

ATIPA Healthcare Group Ltd

West Midlands

Inspection report

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Tel: 07908009626

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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 caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

West Midlands is a domiciliary care service and supported living service providing personal care to people living with a physical disability. At the time of our inspection, there was 1 person receiving support as part of a supported living service.

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.

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

People did not have protocols in place to ensure the safe administration of 'as required' medicines. Accidents and incidents were not always recorded accurately. The provider did not always ensure recruitment checks were undertaken which ensured people were supported by suitable staff.

Staff did not have training delivered by a suitable training provider. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People's needs were not always assessed holistically and did not always consider people's diverse needs under the Equality Act 2010.

Relatives told us staff were kind and caring. However, we found staff had used derogatory language in people's care records. Staff promoted people's independence but did not always enable them to make choices for themselves where there was a perceived risk.

Care plan documentation was not always up to date and consistent. Systems were not always in place to adequately check the quality of the service and identify improvements required. The registered manager did not always have the knowledge to ensure concerns were identified, and improvements made when needed.

A relatives told us their family member was safe. Staff knew the types of abuse and understood how to keep people safe. Staff wore personal protective equipment (PPE) in line with current guidance. The person was supported to eat and drink in line with dietary preferences and choices. The person was supported to have their health needs met and were supported to attend health appointments. The person was supported by staff who communicated with them in a way they understood. Staff told us the registered manager was approachable and supportive. The registered manager promoted a positive culture amongst staff.

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 15 May 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified breaches in relation to consent, staff training and the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

West Midlands

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

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.

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.

Notice of inspection

We gave the service 72 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.

Inspection activity started on 12 December 2022 and ended on 14 December 2022. We visited the location's office on 12 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 information gathered as part of a monitoring activity that took place on 28 October 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager and 2 care staff. We spoke with 1 relative. We were unable to speak with the person who the service supports as they did not give consent to speak with us.

We looked at 1 person's care records and medicines administration records (MARs). We also viewed 3 staff files and documentation related to the governance of the service.

The provider sent us further documentation we had requested following the site visit including care records and recruitment documents.

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 of this newly registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse

- Systems were not always in place to safeguard people. An accidents and incidents policy was in place, however we found no evidence of any accidents and incidents being recorded. Daily logs indicated some accidents and incidents had occurred which should have been recorded although no accident or incident form had been completed.
- Safeguarding policies and procedures were not fully embedded. A safeguarding referral had been made when required, but this was done following guidance received from a consultant supporting the service. The registered manager did not always understand when to raise a safeguarding referral. However, there was no evidence of any impact on people.
- A relative told us their family member was safe.
- Staff understood how to keep people safe. One staff member told us, "I would report physical abuse, verbal aggression, self-harm. I would write it in the notes and send an incident report, I would let older staff know and call the line manager."

Assessing risk, safety monitoring and management

- Risk assessments were not always in place to guide staff how to manage all risks to the person.
- The provider did not encourage positive risk taking which sometimes placed a restriction on the person's liberty.
- Staff were proactive in sharing risks with the registered manager when identified.
- The person was supported by staff who educated them regarding risk to themselves and provided them with information to support them to keep themselves safe.

Staffing and recruitment

- The person was supported by staff who had not always had Disclosure and Barring Service (DBS) checks undertaken by the provider prior to them starting employment. The provider had checked existing DBS checks in place undertaken by previous employers although they did not always undertake their own up to date check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Following the inspection, the provider provided us evidence they had undertaken their own DBS checks and no concerns had arisen which may have impacted upon people's safety.
- The provider did not always ensure they had received satisfactory references prior to staff starting employment with them and some gaps in employment history had not been explored. For example, the provider had received a character reference for 1 staff member but could not provide evidence they had

requested a reference from a previous employer from the care sector.

- People were supported by a sufficient number of staff to meet their needs safely.

Using medicines safely

- The person did not have protocols in place to guide staff when to administer 'as required' medicines which meant they may not have been administered safely. Where 'as required' medicines were administered, the reason for administration was not always recorded.
- Medicines administration records (MARs) were used to record when medicines were administered. The person's regular medicines were administered in line with their MARs and staff signed to confirm medicines had been administered.

Preventing and controlling infection

- A relative told us staff wore personal protective equipment (PPE) in line with current guidance.

Learning lessons when things go wrong

- There was limited use of systems to record safety concerns.
- Where things went wrong regarding systems and processes, the provider was often reliant on external consultants to advise how to address this going forward.
- The registered manager was proactive in addressing concerns where things went wrong that involved people's daily care needs.

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

- Staff told us they received an induction prior to supporting the person and had been provided with training. However, the training was delivered by a work colleague and the registered manager who were not qualified to provide the training. The registered manager told us they were currently awaiting a start date for a member of staff to complete Skills for Care accredited 'Train the Trainer'.
- Staff did not receive supervision or competency checks to ensure they had the skills to meet the person's needs.

The provider failed to ensure that staff received an adequate induction and training to meet the person's needs. This placed the person at risk of harm. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with were knowledgeable regarding how to meet the person's mobility and daily care needs.

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 MCA 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.

- The provider did not always comply with the principles of the MCA.
- Mental capacity assessment documentation had been completed but not in line with the Mental Capacity Act Code of Practice. This meant that decisions were made regarding the person's capacity when there was

no legal justification to do so.

