

Assured Care Southport Limited

Assured Care Formby

Inspection report

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Formby
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11 January 2024

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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?

Inadequate ●

Summary of findings

Overall summary

About the service

Assured Care Formby is a domiciliary care agency providing care to people living in their own homes, so they can live as independently as possible. At the time of our inspection the service was supporting 49 people with personal care. 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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

We have made a recommendation about how the provider can work more in line with the principles of the MCA (Mental Capacity Act.)

Right care: Although people told us they received person-centred care and care which promoted their dignity, privacy and human rights, further information was required in care plans to help provide further guidance for staff, such as information about their preferences and interests. At the time of our inspection, not all staff had received specific training to aid the support of people living with autism/and or a learning disability.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff did not always ensure people using services lead confident, inclusive and empowered lives. Staff knew people well and were able to deliver person-centred care, but the oversight of the service was ineffective and inconsistent.

Medicines were not always managed in a safe way. We were not assured people had their medicines as prescribed. Staff hadn't always had their competency assessed to ensure they were able to administer medicines safely.

Oversight and governance processes did not always assure the delivery of safe and high-quality care. Some

audits were not completed routinely or at all. The registered manager had failed to fully address the concerns found at the last inspection.

Information about risk was not always properly reviewed or up to date. People's care plans required further information to manage risks effectively.

Staff were not always recruited in a safe way. References had not always been sought.

We have made a recommendation about recruitment practices.

Although people told us they received care and support which was person centred to them, care plans did not always reference best evidence guidance and lacked accurate and consistent information.

People and their relatives told us they were happy with the support they received. We also received positive feedback from staff about their experiences of working for the service. It was clear staff had formed genuine and positive relationships with the people they supported.

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 requires improvement (report published 17 March 2023). The service remains rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found although some improvements had been made, the provider remained in breach of some regulations.

At our last inspection we recommended that the provider sought advice and guidance from a reputable source on supporting people's communication needs and updated their practice accordingly. At this inspection we found the provider had acted on our recommendation and had added information about communication needs to people's care plans.

Why we inspected

We carried out an announced comprehensive inspection of this service on 11 January 2024. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, consent, person centred care, staffing, fit and proper persons employed and good governance.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

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.

At this inspection we found the provider remained in breach of regulations 12 and 17.

We have made recommendations about the need for consent (regulation 11) and fit and proper persons employed (regulation 19).

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Assured Care Formby

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 was carried out by 2 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. There was also a manager at the service who assisted the registered manager (who was also the registered provider) with the everyday running of the service. There were plans for the manager to take over the registered manager's role in the near future.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 11 January 2024 and ended on 26 January 2024. We visited the office location on 11 January 2024.

What we did before inspection

We reviewed information we had received about the service since registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service about their experience of the care provided and 1 relative. We spoke with 6 members of staff including the registered manager, manager, care co-ordinator and 3 members of care staff. We reviewed a range of records. This included 9 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.



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 requires improvement. At this inspection the rating for this key question has remained the same.

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.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Not all staff had had their competency to administer medicines assessed and/or competency checks were overdue.
- Prescribed creams and lotions were not being recorded when administered.
- People's care plans did not always accurately reflect the support they needed. For example, 1 person's care plan referred to them as requiring support with controlled drugs, however, the person was no longer prescribed them. (Controlled drugs are those which are subject to high levels of regulation to help prevent their misuse.)
- MARs (Medicines administration records) were not always maintained accurately and in line with best practice. Some MARs lacked important information such as medicine dosages, quantities and frequency. Dates were incomplete and information about allergies had not been recorded.
- Effective medicines audits had not been completed to ensure medicines were being administered and managed safely.
- People who were prescribed PRN medicines (as and when required medicines) such as painkillers, did not have an appropriate PRN protocol in place. This is important as it contains guidance for staff about how and when to administer these types of medicines. The manager began to implement PRN protocols during our inspection.
- For people who were prescribed time sensitive medicines, such as painkillers, staff were not always recording the time of administration. This is important as some medicines require a specified interval of time before the next dose can be given. There was a risk people could be given too much medicine.

We found no evidence that people had been harmed however, medicines were not always managed safely. This was a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, the provider failed to manage risks to people's health and welfare safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans had been revised since the last inspection and contained basic explanations of the control measures for staff to follow to keep people safe. However, further detail was needed to make guidance for staff easier to follow.
- For example, for 1 person, although it had been identified in 1 part of their care plan they were a swallowing risk, the nutritional aspect of the care plan did not contain guidance for staff on how to manage this risk.
- Although some processes were in place to learn lessons and improve the quality of care, processes to evidence analysis of accident and incidents required further development, to help ensure the service had a clear, accurate and current picture of safety at all times, and to help safety related themes and trends to be more easily identified. We have reported on this further in the well-led section of this report.
- People told us they felt safe when receiving care and support from staff, comments included, "I definitely feel safe with staff" and "I have to be hoisted and this means being suspended in the air, but I always feel safe with staff in that they know what they are doing." Staff told us they felt the support provided to people was safe, one told us, "The care is safe, as staff know people so well."

