

## Local Solutions

# Scotland Road Branch

### Inspection report

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Date of inspection visit:  
06 July 2021  
13 July 2021

Date of publication:  
27 August 2021

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Scotland Road Branch provides personal care to people in their own homes. At the time of our inspection, the service was supporting 413 people.

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

Medicines were not always managed safely. Medication administration records (MAR) were not completed consistently to a high standard. There were no recent records of competency assessments for existing staff to ensure they were able to safely administer medicines.

Not all risks were assessed and mitigated to keep people safe from harm. Some risk assessments had not been completed and some were not detailed enough to guide staff to support people safely. This placed people at avoidable risk of harm.

Systems in place to monitor the quality and safety of the service were not always effective. Some of the recording issues found during this inspection had been identified by the providers systems. However, this had not always resulted in a sufficient and timely response to keep people safe.

Oversight of the safety and quality of the service was not always effective. There was no system in place to monitor staff's completion of COVID-19 tests. This meant that the provider failed to identify that staff were not completing weekly COVID-19 tests in line with best practice guidance.

Staff followed good infection control practices and used PPE (personal protective equipment) to help prevent the spread of healthcare related infections. One person told us, "[Staff] always come in with masks, gloves and aprons."

Staff were safely recruited and deployed in sufficient numbers to meet peoples care needs. A dedicated team monitored people's call times and took action to follow up on late call alerts to ensure peoples care needs were met.

Staff were aware of procedures to follow if they had any safeguarding concerns. The registered manager had oversight of detailed records relating to safeguarding actions and outcomes.

Staff completed regular telephone reviews with people to gather feedback about the care provided. People also told us they received questionnaires. We received mixed feedback from staff in relation to engagement and the support they received. However, we saw evidence of regular staff engagement through team

meetings, telephone job chats and appraisals.

The service worked with the local authority to coordinate the care and support people needed. Professionals who work with the service spoke positively about the working relationship and told us staff "try to work with us to get the best outcomes for members of the community." The registered manager acted in accordance with their duty and shared information in an open, honest and timely manner.

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 this service was Good (published 4 January 2018).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

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

The provider responded to the concerns we raised during and after the inspection. They provided evidence of immediate improvements to their governance systems and updated risk assessments to mitigate the risks to people's health and safety.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of medicines and governance 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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Scotland Road Branch

## 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 three inspectors. Two Experts by Experience contacted people and their relatives by telephone to gather their feedback on the care provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 July 2021 and ended on 19 July 2021. We visited the office location on 6 July 2021 and 13 July 2021.

#### 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 and professionals who work with the service. We spoke with six people who used the service and four relatives about their experience of the care provided. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with sixteen members of staff including the registered manager, deputy manager, head of the department, care workers, co-ordinators and quality officers.

We reviewed a range of records. This included thirteen people's care records and multiple medication 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 the electronic call monitoring records for 12 people, staff rotas and quality assurance records. We spoke with three professionals who regularly visit 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

### Using medicines safely

- Medicines were not always managed safely.
- Medication administration records (MAR) were not completed consistently to a high standard. We found a significant number of signatures were missing from MAR charts.
- Care plans were not in place to guide staff on how to use emergency medication required for a specific health condition and staff had not been trained in relation to this. This placed the person at increased risk they would not receive their medicines when they needed them.
- Staff told us they were frustrated with the poor record keeping in relation to medicines and explained it was often difficult to ensure peoples medicines were given at appropriate intervals. This placed people at risk of potential harm.
- Direct observations had not been completed with all staff to ensure they were competent to safely administer medicines. This is not in line with best practice guidance.

Failure to ensure the safe management of medicines is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had already identified some of the concerns relating to the recording of medicines and was in the process of improving their systems. The registered manager provided reassurance people had received their medicines as prescribed.

