

Bradnet

Wright Watson Enterprise Centre

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

Wright Watson Enterprise Centre (Bradnet) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection the service was providing personal care to 23 people.

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

The service provided a range of care packages including live in support to short personal care visits. Some care packages were well managed with people receiving consistent staff who met their individual needs. However, some people experienced late, or rushed calls and these people said needs were not always fully met.

There were not always enough staff to ensure people received consistent care and support. This especially impacted on people who received several calls a day for personal care. Rota's were not always realistic with some staff rota's showing calls scheduled for the same time. Safe recruitment practices were not always followed as the required checks had not been undertaken on staff before they started work. Not all risks to people's health and safety were assessed and mitigated.

Staff received a range of training relevant to their role however supervisions and appraisals were not always undertaken in a timely way. People said they received appropriate support with food and drink. Staff supported people them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People consented to their care and support, however evidence of this was not readily available. We made a recommendation around ensuring signed copies of consent documentation was kept securely in the office rather than solely in people's homes.

Care was not always person centred as people did not have agreed call times and calls were not always undertaken in a timely way. Complaints were appropriately logged and managed.

Systems to assess, monitor and improve the service were not suitably robust. For example, issues with risk management, recruitment, call times and rota planning should have been prevented from occurring. In some cases, there was no record of care and support provided to people and some records were inaccurate. The service had been in breach of regulations at the last four inspections and continued to be in breach.

Following the inspection the service sent us an action plan detailing how they would control some of the more serious risks we identified during the inspection to reduce the risk of ongoing harm.

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 requires improvement (published 18 September 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection the service had deteriorated, and the provider was still in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about risk management and staffing levels. A decision was made for us to move the inspection forward to inspect and examine those risks.

We have found evidence that the provider needs to make improvements.

Enforcement

We have identified breaches in relation to risk management, staffing levels, recruitment, person centred care and good governance.

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 have requested and received 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

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 caring.

Details are in our caring findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Inadequate ●

Wright Watson Enterprise Centre

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 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 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 August 2019 and ended on 20 August 2019. On the 14th August we visited the provider's offices to review documentation relating to people's care and the management of the service. Between 13 and 20 August 2019 we made phone calls to people who used the service, their relatives and staff.

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. 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 12 people who used the service, six relatives and a person's personal assistant about their experience of the care provided. We spoke with eight members of staff, plus the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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 reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at audit and medicine records and reviewed an action plan which the service sent to us detailing how they would address some of the more serious concerns we identified.

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 requires improvement. At this inspection this key question has now deteriorated to Inadequate.

This meant people were not safe and were at risk of avoidable harm. There were too many poorly managed risks which put people who use the service at risk of harm.

Staffing and recruitment

- We identified safe recruitment practises were not followed. We saw two staff members had worked alone without Disclosure and Baring (DBS) checks in place. This included one person whose DBS was in not in place at the time of the inspection. In addition, this person had commenced work without a reference from their last employer. Other references did not contain clear information such as details of the person who had completed the reference and the date.

These shortfalls in recruitment procedures demonstrated the service was in breach of regulation. Employing people without the proper checks put people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations. After the inspection the registered manager took action to address these risks however we were concerned they were not aware of them prior to the inspection.

- On reviewing records and speaking with staff, we found there were not always enough staff deployed at the right times to ensure people's needs were consistently met.
- Some staff raised concerns that their rotas were unrealistic with too many calls, call times overlapping and not enough travel time. We looked at a selection of rota's and saw regular occurrences of staff having calls scheduled for the same time. This meant people could not always receive their full call length or they experienced unacceptable variation in call times from day to day.
- Records of care reviewed also showed there were some unacceptable variations in call times to people. For example one person received their morning call at 10.20am one morning and 8.24am the next morning, another person's morning call varied between 8.15am and 10.15am over the course of a few days and a third person's morning call took place at 12.13pm one day and 9.13am the next. The registered manager said some calls were on the rota for the same time because of lack of staff and the service needed three to four more staff to prevent this from happening.

The lack of staff had a clear impact on the time some people were receiving care and support. A lack of staff being deployed in the right places at the right times is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2019. After the inspection, the provider sent us a plan to ensure rota's and staff hours were re-organised to help improve the staffing situation.

Assessing risk, safety monitoring and management

- Staff knew people well and their individual risks. We saw some people had complex needs and small teams of staff were organised around them to help ensure their safety.
- Basic risk assessment documents were in place however these did not always assess all risks to people's health and safety and in some cases were generic, not always contain enough person specific information. Where staff supported people with moving and handling, risk assessments were not always in place. For example, one person required staff to support them with a hoist but there was no manual handling assessment in place and another person required support going up and down stairs but there was no assessment of this risk.
- Risks associated with people's health were not always assessed. For example, records showed one person had difficulties breathing but there was no information about how staff should minimise these risks when planning and delivering care calls.

This lack of assessment of risks to people's health and safety was a breach of regulation 12 of the Health and Social Care Act 2008, Regulated Activities 2014 Regulations. This put people at increased risk of harm as there were not always clear risk assessments in place.

