

Mr Peter Paul Hunter

Caring for You

Inspection report

The Old Bakery, 158 Bridge Road
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Tel: 01924271132

Date of inspection visit:

22 September 2020

23 September 2020

24 September 2020

28 September 2020

29 September 2020

30 September 2020

20 October 2020

Date of publication:

09 December 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Caring for You is a domiciliary care agency which provides care to people in their own homes. Not everyone who uses the service receives 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 our inspection there were nineteen people receiving personal care.

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

The registered provider did not have effective systems of governance in place to maintain and improve the quality and safety of the service. We identified two recent safeguarding notifications which we were not notified about.

Safe systems of recruitment were not always followed to ensure staff were safe to work with vulnerable people.

Staff were not always supported with an induction, supervision and role specific training, to ensure they had the knowledge and skills to support people. Staff had not had their competence to administer medicines assessed.

People told us they felt safe and staff we spoke with had a good understanding of how to safeguard adults from abuse. One person said, "My carers are marvellous and I feel absolutely safe with them."

We have made a recommendation about the registered provider following best practice guidance when managing people's finances to ensure people are protected from the risk of financial abuse.

Staff knew what to do in the event of an emergency. Risk assessments contained basic information to help minimise risk.

People we spoke with told us staff were usually on time and they had not experienced any missed care visits.

Most staff told us they felt supported and they would be happy for a relative of theirs to be supported by the service.

People told us they liked the staff and the managers, who went out of their way to provide them with person centred care.

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

Rating at last inspection

The last rating for this service was good (published 21/08/2018)

Why we inspected

The inspection was prompted in part due to concerns received about staff recruitment, training, management of the service and safeguarding people from the risk of financial abuse. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the safe 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.

The registered provider told us they would take action to improve the areas of concern.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe medicines, staff recruitment, training and supervision, accurate records and the management of the service at this inspection.

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

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 request an action plan for 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 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.

Details are in our safe 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 ●

Caring for You

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.

This was a focused inspection about specific concerns we had about recruitment, training, good governance and systems to protect people from the risk of financial abuse.

Inspection team

The inspection was carried out by two 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.

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 is not required to have a manager registered with the Care Quality Commission. This means the registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced at short notice to ensure we were aware of any COVID-19 related risks. Inspection activity started on 22 September 2020 and ended on 20 October 2020. We visited the office location on 22 September 2020.

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, CCG and safeguarding team. 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

Due to the national pandemic we reduced the time we spent at the office. We reviewed a range of records. This included four people's care records and two people's medication records. We looked at four staff files in relation to recruitment, staff supervision and training and a small number of records relating to the management of the service, including audits.

After the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided on the telephone. We spoke with eight members of staff including the registered provider, two care managers and five care workers. We continued to seek clarification from the provider to validate evidence found. We looked at further recruitment training and care plan information, as well as quality assurance records. 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The registered provider did not have in place safe systems of staff recruitment.
- They failed to ensure appropriate employment checks were always carried out prior to staff working alone with vulnerable people. For example, an up to date DBS check had not been completed with two staff members employed in August and early September 2020.

The above issues were a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider told us they had requested the DBS checks following our inspection and one of the staff members was not working alone with people. They said they would ensure all pre-employment checks and risk assessments were completed prior to staff working alone with vulnerable people.
- Staff were not always supported with an induction, supervision and role specific training, to ensure they had the knowledge and skills to support people. For example, there was no evidence of current or prior training for one staff member who had commenced employment in August 2020.
- Some staff training was not up to date or delivered in line with the providers policies. For example; The Mental Capacity Act (MCA) policy referred to staff receiving annual training in the MCA, however this training had not been completed since October 2018 by six staff we reviewed.
- Staff supervision was not delivered in line with the company's policy of six times per year. Evidence was provided that staff supervision was completed twice at most in 2019 with the staff members we reviewed.
- The above issues were a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider told us they would source training as soon as possible and were hoping to support a senior staff member to become trained to deliver some of their staff training in house. They updated their supervision policy following our inspection.

- Most staff told us they felt supported although some were concerned about a lack of training and supervision.
- The registered provider deployed sufficient numbers of staff to meet people's needs. People told us they were usually supported by a consistent team of staff and no one complained about any recent missed care visits. One person said, "I do get a rota, but it can change during the week. It doesn't bother me as I know

them all now."

Using medicines safely

- People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place.
- The registered provider did not ensure medicines competence assessments had been completed to ensure staff were able to safely administer medicines in line with National Institute of Clinical Excellence guidance.
- Not all staff had completed recent medicines training.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider told us they would ensure training and competence assessments were completed with all staff.

- People told us staff supported them with their medicines. One person said, "They do prompt me as I would forget to take them." One relative said, "They make sure (person) has taken them... just to check on (person)."
- Medicines administration records had been audited in the office by care managers and no issues had been identified in the two records we reviewed.

