

Adorn Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Adorn Care Services Ltd provides personal care support to people in their own homes. At the time of our inspection the service was supporting two people with personal care needs.

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

People and relatives gave positive feedback regarding the care they received. However, we found the provider had failed to implement systems and processes to ensure people's safe care. Risk assessments lacked detail and guidance for staff and no process was in place to monitor accidents and incidents. Medicines were not managed robustly and infection prevention and control guidance was not consistently followed.

The nominated individual and registered manager were unable to demonstrate the skills required to provide a registered service. Quality assurance audits had not been implemented which meant concerns were not identified. Systems to monitor the quality of the service such as spot checks and monitoring calls were not robust and not completed regularly. Following our last inspection, the provider forwarded an action plan stating what they would do to make improvements. At this inspection we found this had not been followed and there was a continued lack of managerial oversight.

Accurate, complete and contemporaneous records were not maintained. People's care plans lacked information regarding how people preferred their support. Daily records were not organised, were difficult to read and did not consistently record the times and names of staff members visiting. The registered manager and nominated individual were unable to demonstrate understanding of the Mental Capacity Act 2005 and how this impacted on their work. The registered manager told us a number of records we requested were held on a system they had been unable to access for several months.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 18 January 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 6 December 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed and good governance.

We undertook this focused inspection to check whether Warning Notices in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and that the providers action plan had been followed. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains Inadequate.

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

Enforcement

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

We have identified continued breaches in relation to how risks to people's safety are managed, medicines management, infection prevention and control and good governance at this inspection.

CQC's regulatory response to the serious concerns found was to cancel the providers registration.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service remains 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Adorn Care Services 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 Health and Social Care Act 2008.

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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 06 September 2022 and ended on 30 September 2022. We visited the location's office on 08 September 2022.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. The provider was not

asked to complete a provider information return prior to this inspection. This is. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

During the inspection

We visited the service and met with the registered manager and nominated individual, who was also the provider. The nominated individual is usually responsible for supervising the management of the service on behalf of the provider. We reviewed care records for two people, documentation in relation to the running of the service and policies and procedures. We reviewed recruitment information for one staff member. In addition, we spoke with one person, one relative and one staff member to gain their views of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. The rating for this key question has remained 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

At our last inspection the provider had failed to robustly assess risks to people's safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found continued concerns in relation to people's safe care and the provider was still in breach of regulation 12.

- People and their relatives told us they felt safe in the care of the provider and staff. Comments included, "They are competent, and I feel in safe hands." And, "I trust (nominated individual) explicitly."
- Despite these comments we found systems were not in place to ensure risks to people's safety were identified, assessed and measures implemented to keep them safe. There was no evidence available of changes being made to the risk assessment process since our last inspection. The provider and registered manager told us they had used an electronic system to review all risk assessments and implement new risk assessment systems. They told us they were unable to show us evidence of this as they had been unable to access this system for several months. They had not ensured this information was backed up through other processes or on paper copies. Staff knew the people currently being supported extremely well. However, the lack of a systematic approach to monitoring people's safety meant risks may not be identified and acted upon.
- Risk assessments lacked detail and did not contain guidance for staff to follow. Areas of people's care such as the use of moving and handling equipment, catheter care, mobility and skin integrity had not been fully assessed. Where guidance was in place, this was generic and lacked personalised details.
- Risks were not comprehensively assessed where people's needs changed. When people had experienced hospital stays due to ill health, risk assessments were not comprehensive. Areas such as people's hearing, sight, medicines, health concerns and layout of their home were not fully considered when assessing mobility risks. No referrals or discussions regarding the involvement of other healthcare professionals had taken place in relation to people's changing needs. This increased the risk to people's safety in their home.
- Systems to monitor accidents and incidents and review lessons learnt were not in place. We found one incident had been recorded in daily records although no incident form had been completed. The daily record was difficult to read and lacked detail regarding the timeliness of support being requested. There was no evidence of this being reviewed or discussions held regarding lessons learnt. The lack of review systems meant there was a risk accidents and incidents would not be identified and reviewed in order to prevent them happening again.