- Where the provider considered the person was placing themselves at risk by making unwise decisions, they had placed unlawful restrictions on the person to mitigate this risk with no legal authorisation.
- Staff told us they had received MCA training. However, care records indicated they did not always understand and comply with the principles of the MCA.

The provider failed to comply with the principles of the Mental Capacity Act and ensure care was provided with the person's consent. This placed restrictions on the person's liberty. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff sought consent from the person prior to supporting them with their care needs.

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

- The person's needs were not always assessed holistically. Assessments in place did not consider people's diverse needs in line with the Equality Act 2010.
- The person's assessments lacked information regarding their life story and did not always identify their needs.
- The person's expected outcomes were not always identified so staff did not always know how to support them to meet their goals.

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

- The person was supported to prepare their own food in line with their dietary needs.
- The person was given choice regarding what they ate and drank.

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

- A relative told us the person was supported to ensure their health needs were met.
- Referrals were made to health professionals when needed. Staff supported the person to make health 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 not always 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

- The person was not always supported to express their views. For example, where staff perceived the person's choices to be a risk to them, they did not always fully involve them in decision making.
- Staff involved the person in decision making for decisions where they did not consider there to be risk.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always use respectful and dignified language when recording in the person's daily logs. We saw some examples of derogatory language used when describing the person's behaviour.
- The person was not always supported in a way which respected their wishes and promoted their independence.
- Staff respected the person's privacy. Records showed staff closed the door when supporting the person with personal care and respected their wishes when they wanted to spend time alone.

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

- The person was supported by staff who showed empathy towards them. Staff understood when the person needed compassionate support and had the time to provide it.
- A relative told us staff were respectful and treated the person well.

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 people's needs were not always met.

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

- The person was not always involved in planning their care and care plans did not always include guidance on how to meet their needs in all aspects of their life.
- The person did not have regular care reviews and care plans were not updated when their needs changed.
- The person was supported to make decisions regarding how their care was delivered, where staff did not consider there to be a risk to their safety.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. However, this had not been updated since the provider had moved office address. The registered manager told us this would be reviewed and updated.
- The registered manager told us they had not received any complaints.
- Where the person raised concerns via telephone, these were addressed by the registered manager in a timely manner.

End of life care and support

- The person's end of life care and support had not been discussed with them and there was no reference to this in their care plan. The registered manager explained this was because they were not at the end stage of their life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The person was supported by staff who communicated with them in a way they understood.
- The person's communication needs were included within their care plans and staff followed this guidance.

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

- Staff supported the person to engage in activities they enjoyed.
- Staff supported the person to see their friends, both at home and within the local community.

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 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems in place to check the quality of the service were not effective. We found no evidence of any audits being undertaken to check the quality of the service. The registered manager told us they undertook informal checks, but these were not documented.
- Checks of medicine administration records failed to identify where protocols were not in place for 'as required' medicines and where it had not been recorded why as required medicines had been administered.
- Checks of care plan and risk assessment documentation failed to ensure documentation was up to date and consistent.
- Checks of mental capacity assessments failed to identify where they had not been undertaken in line with the MCA code of practice. This meant unlawful restrictions on the person's liberty had not been identified and addressed.
- Systems in place did not ensure that recruitment checks were undertaken to ensure the person was supported by staff who were suitable to meet their needs.

The provider failed to ensure effective systems were in place to assess, monitor and improve the quality and safety of the service provided. This placed the person at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was unclear about their role. The registered manager had employed a consultancy to support them. However, they did not seem to be clear about their own responsibilities without seeking advice from the consultancy.

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

- Systems in place did not help to promote a clear vision or values within the service.
- The registered manager and staff did not always fully understand the issues and risks facing the service.
- The registered manager promoted a person-centred culture at the service which was disseminated to staff. The registered manager was passionate about meeting the needs of people they supported, although sometimes lacked the knowledge to ensure this complied with law and good practice.
- Staff told us the registered manager was supportive. One staff member told us, "The registered manager is supportive, I would go to them if I had any concerns."

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 was open and honest and shared concerns when they knew something had gone wrong. However, they did not always have the knowledge to identify where something had gone wrong.

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

- Feedback was sought verbally from relatives due to the size of the service. Relatives provided positive feedback regarding the service.
- The person was not asked for formal feedback regarding the quality of the service they received.
- Staff were not asked for formal feedback but told us they found the registered manager approachable and were comfortable in providing direct feedback if needed.

Continuous learning and improving care

- Quality assurance processes in place failed to identify concerns which meant care was not always improved when needed.
- The provider had sought support from external agencies to try to improve the service. However, they were reliant on these agencies to identify improvements required and to advise on how to achieve these improvements.

Working in partnership with others

- The provider had worked with commissioners to ensure the person's care provision was appropriate to meet their needs.
- The provider shared information with other agencies such as health professionals and commissioners when they identified a need to do so.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure that staff received an adequate induction and training to meet people's needs.

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 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure they supported people within the principles of The Mental Capacity Act 2005 which placed restrictions on their liberty.

The enforcement action we took:

We served a warning notice and asked the provider to evidence how they had made improvements to show compliance with the regulation.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to assess, monitor and improve the quality and safety of the service provided

The enforcement action we took:

We served a warning notice and asked the provider to evidence how they had made improvements to show compliance with the regulation.