Systems and processes to safeguard people from the risk of abuse

- The registered provider did not have in place a robust system of financial recording and checks to ensure people were protected from the risk of financial abuse.
- The registered provider supported one person with their finances, however no care plan or risk assessment was in place regarding management of their finances.

We recommend the registered provider follows best practice guidance on the management of people's finances in health and social care.

- People told us they felt safe. Staff knew the potential signs of abuse and what to do to report any abuse. Not all staff had completed training in how to ensure people were safeguarded from abuse, however staff we spoke with knew the procedure to follow to report any incidents.
- The registered provider told us there had been no safeguarding incidents since our last inspection until the recent areas of concern. The registered provider did not notify CQC of these two recent safeguarding allegations. This is addressed in the Well- Led key question.

Assessing risk, safety monitoring and management

- Most risks were assessed and measures were put in place to reduce future risks. People each had an environmental risk assessment including basic information related to environmental risks, falls, mobility and personal safety with some information about how to reduce risks. No risk assessment was in place regarding a behavioural incident for one person and how associated risks might be reduced. The care manager told us this was a one off incident and the measures put in place had been effective.
- Staff knew what to do in the event of an emergency, for example, if they were unable to gain access to a person's home or found a person on the floor.

Preventing and controlling infection

- We were not assured the provider's infection prevention and control policy was up to date. COVID-19 was not mentioned in the policy or the use of face masks, although the provider showed us they had briefed staff verbally on use of personal protective equipment (PPE) in March 2020. The registered provider told us they would update their infection control policy immediately.
- The provider said they continued to keep staff up to date with guidance using a group App. No infection control training had been completed since the pandemic began. We have signposted the provider to resources to develop their approach.
- People told us they were protected from the spread of infections by good staff practice and staff told us there was a good supply of PPE available. One person said, "The [staff] are ultra careful now. They even wipe door handles down and surfaces before they leave."
- We were assured the provider was promoting safety through the layout of the office and hygiene practices of staff.

Learning lessons when things go wrong

- The registered provider told us there had been no incidents, accidents or missed calls since our last inspection.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered provider did not have an effective system of governance in place to maintain and improve the quality and safety of the service.
- We identified three breaches of the regulations related to safe care, staff training and supervision, and safe staff recruitment.
- An effective system was not in place to ensure the risk of financial abuse to service users was mitigated.
- Recruitment, training and supervision records were not always available in the office. The registered provider said they would ensure information was better organised and more accessible.
- Care plans had been reviewed regularly, although some contained contradictory information. For example; we received conflicting information as to whether some people using the service had memory problems or lacked mental capacity. The consent of the relevant person was not always recorded.
- The management team completed some staff observations however no record of observations or spot checks had been completed for two long-standing members of staff.
- The registered provider's policies were out of date and some were contradictory.
- We identified two recent safeguarding notifications which we were not notified about and this will be dealt with outside of the inspection process. We will be discussing this possible breach with the provider.
- The current CQC rating was not displayed on the registered providers website or in the office as required. This will be dealt with outside of the inspection process. We will be discussing this possible breach with the provider.

The above issues were a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not have an effective systems of governance in place to maintain and improve the quality and safety of the service and accurate and complete records were not always kept.

- The registered provider told us they would update their policies and provided us with a new training policy following our inspection. However, this did not specify the timescales for completing and refreshing staff training and we requested a further update.
- Audits had been completed on daily records and medication administrations records to ensure staff compliance with people's care plans and daily records contained detailed information.

Continuous learning and improving care; Working in partnership with others

- The registered provider did not always review information to improve the quality and safety of the service.
- They told us they attended networking events to keep up to date with good practice.
- The management team worked in partnership with community healthcare professionals, for example community nurses, to improve people's outcomes.

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

- People and relatives told us the service was well led. One relative said, "I think it is very well managed. The level of care is excellent, and everyone is very diligent in their attitude."
- We asked people if they would recommend the service to others. One person said, "Yes, I would. In fact, I already have done."
- Most staff told us they felt supported by the management team and would be happy for a relative of theirs to be supported by the service.
- The registered provider told us they aimed to provide a bespoke service, based on what people wanted, and to make people feel special.
- The registered provider was aware of the duty of candour. They told us no incidents, accidents or missed calls had occurred.

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

- The registered provider sought feedback from people and relatives using surveys, telephone calls and visits and the responses were positive. One relative said, "All the office staff are very good. They will make suggestions and are very thoughtful."
- The registered provider used an App group to share information and updates with staff.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place.</p> <p>12 (g) and (c),</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have an effective systems of governance in place to maintain and improve the quality and safety of the service and accurate and complete records were not always kept.</p> <p>17 (a) (b) (c) (d)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider did not have in place safe systems of staff recruitment.</p> <p>19 (1) (a), (2) (a), (3) (a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not always supported with an</p>

induction, supervision and role specific training, to ensure they had the knowledge and skills to support people.

18 (2) (a)