

Centrion Care UK Ltd

IMPACT

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

IMPACT is a domiciliary care service providing personal care to older people aged 65 and over in their own homes. The service was supporting 13 people at the time of the inspection including some people with learning disabilities.

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

This inspection identified three breaches of the regulations. We identified one breach of the regulations due to concerns around risk management including with people's medicines support and the quality of some people's risk assessments.

Learning had not been taken from one reportable incident, to promote people's safety as far as possible and we had not been notified of this incident as required. This is in breach of the regulations.

We identified a third breach of the regulations because the provider's auditing systems and processes did not effectively assess, monitor and improve the quality and safety of the service. Although people and relatives spoke positively about the service, we found improvements were required to processes related to recruitment, medicines management and how people's care records were maintained.

People and relatives told us they felt the support people received was safe. Staff showed an understanding of most people's risks and knew how to identify and report any suspicions of abuse. People and relatives told us they generally received their calls on time. Systems were being developed further to reduce the likelihood of late calls.

The provider's systems did not demonstrate people always received safe support with their medicines, although people and relatives raised no concerns about this aspect of people's care.

The provider was not able to demonstrate they had always carried out robust recruitment checks to promote people's safety as far as possible.

People and relatives all spoke positively about the care provided and told us they had regular carers who knew people's care needs and preferences, and who were equipped for their roles. Staff felt they had enough guidance and training to provide support in the way people preferred. People and relatives spoke positively about support provided from staff to access healthcare services and to prepare meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however the policies and systems in the service did not always support this practice and ensure this was a consistent experience for all people using the service.

Our discussions with people, relatives and staff reflected a caring service that respected and promoted people's privacy, dignity and independence. All people and relatives told us staff were kind and caring. People and/or relatives as appropriate were involved in discussions about the care provided to help gather

and meet people's individual needs and preferences.

People's communication needs were known to and met by staff however care planning processes did not meet the Accessible Information Standard (AIS). Nobody using the service required end of life care and support at the time of our inspection. People's cultural needs and preferences were known to the service and the nominated individual told us they would further develop care plans to reflect people's end of life care plans as appropriate. The service had received no complaints. Relatives told us feedback they had previously raised had been dealt with appropriately.

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 04 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report. We prompted the provider to take action to mitigate risks these concerns posed to people using the service and informed the local authority of our findings.

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

Follow up

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 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

IMPACT

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

This inspection was carried out by an inspector 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 homes.

Notice of inspection

We gave the service 48 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 29 July 2019 and ended on 01 August 2019. We visited the office location on 30 July 2019.

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 looked at people's feedback available via Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with two members of staff including carers, and the registered manager. We also met and spoke with the nominated individual during and after the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records including medication records. We looked at one staff file in relation to recruitment, and a variety of records related to the quality, safety and oversight of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and recruitment records including files related to an additional three staff members. We also spoke with another staff member. Evidence we requested from the registered manager was not always available and/or provided on time.

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.

Assessing risk, safety monitoring and management; Using medicines safely

- The registered manager was not aware staff supported a person with Percutaneous endoscopic gastroscopy (PEG) care. This showed the person's support was not effectively monitored to ensure staff only carried out agreed support and with the training and guidance required to always ensure the person's safety. We informed the local authority of this concern and prompted the registered manager to review the person's care.
- People's risk assessments were not always complete or available, to help staff understand how to identify and help mitigate all people's risks. For example, there was no risk assessment or guidance in place and staff could not tell us how they would appropriately monitor and respond to a person's known risks associated with epilepsy.
- Medicines records were not completed accurately and in line with current good practice guidelines. Records did not specify which medicines people had taken, and there were gaps on records used to record when medicines had been administered. We could not therefore be assured that people always received their medication as directed.
- There were also no directions available to guide staff on how to support people with their 'as and when' (PRN) medicines safely and with prescribed creams. Systems did not demonstrate people always received safe support with their medicines and audits had not identified this.

