Auscare Professional Service Limited

Auscare Professional Service Limited

Inspection report

Evans Business Centre
Monckton Road
Wakefield
West Yorkshire
WF2 7AS

Tel: 01924888140
Website: www.auscare-recruit.co.uk

Date of inspection visit:
05 October 2017

Date of publication:
28 March 2018

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We started this inspection on 25 September 2017 when we spoke on the telephone to four people who use the service and two relatives of people who use the service. We made a visit to the office on 5 October 2017 to meet with the registered manager and review documentation relating to care and the running of the service. We spoke with four members of staff on 6 October 2017.

We gave the provider short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager can be available.

This was the first inspection of Auscare Professional Service Limited since it registered with the Care Quality Commission in August 2016

There was a registered manager in post who is also the registered provider for the service. 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.

Auscare Professional Service Limited provides care and support to people living in their own homes in the Sheffield area although the registered office is in Wakefield West Yorkshire. At the time of our visit the registered manager told us the service was providing personal care to 11 people. However we discovered since the inspection this number was incorrect and it was 20 people.

People who used the service told us they felt safe and staff knew what to do if they thought people were at risk. However we did not find systems in place to support people's safety within the service. Risk assessments were insufficient and medicines were not always managed safely. There were no systems in place to monitor or investigate missed calls.

Staff recruitment procedures were not safe and there was no recorded evidence of staff receiving appropriate induction, training or support.

Staff were not aware of their responsibilities in relation to the Mental Capacity Act and staff completing capacity assessments had not been trained to do so and were not aware of the principles of the assessment.

People told us staff supported them if they were unwell and staff told us they would contact health care professionals if the need arose.

Overall people felt staff were caring although some felt they were rushed in their approach. Staff we spoke with demonstrated a caring attitude. People felt staff met their privacy and dignity needs although this was

not referred to within care plans.

There was no evidence of person centred care. Care plans were insufficient to provide staff with the information they needed to support people and we found care plans were not always up to date. There was no evidence of people who used the service being involved in the planning or review of their care.

Calls were not always made in accordance with the planned times. We found some calls recorded for as little as three minutes.

Complaints were not recorded or responded to.

There was a lack of effective governance. The registered provider/manager was not fully aware of their responsibilities. Systems were not in place to audit the safety or quality of the service.

We found seven breaches of regulation. These were in relation to person centred care, consent, safe care and treatment, managing complaints, good governance, staffing and fit and proper persons employed.

The overall rating for this service is 'Inadequate' and the service has therefore been placed in 'Special measures'. 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, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if 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 improvement 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.

Systems were not in place to make sure staff were safe to work in the care sector.

Systems for managing medicines were not safe.

Systems were not in place to identify, manage and mitigate risks to people using the service.

Is the service effective?

Inadequate

The service was not effective.

Staff had not had the induction, training or support they needed to fulfil their roles effectively.

Staff were not working in line with the requirements of the Mental Capacity Act.

People told us staff supported them when they were unwell.

Is the service caring?

Requires Improvement

The service was not always caring.

People told us staff were caring but sometimes rushed in their approach.

Care plans did not include people's preferences in relation to how they received their care and support.

Is the service responsive?

Inadequate

The service was not responsive.

Care was not planned with a person centred approach and did not contain any detail of the person's preferences or lifestyle.

Complaints were not recorded or managed.

Is the service well-led?

Inadequate

The service was not well led.

The registered provider/manager was not fully aware of the their responsibilities in relation to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were not in place to gather the views of people using the service.

Systems were not in place for auditing the safety and quality of the service.

Auscare Professional Service 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.

The inspection was carried out by two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance the expert by experience made telephone calls to people who use the service and relatives of people who use the service.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We also contacted the local authority contracts and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). 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. The provider did not return the PIR and we took this into account when we made judgements in this report.

We started this inspection on 25 September 2017 when we spoke on the telephone to four people who used the service and two relatives of people who used the service. We made a visit to the office on 5 October 2017 to meet with the registered manager and review documentation relating to care and the running of the service. We looked at the care records of three people who used the service, five staff recruitment files, training records and other records relating to the day to day running of the service. We spoke with four members of staff on 6 October 2017. Following the inspection we spoke with staff from the local authority commissioning this service.

We gave the provider short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager can be available.

Inadequate

Is the service safe?

Our findings

We reviewed five staff personnel files but did not see any evidence of newly recruited staff having followed an induction process. When we asked the registered manager about this they told us there were no records of staff induction.

Staff we spoke told us they had shadowed a more experienced member of staff initially for up to three days and had then had a period of approximately a week of being observed in their work. All staff we spoke with confirmed there was no written record of their induction.

Only one of the staff files contained a record of supervision. The registered manager told us there may be other records but they did not know where they might be. None of the four staff we spoke with had received any formal supervision although one person said they did speak with their manager but no record was made of this.

