

# Care Expertise Group Limited

# Care Organiser

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Care Organiser is a domiciliary care service providing personal care to people in supported living schemes across London. At the time of the inspection 25 people were receiving personal care in 9 schemes. 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

#### Right Support: Model of Care and setting that maximises people's choice, control and independence

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

People received the right support in relation to risks, such as those relating to a learning disability, although risks relating to evacuating individuals at night had not always been recorded. There were enough staff to support people. The provider checked staff were suitable to work with people through recruitment checks although checks of gaps in employment histories could be improved. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE). People received the right support in relation to their medicines and the provider had oversight of this through electronic systems and audits.

#### Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The provider had not always notified CQC of significant events as required by law. The concerns we found had not always been identified by the provider which meant their oversight could be improved. The registered manager and staff understood their roles and responsibilities, although improvements could be made in relation to the areas where we found concerns. The registered manager engaged and consulted well with people using the service, relatives, and staff. Staff were well supported by the provider.

We did not inspect the key questions of effective, caring and responsive. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Organiser on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for the service was requires improvement with a breach relating to notifications to CQC (report published February 2022).

#### Why we inspected

This inspection was prompted to check improvements had been made since our last inspection.

#### Enforcement

We have identified a breach in relation to submitting notifications as required by law. Please see the action we have told the provider to take at the end of this report. Having a breach meant the highest possible rating for this inspection is requires improvement,

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe 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** ●

# Care Organiser

## 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

This inspection was completed by 3 inspectors.

#### Service and service type

This service provides care and support to people living in 16 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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

This inspection was announced. We gave the service 2 working days' notice of the inspection. This was because we needed to be sure the senior people within each scheme would be available to support the inspection. We also needed to obtain the consent from people using the service to be contacted by us to obtain feedback on their experience of using the service.

The inspection activity started on 18 April 2023 by visiting 4 supported living services.

### What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. The provider completed a 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. We used all of this information to plan our inspection

### During the inspection

We spoke with 5 people using the service about their experiences of the care provided and observed interactions between staff and people. We spoke with scheme managers for 4 schemes and 5 care workers. We reviewed a range of records including care and staff records and records relating to the management of the service. After the inspection we spoke with the registered manager and continued to seek clarification from them to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were receiving care and support in line with the principles of the MCA. The provider assessed people's capacity where necessary and made decisions in their best interest, consulting their relatives and others involved in their care.
- Care workers understood their responsibilities in relation to the MCA and received training in this.

### Assessing risk, safety monitoring and management; learning lessons when things go wrong

- The provider ensured risks to people were assessed with up-to-date guidance in place for staff to follow, accessible on both electronic and paper-based records. However, risks relating to how individuals would be supported to evacuate in case of an emergency were not always fully recorded although they had been assessed. The provider confirmed they had updated records after the inspection.
- People received the right support in relation to behaviour which showed distress. Each person had a positive behaviour support (PBS) plan in place to guide staff on how to support them. The provider had a PBS team which reviewed all incidents to check people's needs were met safely. Staff were trained in understanding and supporting people in distress and no physical restraint was used.
- Staff understood how to respond to accidents and incidents and received training on this. Systems were in place to record and review accidents and incidents and to put in place any learning from these.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place, in line with best practice, to safeguard people and scheme managers reported allegations to the local authority safeguarding team as required.
- People were encouraged to raise concerns with the service which were taken seriously.
- The provider understood their responsibilities to follow guidance from safeguarding in supporting investigations, to make any necessary improvements and to share learning with staff.

- Staff received annual staff training on how to recognise abuse and take the right action. Staff understood their responsibilities in relation to this.

#### Staffing and recruitment

- There were enough staff to support people safely at the schemes and staff were not rushed. The provider had considered how to evacuate services using staff on shift or locally, although some records detailing this required updating and this was done after the inspection.
- The service recruited staff locally and from abroad to fill vacancies and recruitment was ongoing. Some shifts were filled with overtime and agency staff who were supported by permanent staff. A person told us, "There are plenty of staff usually."
- The provider carried out recruitment checks including those relating to criminal records, references, fitness to work and identification. The provider did not always explore gaps in people's employment records and the registered manager told us they would do so going forwards.

#### Preventing and controlling infection

- People received care from staff who followed safe infection control practices. Staff received training in infection control and the safe use of personal protective equipment (PPE) to reduce the risk of infections including COVID-19. A person told us, "It is clean here. I do my own laundry and I clean my room."
- Staff also received training in food hygiene and followed best practice.
- During spot checks and in gathering feedback from people the provider checked infection control and food hygiene practices to ensure staff followed current guidance.

#### Using medicines safely

- People's medicines were managed safely. Risks were assessed and managed well, and staff had reliable guidance to follow. A person told us, "I do get my medicine at the right time."
- Staff received training in managing medicines safely and the provider checked their competence to do so.
- Medicines administration was recorded in line with best practice. The provider had invested in electronic medicines records so they could check people received their medicines in real time and investigate any concerns.



# 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 requires improvement. At this inspection this key question remained 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.

Continuous learning and improving care; managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements; continuous learning and improving care.

At our last inspection the provider had not always sent us notifications in relation to significant events that had occurred in the service as required by law. This was a breach of regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009

At this inspection the provider had not made enough improvement and was still in breach of regulation 18.

- One notification was not submitted to the CQC for an allegation of abuse at the Canterbury House supported living scheme. The registered manager told us they were implementing a new system to record all incidents which they would have better oversight of to ensure notifications were made as required.

This was a repeat breach of regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009.

- The provider's systems to monitor the care people received had improved but further improvements were needed. Although there was a wide range of audits in place these had not identified or resolved the concerns we identified regarding notifications, gaps in staff employment histories and personal emergency evacuation plans. The registered manager told us their auditing would improve due to the new electronic system they were implementing, and they would oversee these areas better.

- The registered manager was experienced and was supported by senior managers, scheme managers and their teams who were knowledgeable and understood their roles and responsibilities although our findings showed their oversight of the areas where we found concerns needed to be improved. Staff in all roles felt supported by their line managers and by the provider. A person told us, "I know the managers and I can speak to them when I need to. They listen to me."

- The provider promoted continuous learning and development for all staff with regular training in a range of topics relevant to their roles and discussions of topics at meetings.

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

- Care was provided to people in a person-centred way. The provider took note of any equality characteristics and recorded them in people's care plans with guidance for staff on how to meet them. People with learning disabilities and autism were supported to set and achieve goals that were important to them, considering their unique strengths and abilities. A person told us, "The staff are very good. They give me support and good advice and I listen to them. They treat me with respect and all the staff are perfect."
- The provider communicated well with people and their relatives with individual and group meetings, plus surveys, to check they were happy with the care.
- The registered manager communicated well with staff to keep them informed of any changes to people's care or service developments. Staff were asked for their feedback and felt engaged with the organisation.
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.
- The provider communicated with external health and social care professionals such as specialist nurses and GPs to ensure people received the care they needed.

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 18 Registration Regulations 2009 Notifications of other incidents  The provider had not always notified CQC without delay of any abuse or allegation of abuse.