The failure to ensure risks to people's safety were robustly assessed was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Using medicines safely□

At our last inspection the provider had failed to ensure safe medicines practices were followed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found continued concerns in relation to medicines management and the provider was still in breach of regulation 12.□

- Safe medicines management systems were not followed. Medicines administration records (MAR) were not accurately completed. This meant the provider was unable to assure themselves people had received their medicines in line with their prescriptions. MAR charts for one person had been signed by the nominated individual every day since January 2022. However, records showed that the person had not been at home for a period of time. Staff told us of other occasions the nominated individual had not been the person providing their care. This meant the nominated individual had signed for medicines they had not administered. The times the person was due to take their medicines was not recorded.
- Protocols were not in place for medicines prescribed as and when required. Medicines for one person stated this should be administered four times a day when required. There was no guidance in place in relation to this. The MAR chart had consistently been signed twice each day since January 2022 although no times or reason for this were recorded.
- Staff competency in medicines administration had not been assessed. The registered manager told us records of competency assessments may be on the electronic system they were unable to access. However, they stated they could not be certain this was the case.

The failure to ensure safe medicines practices followed was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Preventing and controlling infection

At our last inspection the provider had failed to ensure safe infection prevention and control measures were in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found continued concerns in relation to infection control and the provider was still in breach of regulation 12.

- The registered manager was unaware of government guidance in relation to COVID-19 and the precautions they should be taking. Procedures had not been updated as guidance had changed and there was no evidence information had been shared with staff.
- At our last inspection we identified testing procedures for staff were not being followed. The registered manager was unable to demonstrate they had implemented systems following these concerns being raised. They were unable to show us evidence of any testing or reporting since December 2021. They told us they had tried to sign up to reporting processes for domiciliary care services but had been unable to complete this.
- Although staff confirmed they had received training in the safe use of personal protective equipment there was no evidence of checks being completed. Staff had not completed training in safe hand hygiene. The provider had not completed personalised risk assessments in relation to COVID-19 for people using the service or staff.

The failure to ensure infection prevention and control guidance followed 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

At our last inspection the provider had failed to ensure robust recruitment checks were completed. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvement had been made and the provider was no longer in breach of regulation 19. However, the provider had not recruited any new staff since this time and not all concerns had been fully addressed.

- No new staff had been recruited since our last inspection and some staff had left the employ of Adorn Care Services Ltd. Records demonstrated the recruitment documentation for one staff member was more organised and an up to date DBS had been completed. However, there were remaining discrepancies between the date on the staff members employment record and on their reference.
- Rotas were not completed to evidence who had provided support to each person. The registered manager stated they did not feel these were required as with only two people receiving care this was a set routine. Any changes were discussed between the nominated individual, staff member and registered manager. However, as records of care were not always signed, this meant it was not always possible to identify who had provided support. We have reported on this further in the well-led area of this report.

Systems and processes to safeguard people from the risk of abuse

- The registered manager told us there had not been any incidents which needed to be reported to the local authority safeguarding team since our last inspection. They were able to describe the types of incidents they would report and how to access the information. The staff member we spoke with was also aware of reporting procedures. One staff member told us, "I would tell (nominated individual) or (registered manager) if there was a problem or if I saw any bruising for example." The staff member was aware of the local authority where concerns could be reported externally to the safeguarding team.
- A safeguarding policy was in place which highlighted how and when concerns should be reported.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Inadequate. The rating for this key question has remained 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.

At our last inspection the provider had failed to implement systems to ensure robust management oversight and governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found continued concerns in relation to infection control and the provider was still in breach of regulation 17.

