

Target Care Limited

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Inspection report

Unit 129, M25 Business Centre
121 Brooker Road
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09 March 2020

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Ratings

| | |
|---------------------------------|---|
| Overall rating for this service | Inadequate  |
| 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? | Inadequate  |

Summary of findings

Overall summary

About the service

Target Care Limited is a domiciliary care agency supporting older people living in their own homes. At the time of our inspection the service was supporting five people who were receiving 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

Staff were not recruited safely. The provider had not carried out any employment checks for one staff member who was working for the service. We could not be assured who was currently employed by the provider or what checks had been made before employing them. Recruitment records for other staff were poor. Risk plans were not robust enough to ensure staff knew how to minimise risks to people. We could not be assured people were receiving the care hours that had been commissioned.

Staff had not received appropriate training, induction or support. Not all staff had received supervision to gain feedback on their performance, identify training needs and discuss any concerns.

People were not 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. Care plans were not signed so it was difficult to ascertain if people had consented to their care and treatment. There was no evidence of how the agency worked effectively with outside agencies, including health care professionals. Assessment information did not cover people's holistic needs and we have made a recommendation about this..

The provider had not effectively logged or handled complaints according to their policy. Care plans did not include detailed information about how people wanted to be supported.

The leadership, management and governance arrangements did not provide assurance the service was well-led, that people were safe, and their care and support needs could be met. Quality assurance and governance arrangements at the service were not reliable or effective in identifying shortfalls in the service. Some information requested during the inspection was not provided.

The last rating for this service was good (published 26 May 2017).

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

Enforcement

We have identified breaches of our regulations in relation to the safe recruitment of staff, safe care and treatment, staffing, safeguarding people from abuse and avoidable harm and in the governance of the service 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

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

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 well led.

Details are in our well led below.

Inadequate ●

Target Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager who was also the provider would be in the office to support the inspection.

What we did before the inspection

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 looked to see what information we held about the service to plan the inspection. This included checking for any statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager.

We reviewed a range of records. This included five people's care records. We looked at seven 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 looked at recruitment records and contacted two professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- The provider had not carried out the required checks to ensure staff were suitable prior to them providing people's care. The provider had not obtained all the required satisfactory information for any of the eight staff members who worked in the service.
- One staff member had a criminal check in 2015 from a previous company that highlighted a concern, a risk assessment was not in place. Whilst the provider did send us evidence this person had been acquitted in 2016 there was no evidence a new criminal check had been requested. An employment file for one staff member was not provided to us so we could not check they had the appropriate criminal check in place.
- The provider had not received any evidence of conduct in previous employment for two of the eight staff members who had previously worked in care.
- One staff members references indicated they had previously worked in care, however, following a conversation with this staff member we were told they had never worked in a care setting before.
- Four staff files we looked at there were no references and in other files references had not always been signed or validated by either headed paper or a company stamp.
- A reference had been accepted by the provider for one staff member that had been written by their partner.
- We wrote to the provider requesting more information in relation to employment files. However, the information we received did not reassure us their recruitment processes were robust enough to ensure vulnerable people were sufficiently protected.
- We did not find any interview records in any of the staff files we looked at.

The registered provider had not completed the appropriate checks to ensure that staff were recruited safely into the service. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care notes we looked at for one person that required the use of a hoist were confusing. On some occasions it appeared as though two staff had been present. When we requested the staff file for the other staff member the registered provider told us the two staff members recorded on the notes were the same staff member. When we spoke to this staff member, they confirmed this. Between 29 January 2020 and 18 February 2020, we identified nine occasions where one staff member had supported a person that required two staff at each visit.
- The service only had five people using services, one person who required two staff for three visits daily told us they never had two at weekends only one carer. They said they only got one member of staff in the morning when they needed two, and two staff at lunch and tea when they did not need them.
- The provider sent us shift patterns for only three staff. When we compared these shifts to people's care hours there were numerous gaps. We could not be assured there were sufficient staff available to cover

people's commissioned hours.

The provider failed to ensure there were sufficient numbers of suitably qualified, competent staff. This placed people at risk of harm. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risk management was not robust enough to ensure staff knew how to minimise risks to people.
- Risk assessments were mainly tick boxes with minimal information found. Most of the risk assessments found just ticked the risk rating, for either low, medium or high. Minimal information or guidance was included to mitigate risk or provide any guidance for staff. For example, one person scored a medium risk for bed entrapment, there was no reason why this might be a risk. Further documentation was sent following the inspection, but risk information remained minimal.
- The lack of risk management meant people were placed at risk of harm if the appropriate amount of staff were not present. One person who required the use of a hoist and two staff told us they were being supported on some occasions by one staff member.

Preventing and controlling infection

- Not all staff had received infection control training.

Risks to people were not assessed effectively. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff confirmed they had access to gloves and aprons. One staff member told us, "The manager provides us with personal protective equipment (PPE) we don't run out."

Systems and processes to safeguard people from the risk of abuse

- Not all staff employed by the service had received safeguarding training. This demonstrated the registered provider did not fully understand their role and associated responsibilities in relation to protecting people from abuse. One staff member when questioned about a whistle blowing policy said, "Whistle-blowing policy – No never heard of it." Another staff member told us, "No I don't know the different type of abuse. I watch the staff, if they are doing something they not supposed to, I would tell the manager."

The provider had failed to ensure people were protected from abuse. This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One relative told us, "We do feel safe and [person] is used to the carer."

