Select 4 Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Select 4 Care is a domiciliary care agency providing personal care to adults in their own homes. At the time of the inspection, the service was proving support to eight adults.

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
Although the care and support being provided to people was person centred and staff knew people well, Select 4 Care did not always appropriately assess and manage risk. This meant people were sometimes exposed to a risk of harm.

Recruitment processes were not always safe. Full employment histories were not always recorded or corroborated, and appropriate references were not always in place.

People's care records did not reflect their care and support needs and provided staff with insufficient guidance on how to support people safely.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People told us staff sought their consent, though care records did not always reflect that people had provided consent to their care and treatment or had been involved in the creation of their care plan.

There was ineffective oversight of training for staff. Staff had not completed all mandatory training, including medication training, to ensure they were competent in their roles. Staff had not received formal training in infection prevention and control, including COVID-19.

Assurance processes and systems were not in place to provide overview and did not adequately mitigate risk to the health and welfare of people using the service.

The registered manager began to address our concerns immediately following the inspection, showing they were responsive and committed to making the required improvements, and that the safety and quality of the service was a priority.

People and their relatives spoke positively about the care and support received by staff and staff had a good understanding of people's care needs and preferences.

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

Rating at last inspection
This service was registered with us on 23 October 2020 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about medicines management, missed and late calls and staffing. A decision was made for us to inspect and examine those risks.

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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staff recruitment, staff training, consent and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan 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 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 not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Select 4 Care Ltd

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

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 24 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 24 February 2021 and ended on 27 February 2021. We visited the office location on 24 February 2021.

What we did before the inspection
We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service. 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
We spoke with the registered manager. We reviewed a range of records. This included seven people's care records and medication records. We looked at three 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 provider to validate evidence found. We spoke with three members of care staff. We also spoke with four people who used the service and two relatives about their experience of the care provided.

Inadequate

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong;
• Risk was not consistently assessed and managed. Care plans did not identify risk to people, such as risks from falls and the environment. Care plans did not record how risk to people should be managed and mitigated, meaning staff did not always have appropriate information to support people safely. We were advised some checks to keep people safe, such as skin integrity checks, were being completed but not being recorded.
• For people with specific health conditions, such as diabetes, there were no risk assessments or care plans to support staff to recognise people's symptoms and guide them with action required to provide appropriate support.
• Environmental checks in people's homes and risks to staff, such as from lone working, had not been considered and assessed. This meant people and staff were exposed to a risk of avoidable harm.
• Although a system was in place to record any incidents or accidents, there was no recorded oversight for identifying any trends and help prevent any future risk and reoccurrence.

We found no evidence that people had been harmed, however, systems and processes were not consistently implemented to ensure risk and practices related to the health, safety and welfare of people and staff was assessed, monitored and mitigated. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely;
• Staff did not demonstrate they had an understanding of safe medicines administration. We were informed the service did not currently administer medicines to people. However, we found a medicines administration record (MAR) for a person which some staff had signed to say they had given medication. This record did not contain details of the medicine nor the time given. We spoke to the registered manager about this who confirmed, this had been an error, that staff had only asked if the person had taken their medication and had not given it.

We found no evidence that people had been harmed however, systems in place were not robust enough to provide assurances about safe medicines management. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Shortly after the inspection, the registered manager confirmed that staff had been enrolled onto advanced medication training and MAR charts had been redrafted to include the required information to administer any medicines safely.

Preventing and controlling infection
• We were assured that the provider was using personal protective equipment (PPE) effectively but not assured they were accessing regular testing for staff. Staff told us they had not been having regular tests.
• Although there was no evidence that staff had received formal training in infection, prevention and control, the registered manager told us that they had provided demonstrations to staff on how to use PPE safely and had provided guidance about coronavirus. We discussed our concerns with the Local Authority in order to ensure staff had access to regular testing facilities.

We found no evidence that people had been harmed however, processes did not provide assurances that risk of infections had been assessed and mitigated appropriately. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
• Recruitment processes were not suitably and consistently applied. Pre-employment checks, such as references and employment history were not always completed prior to staff being employed to work in people's homes. Suitable recruitment processes provide assurances that staff members employed have the required skills and characteristics to work with vulnerable people.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to ensure safe recruitment of staff. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• There were enough staff employed to meet people's needs. People told us that staff were on time, stayed for the duration of the call and did not miss visits.