We did not see any record of 'spot checks' having been made by management to observe staff in their work. Staff we spoke with confirmed 'spot checks' had not happened and one said there was no system in place for them.

We saw records of some staff having received an observation in moving and handling and in managing medicines. However, the observations gave no detail of the content of the observation. For example, the medicines observation did not detail of the support the staff member was giving or which service user was involved. Similarly, the moving and handling observation gave no indication of the service user's needs, what the moving and procedure observed was or what equipment had been used. When we discussed this with the registered manager they said the observation documentation needed to be improved. We also noted that the person signing as having undertaken the observation did not have any recorded practical moving and handling training which meant they were not sufficiently trained to assess the skills of other staff.

We asked the registered manager if they kept a record of staff training and when renewals or updates were required. The registered manager said they did not do that and that they would need to go through all staff files to see what training they had received and when it was due to be updated. We asked the registered manager if they could be confident that all staff had up to date relevant training and they said they could not.

We saw some records of on line training in staff files. However we could not be confident this was appropriate to the needs of the staff. For example, we saw one person had received training in nine subjects on the same day. The registered manager told us they did not have record of the content of the training. We had noted that staff had not received appropriate training in managing medicines.

Staff we spoke with told us they had received some practical training in such as moving and handling but felt the training could be improved.

When we asked people who used the service if they thought staff have received the training they needed to support them their responses differed. One person said "They seem to know what they are doing" whilst others said "I don't think some of them have had any training" and "No, because they are rushing everything."

We concluded the provider was in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. In the case of Domiciliary Care applications must be made to the Court of Protection.

We saw from one person's care file that they had signed to authorise staff to administer their medicines. However this had been further authorised by the person's relative. We asked the registered manager if the person concerned had capacity to make their own decisions about consent. The manager said they did have consent and was unable to explain the reason for the need to seeking the consent of the relative.

We looked at the care file for a person living with dementia. The file did not include any detail of a mental capacity assessment or of any person nominated to make decisions on their behalf.

Staff we spoke with told us that people's capacity was assessed by either the registered manager or one of the domiciliary care managers. However, when we asked one of the domiciliary care managers how they did this they were unable to give an explanation and were not aware of the five basic stages of assessing capacity. They agreed that they needed training in this area.

This meant we could not be assured the service was working within the principles of the MCA and concluded the provider was in breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The electronic call system records gave details of a number of calls being much shorter than the planned times. Examples of this included a planned 25 minute call recorded as lasting four minutes and one person's 15 minute calls recorded as lasting three minutes on two occasions and four minutes on two other occasions. We could not be assured that people could receive effective care and support within this very short time and shared our concerns with the commissioning authority.

Care files contained little detail of people's healthcare needs. Two of the three care plans we looked at did not detail any assessment of the person's health needs and the third gave little detail of how staff should support the person with their identified needs.

Staff we spoke with told us they would contact the appropriate health care professional if they thought the person they were supporting was unwell.
People who used the service told us there had not been any need for staff do this for them. One person told us "There's times when I haven't felt very well. They say 'don't worry, you are getting there'. They give me reassurance."

Inadequate

Is the service effective?

Our findings

We reviewed five staff personnel files but did not see any evidence of newly recruited staff having followed an induction process. When we asked the registered manager about this they told us there were no records of staff induction.

Staff we spoke told us they had shadowed a more experienced member of staff initially for up to three days and had then had a period of approximately a week of being observed in their work. All staff we spoke with confirmed there was no written record of their induction.

Only one of the staff files contained a record of supervision. The registered manager told us there may be other records but they did not know where they might be. None of the four staff we spoke with had received any formal supervision although one person said they did speak with their manager but no record was made of this.

We did not see any record of 'spot checks' having been made by management to observe staff in their work. Staff we spoke with confirmed 'spot checks' had not happened and one said there was no system in place for them.

We saw records of some staff having received an observation in moving and handling and in managing medicines. However, the observations gave no detail of the content of the observation. For example, the medicines observation did not detail of the support the staff member was giving or which person who used the service was involved. Similarly, the moving and handling observation gave no indication of the person's needs, what the moving and procedure observed was or what equipment had been used. When we discussed this with the registered manager they said the observation documentation needed to be improved. We also noted that the staff member signing as having undertaken the observation did not have any recorded practical moving and handling training which meant they were not sufficiently trained to assess the skills of other staff.

We asked the registered manager if they kept a record of staff training and when renewals or updates were required. The registered manager said they did not do that and that they would need to go through all staff files to see what training they had received and when it was due to be updated. We asked the registered manager if they could be confident that all staff had up to date relevant training and they said they could not.

