

# ATIPA Healthcare Group Ltd

## West Midlands

### Inspection report

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Date of inspection visit:  
30 March 2023

Date of publication:  
19 May 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

West Midlands is a domiciliary care service and supported living service providing personal care to people living with a physical disability and a learning disability. At the time of our inspection, there was 1 person receiving support as part of a supported living service.

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

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.

### Right Support:

Actions had not always been taken to address the concerns raised at the last inspection. Protocols to guide staff when to administer 'when required' medicines were not in place. Recruitment documentation had been reviewed but action had not yet been taken to address gaps in recruitment files. For example, induction records were not always complete or checked by the registered manager to ensure staff had the training they needed to gain the skills and knowledge to be competent. Systems in place to check the quality of the service had not yet been embedded so the provider could not be assured whether they were effective in checking the quality of the service. The provider had developed audit tools to check the quality of the service, but they were not yet being used. Staff supervisions had been arranged but staff had not yet received supervision to check they had the skills to meet people's needs effectively.

Staff supported the person to have choice and control over their life. Staff supported the person to be independent. The person was supported by staff to pursue their interests and engage in activities of their choice. Staff supported the person to play an active role in maintaining their own health and wellbeing.

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; the policies and systems in the service supported this practice.

### Right Care:

The person was supported by staff who treated them with kindness and compassion. Staff respected the person's privacy and dignity. Staff understood how to keep the person safe and protect them from abuse. The person was supported by staff who were appropriately skilled to meet the person's needs and keep

them safe. The person was supported to take positive risks and risk assessments were in place to manage this risk.

#### Right Culture:

The person told us they thought the world of the staff. The person felt valued by staff who supported them. The person was supported by staff who were keen to learn and improve their knowledge around the person's needs. Staff understood the person well and knew how to meet their needs. The person was involved in the planning of their care. The registered manager promoted a culture at the service that improved the person's quality of life.

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 and update

The last rating for this service was requires improvement (published 17 February 2023).

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 improvements had been made but the provider remained in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Enforcement

We have identified breaches in relation to the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### 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 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** ●

# West Midlands

## 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 team consisted of 1 inspector.

#### Service and service type

This service is a domiciliary care agency and supported living service. 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 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 30 March 2023 and ended on 13 April 2023. We visited the location's office on 30 March 2023.

#### 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 who commission the service. We used the information the provider sent us in the

provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the person supported by the provider. We also spoke with the registered manager, the newly appointed manager and 3 care staff. We also spoke with 1 professional who worked with the service.

We looked at 1 person's care records and medicines administration records (MARs). We also viewed 3 staff files and documentation related to the governance of the service.

The provider sent us further documentation we had requested following the site visit including additional risk assessments and recruitment documentation.

# 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 requires improvement. At this inspection the rating for this key question has remained 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

- Since the last inspection, improvements had been made to systems in place to assess risk and monitor safety. However, further improvements were needed to ensure risks to people were identified and mitigated.
- An accidents and incidents policy was in place. Since the last inspection, a system to record accidents and incidents consistently had been identified but had not yet been implemented. This meant the provider could not be assured that all accidents and incidents had been recorded. We reviewed the daily logs and found one occasion where an accident had occurred, and the person had narrowly avoided harm, but this had not been recorded in line with the accidents and incidents policy. The staff spoke with the person immediately following this to try to reduce the risk of reoccurrence. The new manager told us they intended to start using the new accidents and incidents system immediately.
- Risk assessments were in place to guide staff how to manage risks to the person, but some lacked specific detail. However, staff knew the person well and understood how to manage specific risks to them. The registered manager told us they would immediately review and improve the person's risk assessments.
- The person was supported by staff who understood how to meet their mobility needs safely. The person told us, "I feel safe when I'm being hoisted. Two staff are always there to help me with being hoisted."
- Staff supported the person with positive risk taking. Staff supported and educated the person about risk to enable them to make their own informed decisions.

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

- Systems and processes in place protected the person from the risk of abuse.
- The person told us the staff that supported them made them feel safe.
- A safeguarding policy was in place that guided staff how to address any safeguarding concerns. Staff understood how to keep the person safe and were knowledgeable about when to raise safeguarding concerns.
- The registered manager understood when to make safeguarding referrals but told us they had not had to make any safeguarding referrals since the last inspection.