Systems and processes to safeguard people from the risk of abuse
• Processes were in place to help staff identify and act on any risk of abuse to help keep people safe.
• Staff told us how they were able to recognise and report on safeguarding matters.
• Policies were in place which provided up to date information for staff.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 provider was not complying with the principles of the MCA. People's care records did not always evidence that people had been consulted and involved with their plans for care and support. We could not be assured that people had provided their consent to care.

Consent from people had not been appropriately sought, in line with MCA (2005). This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Although staff had not received MCA training, they told us they ensured people made their own choices about their care and support. Staff told us they asked and explained to people before giving any intervention. A relative told us; ''Yes, they do [Staff] always ask before caring for [Name]."

Staff support: induction, training, skills and experience
• Systems to ensure staff are well inducted, trained and supported required further development. Staff completed an induction, but this did not cover all the standards required within the care certificate. The registered provider had failed to support staff to carry out their roles by failing to provide training. This meant that not all staff had the knowledge and skills required to support people safely.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure staff training was in place. This placed people at risk of potential harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• New staff completed 'shadow shifts', this included observing more experienced staff provide support to people. Staff told us they felt these shifts prepared them for employment at the service.
• Shortly after the inspection, the registered manager confirmed that staff had been enrolled onto mental capacity training.

Supporting people to live healthier lives, access healthcare services and support
• There was no evidence that people's physical, mental and social needs had been holistically assessed. People's needs were assessed by the Local Authority before being supported by the service. Care plans were not reflective of the needs identified in these pre-assessments. There was a lack of detail about people's care and support needs in people's care plans. This meant staff did not have enough guidance to support people in line with their care requirements.
• People's care plans did not reflect their choices and preferences regarding their care and support, for example, preferred gender of staff. There was a lack of evidence that care, treatment and support was delivered in line with legislation, standards and evidence-based guidance to achieve effective outcomes.
• Despite the lack of recorded information, people told us staff knew their needs well. The registered manager told us they attended the first visit for each person new to the service to ensure their needs and preferences were identified. This knowledge was then imparted to staff.
• Staff were matched to people based on their shared characteristics and interests. People told us they were cared for by staff who knew them well and who were familiar with their needs, routines and preferences.

Supporting people to eat and drink enough to maintain a balanced diet
• People's care records did not contain guidance for staff on how to support people with particular dietary needs, for example, a diabetic diet. However, staff told us they would report any changes in weight or eating and drinking habits to the registered manager.

Staff working with other agencies to provide consistent, effective, timely care
• The service worked with other health and social care professionals to help ensure people's healthcare needs were met. The registered manager provided us with a positive example of how staff had worked alongside district nurses to ensure that a person's health condition was managed appropriately, as a result of this inter-partnership working, the person avoided having to be admitted to hospital for treatment.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity
• Although people and their relatives provided positive feedback about the staff that provided support, the registered provider's lack of effective systems in place to ensure care was safe and of a good quality, did not sufficiently demonstrate a caring service.
• People and their relatives told us the staff knew people's needs and treated them well. One person told us, "Staff are on time, I am happy with them, they have skills for the job and are caring, I've not had any missed or late calls." A relative commented; "They [staff] give safe care and they know what they are doing."
• People told us communication between them, and the service "was good."

Respecting and promoting people's privacy, dignity and independence
• People's dignity and independence were undermined by the lack of consideration given to the lack of staff training and people's involvement in their care records.
• However, people and their relatives told us that people's dignity was always respected and staff were able to describe how they protected people's dignity and privacy when providing personal support.

Supporting people to express their views and be involved in making decisions about their care
• Although people's care records did not evidence that their views had been considered in making decisions about their care and support, people and their relatives told us staff involved them with every day decisions and supported them effectively.
• The registered manager told us that she regularly visited and called people to ask their views and ensure they were happy with the care being provided. These visits and calls had not been recorded but will be in the future. One person told us, "Yes [Name of manager] comes to see me and check that I am happy."

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• Care records were incomplete and did not adequately document people's care and support needs. Although the registered manager told us appropriate care was being provided, this was not documented appropriately, and meant people were at risk of not receiving appropriate care and treatment.

• Some records contained confusing and inconsistent information. For example, most people's care plans recorded that people required staff to administer their medications. There was no further guidance on what the medications were and how staff should do this safely. When we asked the registered manager about this, they confirmed the information was an error and shouldn't be there. This meant care plans were not accurate and did not always reflect people's current needs.

• Some care plans did not contain enough person-centred information such as people's preferences, likes and dislikes and interests. People and their relatives told us they hadn't been involved in their care plan. This meant people were at risk of not receiving support in line with their wishes.

• Some staff told us that not all care plans contained enough information and they would go to the registered manager if they were unsure of a person's needs.