We saw some records of on line training in staff files. However we could not be confident this was appropriate to the needs of the staff. For example, we saw one person had received training in nine subjects on the same day. The registered manager told us they did not have record of the content of the training. We had noted that staff had not received appropriate training in managing medicines.

Staff we spoke with told us they had received some practical training in such as moving and handling but felt the training could be improved.

When we asked people who used the service if they thought staff have received the training they needed to support them their responses differed. One person said "They seem to know what they are doing" whilst others said "I don't think some of them have had any training" and "No, because they are rushing everything."

We concluded the provider was in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. .

We checked whether the service was working within the principles of the MCA.

We saw from one person's care file that they had signed to authorise staff to administer their medicines. However this had been further authorised by the person's relative. We asked the registered manager if the person concerned had capacity to make their own decisions about consent. The manager said they did have capacity and was unable to explain the reason for the need to seeking the consent of the relative.

We looked at the care file for a person living with dementia. The file did not include any detail of a mental capacity assessment or of any person nominated to make decisions on their behalf.

Staff we spoke with told us that people's capacity was assessed by either the registered manager or one of the domiciliary care managers. However, when we asked one of the domiciliary care managers how they did this they were unable to give an explanation and were not aware of the five basic stages of assessing capacity. They agreed that they needed training in this area.

This meant we could not be assured the service was working within the principles of the MCA and concluded the provider was in breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The electronic call system records gave details of a number of calls being much shorter than the planned times. Examples of this included a planned 20 minute call recorded as lasting four minutes and one person's 15 minute calls recorded as lasting three minutes on two occasions and four minutes on four other occasions. We could not be assured that people could receive effective care and support within this very short time and shared our concerns with the commissioning authority.

Care files contained little detail of people's healthcare needs. Two of the three care plans we looked at did not detail any assessment of the person's health needs and the third gave little detail of how staff should support the person with their identified needs.

Staff we spoke with told us they would contact the appropriate health care professional if they thought the person they were supporting was unwell.
People who used the service told us there had not been any need for staff do this for them. One person told us "There's times when I haven't felt very well. They say 'don't worry, you are getting there'. They give me

reassurance."

Requires Improvement

Is the service caring?

Our findings

Most of the people we spoke with were complimentary of the care and support they received. When we asked if staff were caring their comments included "Definitely. Every single one of them. "And "Yes, I have no problems at all with them."

However, others told us "I like a lot of them. There's just one or two of them who should not be on the job." And "Their manner is alright, but they are not friendly, kind and caring. They are just rushing all the time. I don't rate the staff at all. They are polite."

All of the staff we spoke with told us they enjoyed their job and demonstrated a caring attitude; they appeared to have knowledge of the needs of the people they were providing care and support to.

Care plans lacked any reference to equality and diversity or to how people preferred to receive their care and support.

None of the care plans we looked at referred to meeting people's needs in relation to privacy and dignity. However when we asked people who used the service about this, most confirmed staff did meet these needs. One person told us "Definitely. In the morning, when I am having a wash, I wash my own twiddly bits and they do the rest. They are very, very good at reassuring. Sometimes they stand outside the bathroom, but I am not bothered."

The relative of a person who used the service told us "Yes. They always close curtains, cover him up when washing him down."

Other people told us staff were respectful but were often rushed and another told us their request for all female care staff was not always met with.

People told us staff did support them to be as independent as possible and one of the care plans we looked at instructed staff to promote the person's independence whilst providing support.

The registered manager told us none of the people using the service were receiving end of life care at the time of our inspection.

Inadequate

Is the service responsive?

Our findings

We found little evidence of a person centred approach to care within the care files we looked at.

We looked at three care files and found the assessments of people's needs had not been completed appropriately. One persons' assessment of need was completely blank whilst another, for a person living with dementia, had been only partially completed with no detail about their needs or abilities in relation to communication or consent.

A third assessment had been completed but gave little detail of the support the person needed. For example, the assessment in relation to the person's mobility needs said they required assistance but did not say what that entailed. The assessment also did not include details of the equipment the person used such as a bath chair and stair lift.

We found two sets of care plans to be in use. Care plans kept in people's homes were a basic list of instructions with no detail about how people preferred to receive their care and support. For example one person's action plan said 'Assist with personal care if necessary, support with breakfast, support with medication' and 'to assist with a shower/bath'.

We saw a second care plan for the same person was held electronically and staff told us they could access the electronically held care plans from the 'app' on their phone. However, although the electronic care plan contained slightly more detail, it was still insufficient to provide care staff with the information they would need.

An electronically held care plan for another person contained some detail about the person's needs and included contact details for their next of kin, GP and neighbour. However, as the registered manager had told us staff sometimes let their phone batteries run down, we could not be assured staff would be able to access the electronic care plans as needed.