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

- People and their relatives told us they believed their care was managed well. Comments included, "I'm very happy with the care. They are nice people and they care." And, "We talk a lot because we have known (nominated individual) so long. (Loved one) is in the best hands." Despite these comments we found the provider did not have management systems in place to ensure safe, effective and responsive care.
- The provider did not have effective quality assurance systems in place. No audits had been completed since our last inspection. This meant concerns identified during our inspection such as the completion of daily records, medicines management, accidents and incidents, care plans and risk assessments had not been identified and acted upon.
- The nominated individual was not aware of their responsibilities in ensuring good governance and meeting regulatory requirements. Despite the nominated individual providing the majority of people's care and medicines administration they had not identified errors or made checks on the systems used. This demonstrated a lack of knowledge and understanding of regulatory requirements. The nominated individual told us they had not completed the management training they told us they were undertaking during our last inspection to enhance their knowledge.
- Following our last inspection an action plan had been completed by the registered manager highlighting how improvements to the service would be made. This included the registered manager completing management training and seeking mentorship. During our inspection the registered manager confirmed they had not completed this training. When asked how they had sought to develop their skills they stated they had bought a book on management. They were unable to demonstrate how this had developed their skills in managing a registered service.
- The provider had failed to ensure other elements of the action plan were addressed. This included the monitoring of the times staff arrived and left each call, the review of risk assessment processes with quarterly monitoring, continuous updating of IPC guidance and the completion of medicines competency assessments. We asked the registered manager and nominated individual for an updated or current action

plan. They told us they were not currently working to an action plan. The registered manager stated they met regularly to discuss any actions required and the management of the service. No records were kept of these meetings. The registered manager was unable to tell us the outcome of these meetings or improvements made as a result.

- The nominated individual and registered manager did not demonstrate an understanding of the Mental Capacity Act 2005 or processes in relation to consent for care. They were unaware of the documentation required to demonstrate power of attorney regarding people's care. No capacity assessments had been completed where people were unable to consent to their care.
- Accurate, complete and contemporaneous records were not maintained. Daily records were not clearly signed, on occasions not dated and were difficult to read. As no rotas were completed this meant it was difficult to establish who had been responsible for providing care and what care had been delivered. Times were not always recorded within daily records which meant the provider was not able to determine if staff had arrived on time and stayed for the full duration of the call. As reported under medicine management, medicines administration records had been signed by the nominated individual when they had not been providing care.
- Care records did not contain information as to the care people required at each visit. Tick box forms contained information regarding the level of support people required. However, there was no information regarding people's daily routines, preferences, communication, mental health or physical support required.
- The nominated individual and registered manager were unable to demonstrate their understanding of duty of candour and systems in place in relation to this. Neither were able to explain what their responsibilities were. No duty of candour incidents were identified during our inspection. However, the lack of understanding of legal responsibilities presented a risk concerns would not be reported and investigated appropriately.

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

- Spot checks were not completed regularly and lacked detail. The provider action plan stated they would, 'Spot check in a more consistent manner so as to ensure all staff are observed and full reports are drawn which will help identify training needs'. However, we found no evidence of spot checks for over six months following the implementation of the action plan.
- One spot check had been completed in June 2022 and one in July 2022. Both were tick box forms with no comments made regarding the quality of people's care or staff performance in different areas. Concerns in relation to meds recording or daily records had not been identified. There was no evidence of staff supervision taking place since our last inspection in order to establish any training needs or concerns.
- Quality monitoring calls did not establish if people were involved in their care planning. Only one record of a quality monitoring call had been completed. This asked if the person was happy with their care but did not ask specific questions in relation to care planning or the support they received. The nominated individual had been supporting the person for many years and the person was able to articulate their preferences. However, the lack of quality assurance systems may present a risk to people in the future should they not be known to staff.
- The registered manager and nominated individual did not work alongside other agencies to improve the service. Following the last inspection, the registered manager and nominated individual had said they would start to access support from Skills for Care and the registered managers network. During this inspection they confirmed that they had registered with Skills for Care although had not taken part in any training or forums. Skills for Care helps create a well-led, skilled and valued adult social care workforce.
- One team meeting had been held since the last inspection. The agenda reflected that additional clients were needed for the business to develop and indicated a discussion was held in relation to CQC. However, no minutes were recorded to demonstrate how the team could work together to implement the systems

needed for the service to expand safely.

The lack of managerial oversight and governance systems was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risks to people's safety were robustly assessed</p> <p>The provider had failed to ensure safe medicines practices were followed</p> <p>The provider had failed to ensure safe infection prevention and control measures were in place.</p>

The enforcement action we took:

We cancelled the providers registration

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to implement robust governance systems</p>

The enforcement action we took:

We cancelled the providers registration