- Electronic call logging and monitoring was in place, but records were not consistently being made of care and support visits. Because of this and in the absence of any backup system for example paper records, it was not always possible to confirm whether calls had taken place as there was no documented evidence of care. We saw a high number of calls recorded on the system as 'missed' and we were unable to verify if these calls took place.

This lack of oversight of care calls demonstrated systems to monitor and mitigate risk were not in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the service told us they were putting in place a new system to check with staff on a daily basis to ensure any instances of calls logged as missed were immediately investigated.

Using medicines safely

- At the last inspection, the service was not always ensuring a complete record of the medicine support it provided to people. 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 some improvements had been made, with records completed in a more consistent manner, however there were still some gaps in recording medicine related information.
- We concluded medicines were given safely, but a complete record of the support provided was not always maintained. For example, we saw staff supported one person to take their medicines once a day. There was no information recorded about the medicines the person took or the medicines staff had supported them to take. We also found one person was prescribed a cream but there was no information in their care plan about how this should be applied.
- Protocols were also not in place detailing when staff should offer 'as required' medicines to support safe and consistent practice.

This lack of record keeping was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

- Other people's medicine support was better documented with clear records kept of the medicines they were given on a daily basis.
- Staff had received training in medicines management and had their competency to give medicines assessed.
- Medicine risk assessments were in place which provided basic information on people's needs although

these would benefit from being more person centred.

Systems and processes to safeguard people from the risk of abuse

- There had been no recent safeguarding concerns reported by the service. The registered manager was aware of the correct procedures to follow should they need to take action on any safeguarding matters.
- Staff received safeguarding training and told us they would not hesitate to report any concerns. Most staff told us they thought people were safe although two relatives and one staff member were concerned that erratic call times impacted on people's safety and welfare.

Preventing and controlling infection

- Staff reported access to Personal Protective Equipment (PPE) which was available in the office.

Learning lessons when things go wrong

- Accidents and incidents were recorded. There was no system in place to analyse themes and trends. However, we found there had been a very low level of incidents recorded. The registered manager told us he was currently reviewing processes to ensure they had increased oversight of events happening within the service.

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 Good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Whilst most people had positive experiences of the service we found some issues that required addressing that had the potential to impact on the effectiveness of care.

Staff support: induction, training, skills and experience

- Staff had not consistently received timely supervision and appraisal. The registered manager told us staff received supervisions every six months however this was not always happening. We found one staff member had not had a recorded supervision since July 2018. Another staff member did not receive supervision between April 2018 and May 2019. Appraisals were also not consistently occurring on an annual basis.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2018 Regulations.

- Staff we spoke with said they generally felt well supported by the service and the management team although a number of staff did not feel this way and said they would like more contact with the registered manager.
- Staff received a range of training relevant to their role. Training was delivered face to face by a qualified trainer. We reviewed the training matrix for the service which showed most mandatory training was up to date or scheduled.
- Staff we spoke with said training was valuable and gave them the skills needed to undertake their role. Training feedback was sought to help make improvements in the future. Feedback was generally very positive. One staff member had written "Absolutely perfect, really good trainer and covers everything in the course."

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

- People's care needs were assessed prior to using the service. One person told us, "We had a very comprehensive assessment before the care began and it is reviewed on a regular basis."
- Information was available to guide staff on the care they needed to provide including meeting mental and social needs. However more information was needed around the risks associated with moving and handling and people's healthcare needs.

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

- Most people said they received appropriate support at mealtimes. One person said, "They always leave me

a nice meal, it's just something from the microwave, but and I'm happy with that." Another person said, "If I am off my food, then the next carers encourage me to eat and drink."

- People's nutritional needs were assessed, and we saw instructions provided to staff on the support to provide.
- Records showed people were offered a range of food when required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support How do staff work together to ensure that people receive consistent, timely, coordinated, person-centred care and support when they are referred to, use, leave, or move between, different services?

- We saw evidence the service had liaised with other professionals such as GP's and nurses when people's healthcare needs had changed.
- People's care plans contained some information about their health needs. However, information was not detailed. We saw one person needed their temperature recording every four hours, but it was unclear why this was required and what action staff should take if it was not within the normal range. However, we saw clear protocols were in place to guide staff in how to support the person if they had a seizure.

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 .

- The service had not needed to make any DoLS referrals for people who used the service. Where people lacked capacity to make decisions we saw best interest decisions had been followed.
- The registered manager told us care plans were signed by people and the evidence of this was kept in their homes. However, there were no copies of signed care plans kept in the office.

We recommend the service keeps copies of signed care plans within the office to ensure that there is secure evidence of people consenting to their plans of 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 the last inspection this key question was rated as Good. At this inspection this key question remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff received training in equality and diversity matters and policies and procedures were in place to support fair practice. We saw examples of adjustments being made to meet people's individual needs. This included ensuring a small and consistent team of carers to one person with complex needs and who would become distressed with unfamiliar faces.

- The service made efforts to help ensure people were supported by people who spoke their language and understood their culture to help in the provision of person-centred care.

- However the service needed to ensure records of care visits were consistently documented by staff.

Without this there was a risk those who could not provide opinions on their care would be discriminated against because nobody would be able to check whether staff had attended calls, or they had been missed.