Neither version of the care plans included evidence of the involvement of the person using the service, or where appropriate, their families in the development or review of the care plan.

None of the care plans we saw were dated and there was no evidence of who had developed the plan.

When we asked people who used the service if they were aware of their care plans or had been involved in their development their replies included: "I don't think so.", "There's some literature in the folder. I don't remember setting it up; it was already in the folder." and "I am looking at it now. I was not involved [in developing it]. They didn't go through it with me."
One person said "(Name) came out when I first had them, explained everything and I was quite happy with what was said." and another recalled a visit from the manager to discuss their care.

None of the people we spoke with told us about any review of their care needs and care plans and we did

not see any evidence of this.

One person we spoke with told us they no longer needed staff to support them with their medication on all of their calls. We asked the registered manager if the person's care plan had been reviewed to reflect this change of need. The registered manager said it had not.

A member of staff we spoke with told us care plans were not always up to date and therefore did not always reflect the person's current needs.

None of the care plans we saw included any details of the person's current circumstances, past medical history, current health status, preferences or lifestyles.

We concluded the provider was in breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

None of the care files we looked at included details of the times of staff visits. The registered manager told us they gave people information about call times verbally and allowed a half hour timeframe for the call. Two of the people we spoke with told us it would be helpful to have written information about their call times. People told us staff usually let them know if they were going to be very late.

Two of the people we spoke with told us they, or their family, had raised complaints with the service but had not received any response. However when we asked the registered manager if they had received any complaints, they told us they had not. When we said we had been told of some complaints they told us they were aware of one complaint received by one of the domiciliary care managers from the local authority but they did not know the detail of the complaint. We asked to see records made of this but the registered manager was not able to find any.

When we spoke with a person from the local authority, they told us the service had received three complaints prior to our inspection.

This meant the provider was in breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Inadequate

Is the service well-led?

Our findings

There was a registered manager in post on the day of our inspection. 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.

The registered provider for this service was also the registered manager.

When we asked people who used the service if they knew the manager they told us "There's a gent who comes. I don't know if he's the manager.", "I am not sure who the managers are. A chap comes, but I don't know if he is the manager." and "I think he came this morning. He came with the carer. He did not ask any questions, and was rushing to get in and out."

The registered manager told us that although they were also the registered provider, they were relatively new to the registered manager role as they had previously employed a person in this role.

The registered manager demonstrated a lack of awareness of their responsibilities in their dual role as registered provider and manager. For example when we asked to see audits of the quality and safety of the service, the registered manager told us none had been completed. Additionally the registered manager was unaware of the need to have systems in place for gathering feedback about the service from people who use it.

We asked the registered manager if they had used the information available on the Care Quality Commission's website to help them understand and achieve compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They said they had not.

Prior to our inspection we had sent a Provider Information Return (PIR) to the service. 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. This was not returned as requested. We asked the registered manager why they had not returned the PIR and they said they had not been aware the previous manager had not returned it and had telephoned CQC to request an extension to the time allowed for making the return. They told us that as they had not received a call from CQC they had not completed and returned the PIR.

It is the responsibility of the provider to make sure the PIR is completed and returned within timescales and therefore they should have been aware that the previous manager had not completed it.

Prior to our inspection we had requested details of people who use the service for provision of personal care. This enables us to speak to people and get their views. The provider told us they had 11 people receiving the regulated activity personal care. However, following discussion with the local authority commissioners we established there to be 20 people. When we asked the registered manager why they had not given us the correct details they told us they had misunderstood the meaning of personal care.

The provider had also not given full details of staff working at the service when this was requested.

As a registered provider and manager it is important they have full understanding of the regulated activities and provide accurate information to the CQC when it is requested.

The failures in relation to effective leadership and governance meant the provider was in breach of Regulation 17 (Good Governance) 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 9 HSCA RA Regulations 2014 Person-centred care Care was not planned with a person centred approach. Regulation 9 (1)(c) and Regulation 9 (3)(a)

The enforcement action we took:

NOP to cancel registration

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Appropriate systems were not in place for assessing peoples' capacity to consent to care and consent was not always obtained from the appropriate person. Regulation 11 (1)

The enforcement action we took:

NOP to cancel registration

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely Regulation 12 (2)(g) Systems were not in place to identify, manage and mitigate risks. Regulation 12 (2)(a)(b)

The enforcement action we took:

NOP to cancel registration

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints were not recorded or responded to. Regulation 16 (1)

The enforcement action we took:

NOP to cancel registration

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (1) (2) (a) (b)

The enforcement action we took:

NOP to cancel registration

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not followed to make sure staff were safe to work in the care sector. Regulation 19 (2) (3)

The enforcement action we took:

NOP to cancel registration

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate support, training or supervision. Regulation 18 (2)(a)

The enforcement action we took:

NOP to cancel registration