection report

Newhall Office, The Moat House
24 Lichfield Road
Sutton Coldfield
B74 2NJ

Tel: 01217254000
Website: www.constancesocialcare.co.uk

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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

Constance Health and Social Care is a supported living and domiciliary care service providing personal care. They can provide support to young people, people with learning disabilities or autistic spectrum disorder, people with a mental health diagnosis and people with a physical disability. At the time of inspection, the service was supporting two people.

Not everyone who uses a supported living service receives 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

Peoples identified risks were not always assessed and mitigated. These included significant risk of harm people posed to themselves and risks associated with their health conditions. Government guidance in relation to COVID-19 was not always followed. Medicines were not always managed safely. Staff were not recruited safely.

The provider failed to ensure that monitoring and governance systems and processes were established and operating effectively to ensure compliance with the regulations. Feedback from professionals had not always been acted on.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not always support this practice.

There was conflicting information in peoples care plans about their choices and decision-making ability. However, relatives and professionals fed back positively about the staff team. The staff team were kind and compassionate when they spoke about people.

People's identified communication needs had not always been fully explored. However, relatives and professionals said they felt people's needs were being met and their care was tailored to them. No complaints had been raised but relatives and people had not been given a copy of the complaint's procedure.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not always able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and the setting did not always show how people's choice, control and independence were maximised. Staff were caring but did not have the required training and oversight to ensure their approach was always in line with best practise guidance.

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

Rating at last inspection

This service was registered with us on 14/01/2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about assessment processes, risks associated with self-harm, staff training, staff recruitment, unsafe medicine practices and lack of access to care plans. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

The registered manager took some actions to reduce the risks to people using the service following our inspection site visit.

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 safe care and treatment, fit and proper persons employed and 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

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 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 the 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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Constance Health & Social Care

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 completed by one inspector. One day was spent at the office location and six days were spend offsite reviewing evidence and making telephone calls.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We were not able to speak with the people who used the service. We spoke with one relative about their experience of the care provided and two professionals who have regular involvement with the people who use the service. We spoke with five members of staff including the provider, registered manager, and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Using medicines safely

- People's identified risks were not always assessed and mitigated. These included significant risk of harm people posed to themselves and risks associated with their health conditions. Staff had a good knowledge and understanding of people's needs and risks and could tell us how they kept people safe. Professionals and relatives told us their observations of people indicated they were safe. However, the lack of risk assessments placed people at a risk of potential harm.
- We were not assured infection prevention control measures were robust to prevent the spread of COVID-19 in line with government guidance. There were no risk assessments relating to people or to staff who may be vulnerable. The registered manager told us it was not compulsory for staff to wear face masks which contradicts the government guidance, although staff told us they did. We provided up to date government guidance in relation to supported living settings and COVID-19. The registered manager has since told us they are working in line with government guidance.
- Care plans did not always clearly indicate at what point restraint should be used or considered for each specific behaviour. This meant staff carrying out restraint did not have access to guidance on what restraints were safe for use and under what circumstances. Furthermore, there was no consideration of the risks associated with restraint and people's health conditions. This put people at risk of physical and psychological harm as physical restraints should only be used as a last resort when the risk has been fully explored.
- Staff supported people in all areas of their medicine management. Medicines records were not always completed in line with NICE guidelines. There was no record of how much medicine was received and no booking in system. This meant there was no way to know if medicines had been administered to people as prescribed. Protocols were not always in place to guide staff on how to administer 'as and when required' medicines safely and consistently. This included medicines that were prescribed to support people in times of heightened anxiety. NICE guidelines are evidence-based recommendations for health and care in England.
- One person was prescribed rescue medication associated with their health condition. There was conflicting information in their care plan as to whether staff should call 111 or 999 after administering this medication. This meant there was a risk medical attention could be delayed.
- One person was prescribed oxygen and received support from staff to store and use it safely. There was no risk assessment to consider the fire and explosion risk. The person lived in a flat so there were also risks present for other tenants. There was no consideration for how the oxygen would be safely transported when the person accessed the community with staff.

A failure to ensure care and treatment is provided in a safe way was a breach of regulation 12 (safe care and

treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In response to the concerns raised, the registered manager implemented some risk assessments and supplied an action plan about how they would address other areas of risk.

