

Errand Plus and Personal Services Ltd

Errand Plus and Personal Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Errand Plus and Personal Services is a domiciliary care agency providing personal care to adults in their own homes. The agency covers the geographical areas of Norwich and Great Yarmouth in Norfolk. Not everyone who used the service received the regulated activity of 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 inspection, the service was providing personal care to seven people.

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

Since our last inspection of Errand Plus and Personal Services on 11 and 26 September 2019, the service had made improvements, this was a work in progress, but we were encouraged by the actions taken and the service was no longer in breach of regulations. However, further consideration was needed around staff understanding of external safeguarding processes. We have made a recommendation about this.

At our previous inspection we found the risks to people were not managed well and the management of people's medicines was not safe. At this inspection we found improvements had been made. People's risks including those associated with their health conditions had been assessed and mitigated, and safe management of medicines systems implemented.

At our previous inspection we found recruitment systems were not robust and staff were not always supported effectively in their roles. At this inspection we found improvements had been made. Relevant pre-employment checks were carried out and systems to support staff had been implemented.

At our previous inspection we found systems for checking the quality and safety of the service was not in place putting people at risk of harm. At this inspection improvements had been made. Systems to monitor the quality and safety of service were in place. People who used the service and relatives were asked for their views and this was used to improve the service and make any necessary changes

Feedback from people who used the service and their relatives was positive. They described being involved in making decisions about their care and told us they felt safe and comfortable in the company of the staff who knew them well and were reliable and competent. They said they would recommend the service.

Staff followed safe infection control processes which protected people from the risks of infection and, specifically Covid-19.

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; the policies and systems in the service supported this practice.

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

Rating at last inspection and update:

The last rating for this service was inadequate (report published 6 November 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We met with the provider 15 January 2020 to discuss their action plan and progress to date.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since our last inspection in November 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to continue to make improvements. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Errand Plus and Personal Services on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Errand Plus and Personal Services

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 two inspectors.

Service and service type

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

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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection and to ascertain any health and safety information in relation to COVID-19.

Inspection activity started on 29 September 2020 when we visited the office location and ended on 15 October 2020 when we gave feedback.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and other professionals involved 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 spoke with the registered manager, the provider's nominated individual, eight staff and a member of staff from human resources. We received electronic feedback from one member of staff.

We also spoke with two people who used the service, two relatives and two professionals involved with the service.

We looked at three staff files in relation to recruitment, training and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

We reviewed documents and records that related to people's care and the management of the service. This included six people's care plans, risk assessments and where relevant their medicine records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a number of management records including policies and procedures and quality assurance documents.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were still not always safe and we were not fully assured regarding people's safety.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable in the company of the staff and that staff were respectful in their homes and made sure they secured the property when they left.
- Systems were in place to identify, report and help reduce the risk of abuse.
- Staff had received training in safeguarding and knew how to report potential abuse internally. However, not all staff were confident in their understanding of whistleblowing processes and how to escalate concerns outside of their organisation.

We recommend that the provider sources further support to assist staff in their understanding of safeguarding and how to report concerns externally.

Assessing risk, safety monitoring and management,

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 12.

- Individual risks to a person's health and wellbeing were regularly reviewed. Where risks had been identified there was information to guide staff to help mitigate risks. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. For example, there were medication, pressure area and moving and handling risk assessments in place.
- People were protected from risks from the environment. Potential risk and hazards within people's homes had been identified and appropriate risk assessments were in place.
- COVID-19 risk assessments had been implemented for all the people using the service and staff according to government guidance.

Using medicines safely

At our last inspection the provider had failed to ensure safe management of medicines was in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 12.

- People received their medicines safely and as prescribed.
- Where people required support with administration and management of their prescribed medicine this was detailed in their care plan.
- Staff completed electronic records when they had administered people's medicines. If a delay occurred or the task was not completed during the scheduled visit an alert was sent to the office, so they could follow up.
- Staff received training in medicines management and had their competencies assessed.
- The management team had implemented checks and audits of the medicines system to ensure procedures followed were safe.

Staffing and recruitment

At our last inspection the provider did not have an effective system to monitor and identify that people's visits had taken place on time and for the planned duration. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 18.

- Prior to this inspection we had received concerns about staffing. This included, where two carers were required on a visit only one carer was turning up, late and missed visits and carers not staying allocated times. We found no evidence of unexplained late/missed visits, or staff not staying the allocated time. Where two carers were required to log in and out for the visit the provider's electronic system would only record the name of one carer. The management team had recognised this gap and tried alternative technical options which hadn't proved reliable. To resolve this, they had introduced a communications book in people's homes that staff used to record the visit information. Feedback from people who used the service, relatives and staff was this was working well.
- People and relatives told us they had a weekly rota, so they knew who to expect and when and their visits were mostly on time, the service was reliable, and any changes were communicated to them. One person told us, "Things are more organised and settled. I have a team of carers that come, and they all know me well and my routine, it works well. Never had a missed call."

At our last inspection the provider had failed to ensure that staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 19.