Failure to ensure care is provided in a safe way for service users, including the proper and safe management of medicines and to assess and do all that is reasonably practicable to mitigate risks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Most people managed their own medicines. Relatives told us they were satisfied with the medicines support provided by staff. One relative told us, "They give [person] medication from a blister pack. There have not been any problems or missed doses."
- Staff told us they had received recent refresher medicines training and felt comfortable providing medicines support. A staff member told us, "You have to make sure people take their medicines, it's so important and you have to explain what it's for." However, records were not accurately maintained to demonstrate people were always supported safely.
- Staff had recently received moving and handling and First Aid training. A relative told us, "They make sure [person] is secure and comfortable and check everything. We are very happy they know what they are doing and are all very confident with the hoist."
- People and relatives felt the support provided was safe. One person told us, "I have got to know [the staff] which helps me feel safe and they always ask me if I want them to do anything else."

Staffing and recruitment

- Records did not demonstrate robust recruitment checks were carried out for all staff members.
- For two staff member's records we sampled, the provider had not completed their own Disclosure and Barring Service (DBS) checks before staff started their roles. After the inspection, the registered manager confirmed they had taken action to address this.
- Records did not demonstrate staff had completed all suitable checks before their start date however the registered manager assured us staff did not work alone during staff induction periods.
- Of four staff files we checked at random, all reference checks had been done before staff started in their roles.
- Our last inspection had found safe recruitment checks and a staff member we spoke with told us appropriate checks had been carried out before they started in their role.
- Since our last inspection, a new system had been introduced to help monitor people's call times and was being further developed. This had identified one person's three calls within one day were all up to 45 minutes late. The registered manager told us this had started to improve but they would act further if lateness issues continued.
- People and relatives raised no concerns and told us staff generally attended calls on time. A relative told us, "[Person] has regular carers, they are pretty consistent and [person] gets to know them. They are on time or thereabouts, it can vary but it's not really a problem for [person]."

Learning lessons when things go wrong

- During the inspection, the registered manager told us about a death that had occurred in November 2018. CQC had not been notified of this death as required. The registered manager failed to demonstrate learning from this failure to notify, and to immediately address this shortfall despite our prompts during and after the inspection.
- The registered manager told us there had been no further incidents that were notifiable to CQC.
- The provider had not taken learning from the person's death as far as possible. Staff did not know significant information about the person's wishes when an emergency response was required. The provider had not since ensured they had gathered this information about other people using the service to help ensure people's needs and wishes were always met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives all told us they felt the service was safe. One person told us, "I feel very safe. Staff use the key safe and it's all worked fine. I feel safe and cared for."
- Staff had received training and understood the types of abuse people could experience and how to report this to help protect people. Information we received before our inspection, showed this process had been followed in response to suspicions of abuse.

Preventing and controlling infection

- People and relatives told us staff wore personal protective equipment as required when providing care. One person commented, "[Staff] always wear gloves and they leave a box of gloves here and I do see them washing their hands." A relative commented, "They are always presentable with no long nails or anything."

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.

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.

- The registered manager told us nobody using the service required this level of support.

We checked whether the service was working within the principles of the MCA.

- Processes did not ensure people would always be supported to make their own decisions as far as possible.
- Two people's records stated they did not have capacity to make their own decisions but there was no evidence of relevant assessments or guidance in place. Guidance did not clarify how such decisions could be made in people's best interests, and how people could be supported to make other decisions about their care.
- Records we sampled did not clearly differentiate between people's identified communication needs, and people's abilities to communicate and express their own decisions.
- Staff did not all demonstrate understanding of the MCA although they had received relevant training.
- People and relatives told us people's choices were promoted. One person told us, "When they help me get dressed I choose my clothes."
- Staff told us they promoted people's choices and sought consent before providing support and consulted with people's relatives some on decisions when needed.

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

- We identified safety concerns around one person's support as they received special support during calls, which staff were not trained and assessed as competent to provide.
- People's records outlined their preferred support routines which had been gathered with people's input

and with relatives as appropriate.

- People and relatives spoke positively about the care provided and told us they had regular carers who knew people's care needs and preferences. Relatives' comments included, "[Staff] know what to do and how to support us. They look after [person] with very good care", and, "[Staff] are gentle and careful. Impact have been brilliant."