Using medicines safely

- No-one using the service was supported by staff with their medicines.

Learning lessons when things go wrong

- The provider told us there had been no complaints. In one staff member's supervision record it had been recorded a person had made a complaint. We were not assured the provider was appropriately collating information to improve the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There was a lack of oversight of the training and support needs of the staff. The provider did not have a training matrix in place to identify if staff training had expired or was required.
- One staff file was not provided to us so we could not assess whether they had received appropriate training.
- Three staff had received training recently, but this training was incomplete and did not meet the standards required.
- Staff that had completed manual handling training told us the registered provider had completed the practical element of this training. The registered provider confirmed this, but they did not have the relevant qualification to carry out this training. A staff member told us, "We have done food hygiene, MCA and manual handling. We did practical training with the hoist. [Registered manager] showed me [person's] hoist."
- In the files we looked at no staff had received safeguarding training within the past year..
- Not all staff had received supervision. Records provided indicated that two staff had received supervision recently but neither of the staff could remember this happening. One staff member told us, "I'm due a supervision next week with the manager. I haven't had one since last year in April 2019."

The provider had failed to ensure staff had received the training and support they required and that they had been assessed as competent to carry out their role effectively. This is a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The provider did not complete a holistic assessment of needs for those they supported. Information was basic and did not adequately consider people's needs.
- A more detailed care plan for each person was sent to us following the inspection, however this information still did not meet people's holistic needs.

We recommend the provider considers National Institute for Health and Care Excellence (NICE) guidance on assessment and care planning.

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

- Staff told us they supported people with their food and drink if that was part of the support the person needed.

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.

- During our visit on the day of this inspection we noted people's legal rights were not fully protected. This was because the provider had not ensured that each person's capacity to make particular decisions had been assessed. Following the inspection, the provider sent us revised care plans that included information related to people's capacity.
- Care plans were not signed to demonstrate people had consented to their care and support.

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

- The people currently supported by the service were very independent and arranged their own healthcare support. At the time of the inspection there was no need for the service to work with other agencies.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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

- People were not always treated with respect by the provider as systems to keep people safe from harm and protect them from risk were not always in place. Risk assessments and care plans were not detailed enough, and the service was not well managed.
- The provider had not demonstrated a caring attitude. They had not ensured that everyone who used the service received the care they needed.
- One person told us, "I have had [named carer] and [named carer], they were both nice."

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

- People told us they expressed their views about their care to the staff that supported them or the registered provider. One relative told us, "The manager rings us and there is a care file the carer writes in."
- Care plans did not evidence people were involved in their care and support as care plans were not signed.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated an understanding of the importance of treating people with dignity and respecting their wishes. One staff member told us, " We help people and make sure they are covered."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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

- When we visited the service the care plans for each person were basic. People had only recently started using the service, but care plans did not provide staff with the level of detail required to provide safe care and support to an appropriate standard.
- Following the inspection, the provider did send us revised care plans for people using the service which were more detailed.
- Three people were assessed as requiring the use of the hoist but did not have appropriate risk assessments completed detailing how staff should do this safely.

Improving care quality in response to complaints or concerns

- The provider had not effectively logged or handled complaints according to their policy. No complaints records were found, and the provider told us there had been no complaints. We spoke to one person who told us they had made a written complaint to the service about their care and treatment. We also saw an entry in a staff supervision record that again documented this complaint had been made.
- The provider's complaints policy did not detail the correct address for the care quality commission (CQC).

Failure to operate an effective complaints procedure meant complaints had not always been investigated and action taken to ensure the concern did not recur. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Complaints).

Meeting people's communication needs

- In the revised care plans sent to us people's communication needs were recorded.

End of life care and support

- The service was not providing support to anyone at the end of their lives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not always have systems in place to provide high quality care. Policies and procedures were not always in line with national legislation or best practice guidance. There was no evidence policies and procedures had recently been reviewed. This meant staff did not have appropriate information to follow to achieve good outcomes for people.
- We found shortfalls with risk assessments, safe recruitment practices, staffing levels and the systems in place to protect people from harm and abuse were not robust. There were also failings identified with staff training, inductions, supervisions and appraisals.
- The provider was not ensuring safe deployment of staff to meet people's needs safely. We found daily records of people's care and shift patterns were confusing, and it was not clear what staff had been present during care calls. One staff member told us they only worked two evenings per week. In the shift pattern sent to us for this member of staff it was recorded they worked mornings and evenings every day except for Fridays.
- Quality monitoring systems were not effective to ensure people received safe care.

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

- We found some staff spot checks had been done however, these were not always fully completed. For example, one form we looked at was dated but all other information was blank.

All the evidence above indicates systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- People had only just started using the service and we did not see any evidence of partnership working during the inspection.
- One person told us they were not receiving any care in the evening. When we discussed this with the provider, they told us the person had refused care. When we asked to see evidence that this had been

communicated to the local authority this was not provided.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not assessed effectively. |
| Personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure people were protected from abuse. |
| Personal care | Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Failure to operate an effective complaints procedure meant complaints had not always been investigated and action taken to ensure the concern did not recur. |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance All the evidence above indicates systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed. This placed people at risk of harm. |
| Regulated activity | Regulation |

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure there were sufficient numbers of suitably qualified, competent staff. This placed people at risk of harm.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered manager had not completed the appropriate checks to ensure that staff were recruited safely into the service provider |

The enforcement action we took:

Urgent notice of decision to restrict admissions