### Staffing and recruitment

- Gaps in recruitment files that were identified at the last inspection were still evident. For example, where satisfactory references had not been received and where staff had not provided their full employment history. The new manager showed us this was on their list of actions to address.
- The provider had undertaken their own Disclosure and Barring Service (DBS) checks for staff since the last

inspection to assure them staff were appropriate to meet people's needs safely. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The person was supported by a sufficient number of staff to meet their needs safely. The person told us there was always a staff member there to meet their needs and 2 staff members when they needed support with their mobility.

#### Using medicines safely

- The person did not have protocols in place to guide staff when to administer 'as required' medicines. We found no evidence the person hadn't received their medicines when required but the provider could not be assured medicines were administered when the person needed them. The registered manager sent us protocols for 'when required' medicines following the inspection and told us they would be implemented immediately.
- Electronic medicines administration records (MARs) were used to record when medicines were administered. Medicines were administered in accordance with their MARs. Where the medicine was not administered, the reason was recorded on the person's MAR.

#### Learning lessons when things go wrong

- Lessons were not always learnt regarding the oversight of the service. For example, where it had been identified that systems in place were insufficient to check the quality of the service, the provider had not taken sufficient action to address this.
- Where things went wrong regarding the person's daily care, they were addressed to reduce the risk of reoccurrence.

#### Preventing and controlling infection

- Staff were provided with personal protective equipment (PPE) and used this in line with current guidance.
- Staff had completed infection prevention and control (IPC) training.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received an adequate induction and training to meet the person's needs. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, further improvements were needed.

- Staff received an induction, but this had not always been signed off as complete by the registered manager. Induction records were not always sufficiently thorough to provide assurances that staff were able to meet people's needs effectively.
- The registered manager had implemented a supervision schedule, but no supervisions had yet been completed. However, staff competency was considered and addressed within team meetings. Regular informal checks of staff competency were also undertaken by the registered manager to ensure staff had the skills to meet the person's needs.
- Staff told us they had received more training since the last inspection. One staff member told us they had almost completed their 'Train the Trainer' training which would enable them to provide accredited training to staff. However, this training to staff had not yet commenced.
- The person told us, "Staff seem well trained and know what they are doing."
- Staff knew the person well and had the skills and experience to meet the person's needs.

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 MCA 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.

At our last inspection the provider had failed to comply with the principles of the Mental Capacity Act and ensure care was provided with the person's consent. This placed restrictions on the person's liberty. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Since the last inspection, a mental capacity assessment had been undertaken as the provider had concerns regarding whether the person had capacity to make decisions about their care due to a cognitive impairment. The person was assessed as having capacity to make decisions regarding their care and this was consistently and clearly documented in their care plan.
- Staff supported the person to make their own choices and decisions in line with the mental capacity assessment and their care plan. The person told us, "They let me make my own decisions."
- Staff understood the principles of the MCA and care was provided with the person's consent. Staff told us they had received further training regarding the MCA.

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

- Since the last inspection, the person's assessments had been reviewed and updated. The person's diverse needs were considered within their assessments in line with the Equality Act 2010.
- The person's assessment had been updated to include information regarding their life story and background and identified their care needs.
- The person's assessment considered their care preferences and how care should be delivered to meet their needs.

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

- The person was supported to eat and drink in line with their preferences. The person told us, "I choose my own food."
- Staff supported the person with meal preparation and encouraged them to make their own hot drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The person was supported to access support for their healthcare needs when needed. The person told us, "The staff help me with medical appointments if I need them to."
- Staff engaged with other agencies to ensure the person received effective and consistent support. One professional told us staff had engaged positively in a training session they had arranged to ensure effective support was provided to the person.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection, some undignified language was used in the person's daily logs to describe their behaviour. The registered manager had addressed this with staff since the last inspection and we did not find any evidence of staff using inappropriate language in the person's care records.
- Staff respected the person's privacy and supported them to have time on their own when they wanted it. One staff member told us, "If they are in their room and talking on the telephone, I will close the door but tell them that I am there if they need me."
- Staff promoted the person's independence and enabled them to do things for themselves. The person told us, "The staff help me to do what I want to do."