- The provider's recruitment systems included pre-employment checks to check staff were of good character and were suitable to care for the people who used the service. All staff had undertaken a check with the Disclosure and Barring service (DBS) to ensure they were suitable and safe to work with vulnerable people. Where we identified some gaps in documentation these were discussed with the management team

who took immediate action to address this.

Preventing and controlling infection

- Staff completed training about infection prevention and control. They told us what personal protective equipment (PPE) they wore, and this was in line with current Covid-19 guidance. Staff told us they sufficient access to stock of PPE and the provider had ensured they had what they needed throughout the pandemic. This was confirmed by one relative who said, " Never seen the carers without their gloves, aprons, masks, even got hand gel they take this [Covid-19] business very seriously."

Learning lessons when things go wrong

- Staff understood how to report accidents, incidents and near misses. These were investigated and followed up by the registered manager to ensure where actions had been identified these were completed. For example, a member of staff received additional training and support following a medicines error.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had ineffective systems and processes to support staff in their roles and was therefore in further breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 18.

- People told us they felt the staff had the skills and knowledge to meet their needs. For those that needed assistance with their mobility they said the staff were competent using the equipment required. One relative talking about staff using a hoist said, "The carers know exactly what to do and how to use it. They check [person] is okay when they do it and they do it the same way every day."
- New staff received an induction which included training, assessed shadowing of more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to. However, we discussed with the management team some gaps in the shadowing and induction records which did not always reflect when a member of staff had been signed off as competent. The management team advised they would implement a checklist to address this.
- Systems showed that staff were supported to professionally develop through ongoing training and supervisions. However, the frequency of supervisions varied and the inspector found gaps in recorded supervisions. The provider confirmed all staff were informed that supervisions would be held through a cloud-based video conferencing service and many staff were emailed their notes back the same day. We found that these calls hadn't always been properly documented by the provider's nominated individual who was responsible for doing staff supervisions. We fed this back to the management team and queried the supervision arrangements as some staff had told us they felt uncomfortable raising issues with the nominated individual as they were also the owner of the agency. Following our feedback, the nominated individual reviewed the roles and responsibilities of the management team and confirmed the registered manager would be responsible for staff supervisions going forward.
- Staff were complimentary about the support they received from each other and the registered manager.

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

- People's needs were assessed before being supported by the service, with family members and significant others involved in the process where required. This was to ensure people's needs could be safely met.

- Assessments had been completed in line with current legislation and best practice guidance. The information was used to create a person-centred care plan to help people achieve good outcomes.
- Systems were in place to ensure staff practice was non-discriminatory. People were supported by staff to receive a good standard of care regardless of age, gender, beliefs or cultural identity.

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

- Where people required support with their dietary and hydration needs staff worked in accordance with their care plan. Information was documented in people's care records which provided guidance for staff on how to meet individual needs and preferences such as favourite foods and beverages.

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

- People received appropriate support to meet their healthcare needs. One person told us how staff had contacted the GP when they became unwell and had arranged a home visit for them.
- People's records showed that where other professionals were involved their input was acted on by staff and incorporated into their care plans.

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

- People and relatives told us the staff consistently sought their consent before providing any care or support. One person said, "The carers are polite and ask me first. They always stick to my routine."
- People's ability to consent to care was recorded in their care plan.
- Where people had an identified power of attorney (POA) authorised this was recorded within their care plan including what the authorisation related to.
- The registered manager and staff understood the requirements of the MCA, and had implemented their training into practice.

Is the service well-led?

Our findings

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. We were encouraged to see the service was better organised and had independently identified areas for further development. However, these need to be sustained and embedded in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the lack of governance systems and oversight by the provider had placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that, although further improvements were required, the provider was no longer in breach of regulation 17.

- There had been three management changes since our last inspection, and this had at times disrupted the running of the service. The registered manager supported by a human resources staff member and the nominated individual were working on delivering the improvements identified in their action plan.
- This included a recently implemented quality monitoring system. However, this was a work in progress and at the time of the inspection we were unable to assess its overall effectiveness.
- The management team acknowledged that staff turnover remained high, but they were working on building an established staff team.
- Further improvements were needed in relation to staff understanding of safeguarding external processes to ensure an open culture in the service.
- In the main the service had notified us where they were required to do so. However, we discussed with the management team during the office visit a missing notification regarding a grade three pressure area for one person and this was submitted.
- Staff demonstrated an understanding of people which enabled positive relationships to develop and contributed towards good outcomes for people.

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 management team understood their responsibilities under the duty of candour requirement and explained to us it was about being 'open and transparent' with everyone associated with the service.
- We saw examples where the service had shared incidents with professionals in order to seek advice and

recommendations in order to mitigate reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from people who used the service and relatives was complimentary about Errand Plus and Personal Services. They told us they were satisfied with the care they received, and most would recommend the service.
- Staff told us they had seen positive changes under the current leadership. Such as improved communication and organisation. One staff member said, "The registered manager is approachable and listens to us carers. Things have settled down. Its much better; just hope she stays."
- Meetings were held for staff so information could be shared, and views and opinions sought.
- The management team shared examples with us of how they worked collaboratively with other professionals. This included professionals who commissioned care from the service and others involved in people's care.