

Testimony Assembly Social Care Ltd

Testimony Assembly Care Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Testimony Assembly Care Limited is a domiciliary care service and supported living service providing personal care to people. At the time of our inspection, there were 15 people receiving support in their own homes.

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.

At the time of the inspection, the location did not provide care or support to anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People's experience of using this service and what we found

The provider had failed to adequately assess the risks to the health and safety of people and provide staff with detailed guidance to mitigate these risks. People told us they felt safe with the support of staff, but we found records such as care plans and risk assessments had not always been completed for people's known risks and to give staff clear guidance in managing these risks.

The provider had checks and audits in place, but these were not effective and had failed to identify the areas for improvement found at this inspection. These included care planning and risk assessments, medication management records and complaint records.

Staff adhered to infection control procedures and protected people from the risk of infection. Staff were knowledgeable in safeguarding adults' procedures. People we spoke with said they felt safe with the care and support of staff.

People were supported to have maximum choice and control of their lives and to ensure staff supported them in the least restrictive way possible and in their best interests, however the records relating to this needed improvement to ensure they reflected the choices people made.

Staff were caring and respectful and people were involved in their care and their wishes about how they wanted to be supported.

People we spoke with said staff provided good care and staff working for the provider told us they felt supported in their role.

The provider was open and receptive to the areas of concern identified in the inspection and after the inspection the provider took immediate action to address some the concerns we found.

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 the service at the previous premises was good (published 12 October 2017).

Why we inspected

The inspection was prompted in part due to concerns received about safe staff recruitment practices. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report to see what actions we have asked the provider to take.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance

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 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.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Testimony Assembly Care Limited

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 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides care provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager is also the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 13 April 2023 and ended on 21 April 2023. We visited the office location on 17 and 20 April 2023.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC.

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 used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 1 representative of a person who used the service about their experience of the care provided. We spoke with 8 members of staff including the registered manager, 2 acting care coordinators and 5 care staff.

We reviewed a range of records. This included 6 people's care records and the medication records for 1 person. We looked at 3 staff members files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures.

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 good. The rating for this key question has changed to requires improvement. 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.

Assessing risk, safety monitoring and management

- The provider had failed to adequately assess the risks to the health and safety of people and provide staff with detailed guidance to mitigate these risks.
- The provider had care plans and some risk assessments in place, but these did not give clear and detailed instruction to staff on how to provide safe care and support for people's known risks and healthcare conditions. This put people at increased risk of harm. For example, where people were at risk of seizures, there was limited guidance for staff to identify practical ways for reducing risk and limited guidance on the actions to take in the event of a seizure.
- Care plans did not give clear guidance and instruction on the use of equipment. For example, 1 person needed staff to support them with equipment when moving. Although this was recorded there was no guidance on the level of support staff should provide.
- Staff we spoke with knew people well including the risks to their well-being. However detailed care plans are required because if the current staff became unwell and agency staff were needed, clearer guidance would be needed for them to meet people's needs safely and consistently.

Using medicines safely

- Improvement was required in the management of medicines. We found MAR (Medication Administration records) were not in place to record the application of prescribed creams.
- Where people were prescribed creams, there was also no body maps to give guidance to staff of where to apply the creams. This meant the provider had not followed their own Administration of Medication policy, which stated, 'Where topical administration is required, a body map will be used.'
- We found some records were unclear about the level of support required. For example, 1 person's medicines care plan stated medicine was administered by relatives. However, further information instructed staff where the person was in pain, to administer the PRN [as required] medicine. However, there was no PRN protocols giving clear directions for staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people were always safe and received appropriate care and treatment. This placed people at the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People we spoke with said they were happy with the care provided and they felt safe with the support of staff. One person told us how staff supported them, "Yes, I do feel safe, I don't have a shower unless they (staff) are here with me to look after me."
- One person we spoke with said they were happy with the medicines support they received, and staff told

us they had received training in medicines management.

- The registered manager took immediate action during the inspection to put MAR in place where staff were applying prescribed creams.

Staffing and recruitment

- Prior to the inspection, CQC were advised by a partner organisation of concerns relating to recruitment records. The provider informed us they had taken action to re-organise information held in the recruitment records.
- We reviewed 3 staff recruitment files and found further improvement was required to ensure a full employment history was recorded for all staff and any gaps were addressed and the reason recorded.
- People told us that they received care from a consistent staff team, who arrived on time and stayed for the agreed length of time when providing support.

Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection.
- Relatives and staff, we spoke with confirmed PPE (personal protective equipment) was used effectively when required.

Learning lessons when things go wrong

- Staff knew how to report and record any concerns and were assured action would be taken. At the time of our inspection there were no records of any incidents or accidents. However, the provider told us they would review any incidents that occurred and monitor them for trends and learning.

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. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-service assessments had been carried out, which included information about people's medical history, healthcare conditions and their care needs. This could be improved further to ensure this information was fully reflected in care plans and risk assessments.
- Relatives we spoke with said care was delivered in line with people's individual choices. There was a small staff team and staff we spoke with knew people's needs and wishes 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.