Staffing and recruitment

- Staff were not recruited safely. Some staff were working with people without a disclosure and barring (DBS) check. A DBS is a check of an employee's criminal record, this helps employers make safe recruitment decisions.
- There were occasions when none of the staff on shift had a DBS check, this meant the provider had not checked to ensure there were sufficient staff on shift who were safe to work unsupervised with vulnerable people.
- Following initial recruitment checks, some staff required a risk assessment to be able to safely work with people. We found these risk assessments were not being followed.
- Reference checks on staff members previous employment had not always been completed in line with requirements. This meant staff members started work without the necessary employment checks to ensure they were of good character.

A failure to undertake safe recruitment checks was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- There was no evidence incident or accidents were analysed to prevent further occurrences. The registered manager told us they had analysed incidents but were not able to show us any evidence of this. Incident reports lacked detail and contained inappropriate language.

Systems and processes to safeguard people from the risk of abuse

- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "[If I had concerns] I'd raise them with [registered manager] or team leaders, I'd follow whistleblowing if my concerns were not addressed. I could go to CQC if needed."



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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Peoples care plans outlined the specific training staff needed to undertake in order to support them effectively. However, staff had not always received this training. There was no consideration to how shifts were allocated to ensure for a skill mix of staff, this meant there were times when none of the staff on shift had received the necessary training as detailed in peoples care plans.
- There were no checks to ensure staff had the skills qualifications and competence necessary for them to do the job they were employed for. Staff had not yet received supervision. This meant staff had not always been given the opportunity to review their work and be provided with development and support.

A failure to ensure staff have the skills, experience and competence to undertake their role was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the lack of training staff had received, they were knowledgeable about their roles and responsibilities. Furthermore, a relative fed back they thought staff knew their loved one well.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications had been made to the court of protection to deprive people of their liberty. These applications had been made by the external professionals who were involved in people's care.
- The applications made to the court of protection by external professionals contained decisions that had been made on behalf of people. These decisions led to staff implementing restriction such as locking the front door and constant supervision. Professionals involved in people's care told us these restrictions had been agreed, and they were documented in people's care plans. However, the registered manager had not kept records or clearly evidenced who had agreed the restrictions and when.

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

- People's needs were assessed prior to their support commencing. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their care planning. This included people's needs in relation to their gender, age, religion, ethnicity and disability.

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

- Where people were known to be at risk from certain foods, this was documented in their care plans but there was not always a risk assessment to identify the risks and strategies to reduce the risks. However, staff could tell us how they supported people safely.
- Staff told us they supported people to maintain healthy balanced diets and supported them to achieve a healthy weight goal, if it is something they wanted to do. A staff member said, "I work a lot with [person] to lose weight ... when they lose a pound they really smile and I'm dead happy about it, [person] lost [weight] already."

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

- External health teams provided ongoing input and support to people. This included specialist community nurses and psychiatrists. The registered manager did not take notes of meetings or document visits from professionals, so it wasn't always clear what had been discussed or what the outcomes were for people.
- Professionals told us the staff team would contact them for advice and guidance for the people they were supporting. This showed staff were actively working in partnership with other organisations to ensure people had consistent and effective care.
- The people being supported were new to the service so had not yet been encouraged to book routine check-ups such as the dentist or opticians. The registered manager said this was something that would happen on a regular basis and people's care plans reflected what support they would need to book and attend these appointments.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people were at risk of not feeling well-supported, cared for or treated with dignity and respect.

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

- There was conflicting information in peoples care plans about their choices and decision-making ability. For example, one person's plan stated they enjoyed certain foods, but staff were to limit them. However, when we spoke to staff, they told us they discouraged the person from eating certain foods but did not enforce this. The conflicting information in the care plans did not evidence people's views and opinions had been considered by the registered manager when planning and documenting their support needs.
- Due to COVID-19 restrictions families had not been able to visit their loved ones, however said they were looking forward to this in the coming months. Staff had made regular calls and provided videos to support people to maintain contact with their families. A relative said, "The carers have been great, and I feel I know them all, we had a video of [person] dancing, I couldn't have wished for better."
- Peoples care plans contained details about their likes, dislikes and goals they wanted to achieve.

Respecting and promoting people's privacy, dignity and independence

- One person's care plan contained detail about restricting their use of the internet and staff checking their internet history after use. Although the person had not yet had the internet installed, the registered manager had not considered how the person's privacy and independence could be maintained and upheld.
- Staff told us they maintained confidentiality and ensured people's privacy and dignity was maintained. They gave us examples of how they communicated about people in a respectful and confidential way. Staff also gave examples of how they maintained people's privacy and dignity such as giving people time alone.