- Basic information on people's backgrounds was recorded within their care files to support staff. The staff we spoke with demonstrated good caring values and knew the people we asked about.

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

- People were involved in providing their feedback through reviews, telephone calls and annual surveys. We saw evidence people's views were recorded as part of these reviews and changes made to plans of care where applicable.

Respecting and promoting people's privacy, dignity and independence

- The service needed to be mindful of people's visit times and ensure they took place at consistent times as this could be a barrier to treating people with dignity and respect.

- We saw care plans promoted people's independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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 people's needs were not always met.

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

- Care was not always person centred because people did not always receive calls at the times that they needed them. There was no assessment of the times people needed calls to ensure their needs were met for example in relation to toileting, medicines and nutrition. People's care plans did not contain any target or agreed call times.
- Although some people received consistent calls, this was not always the case with some people experiencing too much variation from day to day. This was caused by changes to rota's, calls on some staff rota's being allocated at the same time and a lack of travel time. Relatives complained to us of inconsistent or inappropriate call times. This meant care was not always person centred.

We saw examples of how this had impacted on people's wellbeing showing care was not always appropriate and meeting individual needs. This was therefore a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Information was present within people's care records which showed their needs had been assessed. This provided instruction to staff on what to do at each care visit. Staff we spoke with were familiar with people and their individual needs.
- People's views were taken into account and we saw evidence people and their relatives were involved in regular care reviews.
- Where staff also provided social support, people's needs were recorded to guide staff.

Meeting people's communication needs

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.

- The provider had an Accessible Information Policy. People's care plans had information to support staff to communicate with people with a hearing or sight impairment.
- We were told nobody had any specific needs in terms of information being presented in a different format, but this could be arranged if needed.

Improving care quality in response to complaints or concerns

- We saw complaints were recorded and investigated with actions put in place to learn from.
- Information on how to complain was present within the service user guide so people were clear on how to do this.

End of life care and support

- The registered manager told us the service was not currently supporting anybody at the end of their lives. We saw care plans needed more information recording on people's preferences and choices in relation to advanced care planning.
- We saw the provider was planning end of life training to increase staff knowledge and understanding in the subject.

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 requires improvement. At this inspection this key question has now deteriorated 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; 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; Continuous learning and improving care

- At the last inspection the service was not providing a complete record of care and support calls with missing entries where we could not confirm whether calls had taken place. This was a breach of regulation 17 of the health and social care act 2008 (Regulated Activities 2014) Regulations. At this inspection the service continued to be in breach of regulation as we found widespread concerns relating to record keeping and good governance. The service had been in breach of regulation for five consecutive inspections demonstrating governance systems were not effective
- The service had deteriorated since the last inspection. We found issues with recruitment practices not being followed, unrealistic rota's, late calls, supervisions and appraisals not being kept up-to-date and records of care and support not being consistently in place. We were concerned that the management were not aware of these issues. Systems should have been operated to ensure the management team was aware of how the service was operating and to ensure compliance with the regulations.
- We found the lack of organisation of staff rota's with calls scheduled for the same time had an impact on people with some people complaining of late and erratic call times. For example due to rota clashes one person had received their morning call at 10.45, which was 1 hour 40 minutes after the time on their rota. The way rotas were managed was not conducive to high quality, person centred care and promoted staff to rush and not stay with people for the full call length.
- At the last inspection there were issues with the electronic care management system. At this inspection this was still the case. In some cases, there was no record of staff visiting people or of the care that had been delivered. This meant we could not confirm whether people had received these calls or if they had been missed. One relative told us there had been a number of missed calls and they were concerned about their relative's wellbeing.
- Some staff told us they had been asked to complete notes on the system a month later and could not remember what care they had provided at the time of logging notes. We saw evidence of this. This meant there was no contemporaneous record of care and support.
- There was no facility for staff to write care notes in another format when people did not have access to the system or it was not working.
- We saw some inaccurate records on the electronic call logging system which showed staff as being in two

places at once. These examples showed that records kept by the service could not always be relied upon and meant in these cases the service was unable to demonstrate what time calls took place.

- Audits and checks were undertaken. However, governance systems had not been sufficiently robust in preventing these issues from occurring and improving the service.
- Whilst some people said that care records were contained within the home, two people told us that there was no copy of a care plan in their house and some staff also said care plans were not consistently in place.

This showed that a complete record of the care and support provided was not kept and governance systems were not suitable robust. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. Following the inspection the service sent us an action plan setting out how governance and record keeping was to be improved.

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

- Staff provided mixed feedback about the service and how it operated. Most staff told us they were happy working for the service and things were going well. However, others had concerns that their registered manager was not always available to speak with them about concerns or problems. Three staff said morale was low because of unrealistic rota's, too many calls and a lack of contact with the registered manager.

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

- We saw examples of the service engaging with people to discuss issues and obtain feedback. An annual survey was planned to gain people's feedback in an anonymous way.
- Staff meetings were periodically held and their views in relation to the service recorded.

Working in partnership with others

- The service worked with other care agencies and local health organisations to help ensure people received appropriate care.