Staff support: induction, training, skills and experience

- People's records did not always provide enough guidance to ensure staff always understood and could meet people's needs well. This included areas where staff had not received training related to people's needs, for example, diabetes care, PEG care and epilepsy. We discussed this with the registered manager who said they would source and ensure relevant guidance was made available.
- People and relatives told us they felt staff had the skills to support people well. A relative told us, "If it's a new staff member, they come out with one of the existing experienced carers and they do a handover. We don't get carers turning up and not knowing what to do or what [person] needs."
- Staff were supported to complete the Care Certificate induction and health and social care qualifications. The Care Certificate is the nationally recognised benchmark for induction standards for staff who are new to working in care settings.
- Staff spoke positively about the training and told us they felt they had enough training. Staff had received training in core areas such as First Aid, Moving and Handling, Infection Control, Health and Safety and Food Hygiene. Staff told us they felt supported and had spot checks, supervision and staff meetings.

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

- Some people were supported with their meals and drinks to ensure they maintained a healthy diet. A relative told us one person was appropriately supported to prepare meals as needed.
- Another relative told us, "They make meals for [person] and she chooses for herself what she wants."

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People often accessed healthcare services independently or with help from relatives. People and relatives felt staff would help them to deal with an emergency or to manage their healthcare if needed.
- A relative confirmed staff responded well to a person's needs and provided help such as with exercise to promote the person's health.

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 has now remained the same. 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

- All people and relatives told us staff were kind and caring. People and relatives described kind and considerate support from carers.
- A relative told us, "The carers are so helpful, even out of their hours. If I need their help and they can come, then they will. For example, after a fall [person's name] was in A&E. I phoned to let the carer know and she came in to see us with food for us."
- People and relatives told us staff were friendly and sociable. One person told us, "They are friendly, chat with me and have a nice smiling face." A relative also told us, "[Staff] are all friendly and [person] gets on with them so well. They have very social conversations."
- One person told us, "It's nice that we communicate and I can have a laugh with the carers. We come from different parts of the world and we chat about the world news and anything on the TV or in the newspaper."
- Staff had received equality and diversity training. Feedback from people and relatives showed they felt treated as individuals. The registered manager told us, "We have to treat all people equally," and told us they encouraged this approach for all people using the service.
- Staff were aware of people's cultural and religious preferences where this impacted the care they provided. People's records also noted family input which helped meet people's expressed needs and preferences.

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

- One person told us, "The other day [the nominated individual] came here and asked me if I am happy with the carers. Occasionally she comes out with these [feedback survey] forms."
- People's support needs and preferences were recorded in their care plans and regularly reviewed. A relative told us, "Every 6-12 months they sit with us and ask us what we think. Communication is very good and any problems are sorted out because of this."
- Most people and relatives told us they had been asked for their feedback about the service through phone calls or via a questionnaire.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "They are very respectful and close the door and keep me covered when helping me. I never feel rushed, they give me plenty of time for everything; for example, if I'm drinking tea they will say, 'Don't rush, finish your tea first!'"
- People and relatives told us staff respected people's confidentiality and privacy. Staff gave examples of this in practice. For example, one staff member told us, "I want [person] to feel comfortable when I am with

them, so we close the door, their relative waits in the lounge and we talk and sort everything. It is very important to keep the person's privacy and dignity."

- One person told us, "[Staff member] asks me what I want her to do and helps me stay independent. They help with anything I can't manage. They don't talk about other people they visit, they respect people's privacy. When they help me get dressed I choose my clothes and they always keep me warm when washing me. I treat them with respect and they treat me with respect."
- Some relatives described how people were supported to do what they could and were only helped with aspects of support they needed. This helped maintain 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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- All people and relatives gave positive feedback about the service provided.
- One person told us, "[Staff] are very good and very nice. I love them. They will do whatever I ask. When I started they came out to talk to me and what I need and said it would be reviewed after six weeks and that's what happened. It was very good and they got it all down."
- A relative told us, "We ask [person] regularly what they think of the carers and they always says that they do things properly. [Person] would definitely let me know if they were unhappy."
- People and relatives described the support as flexible, for example, people's calls could be moved if they had appointments or had gone out. A relative told us they had asked for a change to call times at the person's last care review and this had been done.
- People, or relatives as appropriate, were asked for their preferences about who supported them and the service tried to meet this request.
- One person felt comfortable with two carers and requested to be regularly supported by them although the person and staff members did not share the same first language. The person's relative told us, "They will call us if she is a bit upset and they are not sure why to see what is upsetting her. They have good communication with us."

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.