- Staff told us and people confirmed they sought people's consent to care and respected people's choices and decisions regarding their day-to-day care.
- Further improvements could be made to ensure records were maintained for any restrictions in place. For example, we saw a restriction was in place on 1 person's care. The provider advised this was in place to keep the person safe and had previously been agreed with family members. The person's care plan showed the person had capacity, however there was no record of their agreement to this restriction or any discussion about less restrictive options. The provider took immediate action, and the person's agreement was immediately sought and recorded.

Staff support: induction, training, skills and experience

- The provider had an induction programme for new staff members. It included training and working with more experienced staff, which staff told us gave them the right skills to support people.

- The provider was not providing care or support for anyone with a learning disability or an autistic person at the time of the inspection. We saw staff had introduction level learning, however, we would expect more specific training to meet the needs of the people with a learning disability or an autistic person, if they were supported in the future.

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

- People told us they were happy with the support from staff in preparing meals. They told us staff supported them in the meals they chose and knew what foods they enjoyed.
- Staff understood people's preferences and took this into account when supporting people to plan and prepare meals.

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

- We spoke to 1 person's representative who told us staff were good at involving other agencies when required.
- Records showed where the management team had contacted healthcare professionals in support of peoples ongoing healthcare.
- One healthcare professional we contacted also confirmed they had liaised with staff in support of people.

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. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received positive feedback about the care provided. One person told us, "The carers are very good, they are brilliant. I am happy with them."
- A second person commented, "[Member of staff's name] is very nice, [they have a] very happy personability. We have a laugh and a joke which makes me feel better."
- Care records recorded people's culture and religion, and staff had a good knowledge of this.

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

- People were involved in decisions about their day-to-day care. Staff liaised with people throughout their care to ensure the support delivered was in line with their wishes.
- This was confirmed by 1 person who said, "Sometimes I'm tired and they [carers] say do you want to stay in bed, but I like to get up. They make clear it's my choice."
- We saw records showed where reviews of care provided had been completed.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their privacy and provided care in a dignified way. One person commented, "They (carers) are respectful and care about what happens to me."
- Care plans identified how to support people with their independence.

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. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's needs and choices were assessed before they started using the service. An assessment was carried out to determine if a person could be supported by the service with their personal care needs.
- We saw examples of where call times had been moved in response to people's preferences. We also saw where people had expressed a preference for same sex carers, the provider had looked to accommodate these requests.
- Care plans included information on what was important to people for example, to become more independent.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints in 2022 and 3 complaints in 2023, all of which had been responded to.
- We found; however, the records did not include a complaint made by 1 relative. The registered manager confirmed a call had been received, but the call had not been recorded, either as a complaint or in the providers daily communication log. Therefore, we could not be fully assured all complaints were logged, investigated and action taken in response.
- All five people we spoke with told us they would feel able to raise any concerns they may have. One person commented, "Yes I'd definitely be able to raise concerns."

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.

- The registered manager and the provider were aware of the AIS. We saw care plans recorded people's communication preferences.
- The registered manager advised us documents in different formats were not currently needed but they had used pictorial formats previously and could be used again in future if required.

End of life care and support

- The service was not supporting anyone with end-of-life care at the time of the inspection. The registered manager told us they would liaise with relatives and healthcare professionals to ensure people's wishes were followed.

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 good. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective.
- Provider systems had failed to identify more information was required to ensure clear guidance and instruction to staff on how to provide care and support to keep people safe.
- Processes in place to check medicines management were not robust and had not identified gaps in MAR records, therefore action was not taken to address these. For example, we checked the March 2023 medication audit for 1 person. The cover sheet recorded no errors, however, when we checked the audit there were gaps (no record of administration) on 3 separate days. We were able to check daily notes which recorded the medication had been taken.
- Processes in place had not identified that MAR sheets and body maps were not in place for prescribed creams.
- Provider systems in place to review care plans had not been effective in ensuring where restrictions were in place. Records did not show the agreement and rationale for these were clearly recorded along with the exploration of less restrictive options.
- Systems in place had not been effective in ensuring all complaints received were logged, investigated, and reviewed.

We found systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was open and receptive to our feedback during the inspection. They acknowledged where improvements could be made and took immediate action on some matters. For example, to put MAR sheets in place to record the administration of prescribed creams.
- The provider acknowledged further training would be required if the service supported people with a learning disability or autism in the future, to ensure support was provided inline with the principles of Right Support, Right Care, Right Culture.
- Prior to the inspection the provider had identified the system to monitor call times was not effective. The provider told us they were in the process of purchasing a new call system which would enable more effective monitoring going forward.

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

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

- People told us overall they were happy with their care and 1 person commented, "[Registered manager] is a very good carer as well as a good manager."
- One person's representative told us they felt involved in their family members care and able to speak to the registered manager if they had any concerns.
- Staff told us they felt well supported and could approach the registered manager for advice and support.

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

- The registered manager and staff had a clear understanding of their role and responsibilities. This included their duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.
- Staff were positive about the registered manager, 1 member of staff commented, "I enjoy working here, the service users are great and [registered manager] is very good."

Working in partnership with others

- There was evidence the provider was open to working with external agencies to provide good care. For example, the service had sought input from healthcare professionals when appropriate. We contacted 1 healthcare professional who commented they had, "Good communication via care agency staff."

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 The provider had failed to adequately assess the risks to the health and safety of people and provide staff with detailed guidance to mitigate these risks.

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective.

The enforcement action we took:

We issued a warning notice.