Staffing and recruitment

At the last inspection the provider failed to ensure recruitment processes were robust to ensure staff were suitable to work. This was a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Although improvements had been made to recruitment processes since the last inspection, we found 1 staff member did not have any references. References are a requirement for safe recruitment as laid out in legislation. We spoke to the manager about this who confirmed they would seek responses to their reference requests immediately.

We recommend the registered manager continues to make improvements to its recruitment processes to ensure full recruitment checks are carried out as standard practice.

- There were enough staff to meet people's assessed needs.
- The same team of staff supported people to help ensure they received a consistent and reliable service. One member of staff told us, "I have the same people I go to every week, this is important to people."
- Processes to monitor care calls were not properly evidenced. Although the manager checked daily to ensure there were no missed or late calls, these checks were not recorded. We have reported on this further in the well-led section of this report.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood how to safeguard people from abuse and how to report any safeguarding concerns.
- Although the registered manager had processes in place to report potential safeguarding incidents to the local authority, they had not always notified CQC of the actions taken. We have reported on this further in the well-led section of this report.

Preventing and controlling infection

- Effective infection prevention and control procedures were in place, including those relating to COVID-19.
- Staff followed good infection control practices and used PPE (personal protective equipment) where and when appropriate to minimise the spread of infections.

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 requires improvement. At this inspection the rating for 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 failed to ensure staff had received appropriate training for their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had completed training deemed mandatory by the provider, including safeguarding, infection control and moving and handling. Although we identified some gaps for mental capacity training in the staff training matrix, the manager confirmed staff had now completed this aspect of their training.
- However, we did identify 2 members of staff who had not completed their care certificate (training provided to staff new to care) within 12 weeks of commencing employment, in line with best practice standards. We spoke to the registered manager about this who confirmed staff would be supported to complete this training imminently.
- Not all staff had received training in supporting people with a learning disability and/or autistic people as required. However, plans were in place to ensure all staff completed this learning in the very near future.
- People told us they thought staff were trained and competent. One person told us, "I definitely think staff are trained and know what they are doing."
- Staff received formal support through supervisions and appraisals. Staff told us they thought this was helpful for both professional and personal development.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider failed to ensure consent to care and treatment was sought or recorded in accordance with legislation regarding the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's care plans evidenced that consent to care and treatment was recorded. Where a family member had provided consent, the service had sought evidence to ensure they had the legal authority to do so. However, for 1 person, evidence to consent to care and treatment had not been sought and there was no evidence mental capacity had been assessed/or that a valid LPA (Legal Power of Attorney) was in place.
- For another person, although a ticked box in their care plan recorded they had been consulted about the

use of a bed rail, there was no recorded signature of consent to verify this.

We recommend the registered provider continues to develop processes to ensure the principles of the MCA are adhered to.

- Staff told us they always asked people for their consent before they provided care and support. People we spoke with confirmed this. One person commented, "Yes, staff always ask me if it's OK before they do anything for me."

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

- Best practice guidance and legislation was not always followed when people were being supported with their care. For example, the provider had not always kept us informed of important events, and care was not always delivered in line with current best practice guidance, such as support with medicines. We have reported on this further in the well-led section of this report.
- People's needs were assessed before they started to use the service to ensure their support needs could be met.

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

- Staff checked on people's well-being and reported any concerns about people's health to the managers. One member of staff confirmed, "We see the same people every day so if we saw anything that wasn't right, we would report it right away."
- There were systems to make referrals to external health and social care agencies to help ensure appropriate input and advice from relevant health professionals was sought.

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

- Staff supported people to help ensure their nutritional and hydration needs were met. There was evidence that people had choice in this aspect of their care.

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 requires improvement. At this inspection the rating for this key question has remained the same. This meant although people told us they feel well-supported, cared for and treated with dignity and respect, the shortfalls in the service did not always demonstrate a caring attitude

Ensuring people are well treated and supported; equality and diversity

- The service did not always demonstrate a sufficiently caring service. This is because people's care and treatment were undermined by the shortfalls we identified with the way the service was provided. This meant people did not always receive the support they needed to meet their needs in a safe way.
- However, feedback from people about the care they received from staff was positive. Comments from people included, "Staff care for me very well, very well indeed," "Staff are caring and kind, I can't fault them" and "I am happy with the service and in fact have recommend them to friends."

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

- People told us they were involved in the planning of their care. One person told us, "I do remember staff asking lots of questions when I first started with them, I think this was for my care plan and I have seen this."

Respecting and promoting people's privacy, dignity and independence

- Staff provided support to people in a way which maintained and respected their privacy and dignity.
- Staff promoted people's independence. One person commented, "I like to do as much as possible for myself, I want to be as independent as I can be and staff allow me to do this."