- People's records reflected their communication needs, for example where people could not express their needs verbally. However, people's records did not always have sufficient guidance about how people could nonetheless communicate their needs and wishes, for example, by using hand gestures or body language.
- People were supported by regular staff who had got to know how they expressed their needs although this information was not captured in people's care records. One person's records stated the person would show anxiety or distress through their body language but did not describe further detail that would help all staff promptly identify this.

Improving care quality in response to complaints or concerns

- The registered manager told us there had been no formal complaints about the service. A relative confirmed issues and queries they had raised had been effectively dealt with and responded to.
- Other relatives' comments included: "The manager is very good and any problems he deals with it," and,

"We can't really fault them. We seem to be very fortunate and have nothing to complain about. We are very pleased."

End of life care and support

- Nobody using the service required this level of support at the time of the inspection.
- People's cultural needs and preferences had been gathered during care planning processes and were known to the service.
- The nominated individual told us they would discuss this aspect of people's care with people and relatives if appropriate based on people's preferences and needs.

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 remained the same. 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;

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 provider had not identified and taken learning from circumstances around a person's death in 2018 to continuously improve and ensure the quality and safety of the service.
- People's medicines records were not managed in line with current good practice guidelines and did not always demonstrate that safe support was given. Audits had not identified these concerns including medicine record gaps were not explained.
- Systems in place to monitor and audit the service had failed to ensure records about people's support needs and risks were always accurately maintained and reflected how to safely meet people's needs.
- Processes did not ensure people would always be supported in line with the requirements of the Mental Capacity Act (2005) and Accessible Information Standard.
- The provider could not demonstrate there were consistently safe and robust systems in place in regard to recruitment processes to help protect people using the service. The registered manager's records overseeing recruitment records were outdated and referred to a staff member who had left in July 2016.
- The registered manager told us they did weekly or fortnightly reviews of daily records but we found three people's medicines records had not been collected to audit for a period of between five and seven months.
- Audits had not identified and addressed the above areas of improvement to identify any risks this posed to people using the service and to ensure compliance with the regulations.

The provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service and service users' experiences. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

- We had not been notified of a person's death as required. The registered manager showed a lack of understanding of their requirement to notify the Commission in such circumstances. The registered manager still failed to take immediate action to address this shortfall despite our prompts during and after the inspection.

Failure to notify the Commission of all incidents that affect the health, safety and welfare of people who use services as required is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations

2009.

- The rating of the last inspection was displayed in the office as required.
- The registered manager showed some awareness of their responsibilities in regards to the duty of candour.

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

Working in partnership with others;

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

- People, relatives and staff all spoke positively about the service.
- People and relatives were asked for their feedback about the service. Feedback we sampled referred to the caring approach of staff and people's needs being well met. Positive feedback and compliments had also been shared about the service via Healthwatch.
- A relative told us they felt involved in the person's care, which they said the manager helped oversee through regular care reviews, phone calls and visits. The relative commented, "They are constantly in contact, the manager will do a courtesy call and see that all is okay. He has said that if we have any issues with anything to let him know."
- Another relative told us, "The manager is very good and any problems he deals with it. We get a piece of paper every couple of months and they ask us how we feel about the care. It's very good."
- Staff told us they felt supported with both personal and professional issues. A staff member told us, "They don't only care about their clients, they care about the [staff] as well."

Continuous learning and improving care

- The registered manager and nominated individual were open and receptive to our feedback.
- After our inspection, we signposted the provider to current good practice guidelines about medicines management and they began to address the above record keeping concerns.
- A relative told us, "They will implement things even if it takes a while. I really do rate them. They have genuine respect for the people they visit."
- The registered manager had reviewed feedback from people and relatives, and showed openness to learning from feedback to help improve people's experiences of the service.
- Improvements identified at the last inspection had been addressed, for example, staff received spot checks to monitor their performance and people's feedback was analysed to help monitor the quality of the service.
- The registered manager was not familiar with the Accessible Information Standard (AIS) to help ensure people's communication needs could be met as far as possible.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>Failure to notify the Commission of all incidents that affect the health, safety and welfare of people who use services as required is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Failure to ensure care is provided in a safe way for service users, including the proper and safe management of medicines and to assess and do all that is reasonably practicable to mitigate risks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service and service users' experiences. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).</p>