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

- Staff supported the person in a kind and caring way. The person told us, "The carers are kind to me. They mean the world to me."
- Staff supported the person with compassion and empathy and provided them with reassurance when they needed it.

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

- The person was supported to make their own decisions. They told us they were able to express their views and staff supported them to do things they wanted to do.
- One staff member told us, "I always encourage them to let me know what they want."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- The person was involved in the planning of their care. The person told us, "The staff keep me informed of any changes to my care."
- The person had choice and control over how their needs were met and care was delivered in line with their preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication

- The person was supported by staff who communicated in a way they understood.
- Care plans were in place to guide staff how to meet the person's communication needs. For example, care plans included how staff should speak in short sentences to the person and how they should interpret their non-verbal communication.

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

- The person was supported to engage in activities of their choice. The person told us they chose what they wanted to do, and staff supported them to engage in these activities.
- The person was supported to attend local community groups and see their friends when they wished.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. This had been reviewed since the last inspection and had been updated to the correct provider address.
- The registered manager told us they had not received any complaints since the last inspection, and we did not find any evidence of any complaints received.

End of life care and support

- The provider did not support anyone who was at the end of their life. They told us they would complete end of life care plans if they provided support to people at this stage of their life.

# 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 requires improvement. At this inspection the rating for this key question has 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure effective systems were in place to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had developed audit tools to check the quality of the service, but these had not yet been implemented so they were unable to check whether they were effective. The registered manager told us they undertook informal checks at the current time as they were only supporting one person. However, these were not documented.
- Checks of recruitment documentation had been undertaken but gaps in recruitment records had not yet been addressed. The new manager told us this was part of their ongoing action plan.
- The provider had not yet implemented a protocol to guide staff when to administer 'when required' medicines despite this being identified at the last inspection. This meant the provider could not be assured the person received 'when required' medicines when they needed them. The registered manager showed us a blank template they intended to use but told us this had not been yet implemented because they had been incorrectly informed this must be signed by a GP. Following the inspection, the registered manager sent us a completed protocol and told us this would be implemented immediately.
- Care plans and risk assessments had been reviewed to ensure they were up to date and consistent.
- The person's documentation relating to their mental capacity had been reviewed and all documents had been updated to ensure they were consistent and to ensure the person was not unlawfully restricted.
- The registered manager had improved their knowledge regarding their role since the last inspection but further improvement was required to ensure they fully understood their role and responsibilities. The provider continued to be supported by a consultancy and a new manager had been employed with a view to becoming registered manager.

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

- The registered manager and staff had improved their understanding of issues and risks relating to providing a care service. However, further improvements were required to ensure this was clear and would be addressed if the service became bigger.
- Systems had been implemented to improve information sharing between the registered manager and staff which helped to improve and embed a clear vision and values within the service.
- The registered manager continued to promote a person-centred culture at the service which was disseminated to staff. The registered manager and staff we spoke with were passionate and motivated about meeting the needs of the person they supported.
- Staff told us the registered manager was approachable and supportive. One staff member told us, "The manager is always there if I need to ask any questions. They are very supportive."

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 a duty of candour policy in place and understood what it meant. The new manager told us, "The duty of candour is the duty to share and be honest if there are any concerns."

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

- The registered manager had implemented team meetings which gave staff the opportunity to provide feedback regarding the service. Questionnaires had also been sent out to staff members to request feedback.
- The provider engaged regularly with the person they supported to enable them to feedback regarding the service.

Continuous learning and improving care; Working in partnership with others

- The provider had been proactive in continuing to learn and improve care at the service.
- The registered manager and new manager had attended networking groups and engaged in local authority run training courses in order to improve their knowledge and the care provided to people.
- Agencies working with the provider gave us positive feedback regarding their engagement. For example, one professional we spoke with told us the provider and their staff were knowledgeable and were motivated to improve their learning to meet the person's needs more effectively.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure effective systems were in place to assess, monitor and improve the quality and safety of the service provided.</p>