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 requires improvement. At this inspection the rating for this key question has remained the same. 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

At our last inspection, the provider failed to ensure people received person-centred care and treatment. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Although care plans had been updated since the last inspection, further development was required to ensure guidance for staff was written in a person centered way. Further information was needed to properly reflect people's backgrounds, interests, cultural and religious needs.
- People's care assessments did not always show consistent information. For example, for 1 person, certain parts of the care plan referred to them requiring the needs of 2 staff whilst other parts recorded 1 staff member. For another person, we found important information about their dietary needs in a part of their plan, had not been recorded under the nutrition section of their plan. We have reported on this further in the well-led section of this report.
- Staff told us they had all the information they needed to know about people in care plans and on an electronic app. One told us, "All the information is there, and if I wasn't sure, I would call the office and ask the question, there is always someone on the end of the phone."

Meeting people's communication needs; Improving care quality in response to complaints or concerns
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.

At our last inspection, we recommended the provider sought advice and guidance from a reputable source on supporting people's communication needs and updates their practice accordingly. At this inspection, we checked whether the provider had acted on our recommendation and found that they had.

- People's care plans had basic information regarding their communication needs. The manager told us although they were not currently supporting anyone who was unable to communicate verbally, they were aware of the requirement to provide such information in people's care plans.
- A complaints system was in place and information on how to complain was made available to people. Information could be produced in different formats if required. For example, easy read, or an alternative language.
- People and their relatives told us they would not hesitate to speak up if something was wrong. One person

told us, "I haven't had to complain, but if I had an issue, I know I could ring the office and they would help me sort it out."

End of life care and support

- The service did not have anyone receiving end of life care at the time of the inspection but had supported a person with this aspect of support in the past.
- Staff had not received training in end-of-life care and support. We discussed the need for this with the manager to help ensure people received the support required to experience a comfortable and dignified death. Staff were immediately enrolled onto this training.

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 requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

At our last inspection the provider failed to effectively operate systems and processes to monitor and improve the quality of the service and to monitor and mitigate risks. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider did not always have effective systems in place to monitor and improve the quality of the service in line with legal requirements. Governance systems had failed to highlight some of the concerns we found during this inspection.
- The provider's systems for monitoring and mitigating risks to the health and welfare of people had not always operated effectively. Processes to review risks required further development to ensure risks to people were minimised.
- The provider failed to ensure they, and the management team were clear about their roles and responsibilities and did not always demonstrate an adequate understanding of the risks facing the service.
- The provider did not ensure risks were properly assessed and reviewed to ensure the service maintained an accurate and current picture of safety. This meant that potential for opportunities to make the necessary improvements could be missed.
- The provider did not ensure systems were in place to ensure care reviews were effective at ensuring information in care plans was consistent, accurate and up to date.
- Medicines records were not well maintained. Best practice guidance and the services' own policies had not been adhered to. Medicines and topical administration records had not always been completed accurately. The provider was not adhering to its own medicines policy which specified that PRN protocols were required for people who were prescribed these types of medicines.
- The provider did not always demonstrate effective continuous learning to help improve the quality of care. For example, robust processes were not in place to effectively monitor call duration, time of calls and any missed calls, although the manager told us they checked this daily, recorded evidence of this was not maintained, meaning missed opportunities to identify any potential issues.
- Legal requirements were not always understood or met. Notifications had not always been made to CQC in line with the provider's legal obligations. For example, we were not notified that a person had been

admitted to hospital overnight following a medicines error. We discussed our concerns with the manager who confirmed we would be notified of any notifiable events in the future.

- The service was not always complying with its obligations under duty of candour, we found in 1 person's daily care notes records referring to bruising, when we queried this with the manager, they confirmed staff had failed to report this incident.

The provider failed to effectively operate systems and processes to monitor and improve the quality of the service and to monitor and mitigate risks. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Some improvements were required for recording and analysing people's views of the service and those of people acting on their behalf. Although the manager informed us questionnaires were sent to people for their feedback, the return rate was low. Although we asked for sight of the questionnaires, they were not provided.
- However, people told us they were asked for their views through phone calls and home visits. One person told us, "Yes, I know the manager and they do come and check on me and see that I am happy with everything."
- Staff were encouraged to contribute to the development and running of the service through staff meetings and supervision processes. Staff were keen to tell us how much they enjoyed their job and how well supported they felt. One told us, "I love the job, I feel I can approach [Manager's Name] about anything and I know I would be listened to."
- The service had worked in partnership with external professional agencies such as district nurses, dieticians, commissioners and the local authority safeguarding team to help improve standards in the quality and safety of care.

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

- Staff knew people well and understood how to support them. One member of staff told us, "We get to know people very well, so we know just how to care for them, and more than that, we form friendships."
- Staff spoke positively about the management of the service and the support they received. One staff member told us, "The manager is lovely, very supportive."
- We received positive feedback about the culture of the service from people and relatives. They felt the staff were reliable and caring. One relative told us, "The service definitely meets all of our 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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed in a safe and proper way, meaning people were at risk of harm.

The enforcement action we took:

Warning Notice issued.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to effectively operate systems and processes to monitor and improve the safety quality of the service.

The enforcement action we took:

Warning Notice issued.