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.

• Not everyone who was supported by the service could communicate verbally. Staff communicated in non-verbal ways, such as by using body language and with pictures and symbols. Although people told us staff understood how people communicated and used appropriate methods when communicating, people's care plans did not always record their communication needs and did not contain guidance for staff to follow.

• There was no evidence that material such as the service user handbook and people's care plans could be provided in different formats, such as large print if needed.

End of life care and support

• Although the service supported some people with end of life care, care records did not contain details of their end of life wishes and staff had not received training in end of life care and support. However, a relative of a person being supported with end of life care spoke positively about the service, "Staff are fantastic and regular and know [Name] well. I would recommend them."

Improving care quality in response to complaints or concerns

• Although there was a complaints management system in place, the service user handbook provided to people did not reference external agencies available if people remained unsatisfied with the service's response to their concerns. However, people and their relatives told us they knew how to raise a complaint and felt confident any concerns would be acted upon.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;
• There wasn't always a consistent approach to governance processes to ensure sufficient oversight within the service. The service had experienced changes to the management team and the registered manager had recently joined the service.
• Systems and processes did not always operate effectively to prevent risk of harm to people. Appropriate action had not been taken to assess risk to people and implement appropriate guidance for staff to mitigate risk.
• Systems in place to assess and monitor the quality and safety of the service either did not exist or were ineffective and had not identified the concerns found at our inspection, such as the lack of risk assessments, inconsistent information in care plans and absence of audit processes.
• Staff training and induction had not been effectively and consistently monitored to ensure all staff were appropriately trained and prepared for the role.
• Governance processes were ineffective in helping to drive forward improvements and mitigate risk to people and did not conform with the service's own principles, philosophy and values; as stated in the service user handbook, which informed people they would 'be central to the devising of their service user plans' and that 'the assessment of risk is addressed as part of the commencement of service for each person.'

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to ensure the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The registered manager responded to our concerns proactively. Shortly after the inspection, they began to implement risk assessments for people and rewrite care plans. A programme of training was also organised for staff.
• A new electronic system was due to be implemented in the coming days, the registered manager explained this would not only assist with oversight of the service and automatically log staff visits to people, but would be used to implement appropriate care records and risk assessments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

• People and their relatives told us that staff knew people's needs well, one person told us, "Yes, staff know me and what I need." A relative commented, "Staff are brilliant with [Name]."
• People told us they knew who the registered manager was, one person told us, "Yes I know the manager, they often come to visit and check that everything is OK."
• Staff told us they felt well supported by the registered manager and that they could approach them with any concerns or queries.
• The registered manager promoted a positive culture and ethos which was shared with staff. A member of staff told us, "We treat people just as how we would want a family member to be treated." The registered manager told us, "I do the first ever visit for every person new to the service, this is so I can get to know the person and exactly what they need. That way, I know my staff will provide the right care and support."

Working in partnership with others
• The service worked with others such as commissioners, safeguarding teams and health and other social care professionals, to ensure people received the care they needed.
• The registered manager shared an example of effective inter-partnership working, were staff had worked in conjunction with district nurses to help manage a person's condition at home, and prevent them from requiring an admission to hospital.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The registered manager was aware to notify CQC of notifiable events in line with their regulatory requirements.
• The registered manager was open and transparent with us about the lack of governance processes in place and the concerns found at the inspection. They were committed to introduce more robust systems to help develop and sustain improvement in people's experience of care and support.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent It was not evident that people using the service had given consent to their care and support plans. The service had not acted in accordance with the requirements of the Mental Capacity Act 2005. Regulation 11 (1)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance, assurance and auditing systems were not in place and/or not effective and did not assess, monitor and drive improvement in the quality and safety of the care and treatment provided. Systems and processes did not mitigate risks to people. Care records were incomplete and did not include evidence that people had made decisions in relation to their care and treatment. Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures did not ensure that relevant pre-employment checks were undertaken to confirm that new staff were of good character and safe to work with vulnerable people.

	Regulation 19 (1) (a) (b) (2) (3) (a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive adequate training to enable them to carry out their duties and meet people's care and treatment needs. Regulation 18 (1) (2) (a) (b)

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 Risks to people had not been appropriately identified and assessed. People were not protected from the risk of harm and risks had not been mitigated. Medicines were not always managed safely. Risk of infection, including COVID-19 had not been considered and mitigated appropriately. Regulation 12 (1) (2) (a) (b) (c) (g) and (h)

The enforcement action we took:

Warning Notice.