Ensuring people are well treated and supported; respecting equality and diversity

- Families and professionals fed back how hard staff had worked to get to know people in such a short space of time. A relative said, "[Person] is our baby, when you have a child who can't talk you are very concerned who will look after them, the carers are so nice and so good. It's all about [person] and they put [person] first. That's how I feel. I can hand on heart say I feel I am blessed; I can't wait to go and meet the carers and [registered manager]."
- Staff spoke about people in a kind and compassionate way. Staff consistently spoke about how proud they were of the people they supported and what they had achieved. A staff member said, "We have worked really hard in a short time."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant there was a potential people's needs may not always be met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication methods were detailed in their care plans along with the training staff needed to meet these needs. However, the staff had not always received this training. The staff did know people well and didn't express any issues with being able to communicate but the identified communication needs for people had not been fully considered.
- The registered manager told us they had documentation in an easy read format but did not provide us with copies of this.

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

- One person had been supported by the service for a very short time when we inspected. The person was being supported to settle into their new home and had not yet accessed the community. Their care plan detailed what support and equipment they would need when they accessed the community. However, there were no plans in place for how this equipment could be safely used if the person had wanted to go out. We raised this with the registered manager who said they would action this.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager had undertaken an assessment of people's needs before people were offered support. Transition plans had then taken place so that staff and people could become familiar with each other. However, the registered manager had not always ensured staff had received the training required as detailed in people's initial assessments.
- Relatives and professionals said they felt people's needs were being met and their care was tailored to them. A relative said, "We are so shocked [person] has settled so quickly. So, we know they [staff] are doing things right or [person] wouldn't be that way."
- People's care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preference.

Improving care quality in response to complaints or concerns

- No complaints had been received since the service opened. The provider had a complaints procedure in place, but relatives told us they had not received a copy of this, and we did not see an easy read version for

people to use. However, relatives knew how to raise concerns if needed and said they would know if their loved one was unhappy.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider failed to ensure that monitoring and governance systems and processes were established and operating effectively to ensure compliance with the regulations. This included no systems and processes to identify COVID-19 government guidance was not being followed.
- Systems and processes failed to identify where known risks had not been assessed, mitigated and managed. This included a failure to ensure medicines were managed and administered safely. This placed people at risk of poor-quality care and risk of potential harm.
- The registered manager failed to maintain a clear audit trail to identify what restrictions had been put in place for people and agreed.
- There was no system or process in place to monitor and oversee recruitment and training. This meant staff had been recruited without the necessary checks and were working on shift without the required training.
- There was no system or process in place to monitor and oversee incident recording. This meant incidents had not been reviewed to ensure they were accurate or analysed to prevent further reoccurrences. Furthermore, the lack of systems to review incident forms meant there had been a delay in notifications being submitted to CQC.
- There was a lack of systems in place to ensure documentation was easily retrievable and accessible. This caused long delays in CQC receiving information.

The lack of robust quality assurance meant people were at risk of receiving poor quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was responsive to the inspection process and immediate steps were taken to keep people safe. Feedback given by CQC was taken on board by the registered manager during the inspection process.

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

- There had been very few documented checks to ensure staff were working in line with people's care plans and their conduct was as expected.
- We had a concern raised with us about a staff member's conduct. We raised this with the registered manager who made a safeguarding alert and submitted a notification to us. They followed their own

internal process to investigate the allegation.

- Staff and relatives told us the registered manager had good communication with them and they felt they were able to raise concerns if needed.

Continuous learning and improving care; Working in partnership with others

- Professionals who had regular meetings with the registered manager, told us they had discussed risk management and staff being aware of risks and reporting incidents of concern. However, on inspection we found concern with risk management and incident recording and reporting. This did not evidence continuous learning to improve and enhance peoples care.
- The registered manager had regular contact with external professionals. This showed partnership working.

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 responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.

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

- Peoples care plans contained information about how they liked to be supported and what they wanted to achieve. They contained details about peoples religious and cultural needs so staff knew what their support preferences were.
- Staff understood their responsibilities in relation to whistleblowing. A whistleblower is a person who exposes information or activity that are deemed unsafe.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care was not provided in a safe way.

The enforcement action we took:

We imposed conditions on the providers registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have robust quality assurance processes in place meaning people were at risk of receiving poor quality care.

The enforcement action we took:

We imposed conditions on the providers registration.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failure to undertake safe recruitment checks.

The enforcement action we took:

We imposed conditions on the providers registration.