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

- Not all risks were assessed and mitigated to keep people safe from harm.
- Some risk assessments had not been completed and some were not detailed enough to guide staff to support people safely. For example, there was no risk assessment in place for a person who experienced regular seizures and for another person, there was no risk assessment in place to mitigate the risks associated with a high-risk medication.
- A log of accidents and incidents was kept and actions to reduce the risk of further incidents were recorded. However, we found that not all actions had been completed in a timely manner. For example, there were previous incidents in relation to one person who had behaviours that challenge. No risk assessment was put in place to guide staff following these incidents and this placed people at avoidable risk of harm.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate risk was effectively managed. This placed people at risk of harm. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew the people they supported well and could describe how to keep them safe from avoidable harm.

#### Preventing and controlling infection

- Effective infection prevention and control procedures were in place, including those relating to COVID-19.
- Staff followed good infection control practices and used PPE (personal protective equipment) to help prevent the spread of healthcare related infections. People we spoke with confirmed this. One person told us, "[Staff] always come in with masks, gloves and aprons."
- The provider ensured staff received weekly COVID-19 test kits and sent reminders to prompt staff to complete them. However, some staff told us they did not complete the tests weekly.

#### Staffing and recruitment

- Staff were safely recruited and deployed in sufficient numbers to meet people's care needs.
- People and relatives told us they felt care was delivered safely by a consistent staff team who were punctual. Comments included, "[staff] come about the same time every day and if they are late, which isn't very often, they are very apologetic" and "if there is an emergency the co-ordinator will ring me to let me know [staff] will be late. It only happens occasionally."
- A dedicated team monitored people's call times and took action to follow up on late call alerts to ensure people's care needs were consistently met.

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

- Safeguarding policies and procedures were in place to guide staff in their practice.
- Staff were aware of procedures to follow if they had any safeguarding concerns. People told us they felt safe with staff. Comments included, "yes I feel safe, the carers are 5-star solid gold" and "I have no concerns for my safety."
- The registered manager had oversight of detailed records relating to safeguarding actions and outcomes. During the inspection, the registered manager was made aware of a safeguarding concern and acted in accordance with policy to ensure the person's safety.



# 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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems in place to monitor the quality and safety of the service were not always effective.
- The system for auditing medicines was not robust. This meant opportunities to improve safety and quality were missed.
- Records regarding people's care and support were not always well maintained. Some risk assessments lacked enough detail to guide staff and some were incomplete.
- Some of the recording issues found during this inspection had been identified by the providers systems. However, this had not always resulted in a sufficient and timely response to keep people safe. One relative described the lack of recording of the care their loved one received as "the biggest issue that makes me upset" and explained it made them feel anxious about the quality of their loved one's care.
- Oversight of the quality of the service was not always effective. For example, information relating to people's care was stored across different systems and some records relating to the care provided were completed a significant period after the care was delivered. This made it difficult to monitor whether people's assessed needs had been met.
- There was no system in place to monitor staff's completion of COVID-19 tests. This meant that the provider failed to identify that staff were not completing weekly COVID-19 tests in line with best practice guidance to keep people safe from avoidable harm.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection and outlined the steps they were immediately taking to improve the governance systems in relation to medicines and risk assessments. They also told us they were in the process of reviewing their monitoring systems in relation to COVID-19.

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

- The registered manager recognised the value of regular communication with people using the service, relatives and staff.
- Staff completed regular telephone reviews with people to gather feedback about the care provided. This

was discussed at monthly governance meetings to identify areas of improvement. People also told us they received questionnaires. One person told us, "There have been questionnaires which I have filled out and returned. I have had nothing to complain about and am very happy with the service they provide."

- We received mixed feedback from staff in relation to engagement and the support they received. However, we saw evidence of staff engagement through team meetings, telephone job chats and appraisals.
- People, relatives and professionals told us that communicating with the office was an issue as they found it difficult to get through on the telephone. Comments included, "I tried to contact the office, but I couldn't get hold of anyone" and "one thing that would improve the service would be that someone would answer the phone." We raised this with the provider during the inspection. They were already aware and were actively working to resolve the issue with the telephone lines.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People's continuity of care was prioritised to ensure it was person centred and promoted good outcomes for people.
- The service worked with the local authority to coordinate the care and support people needed. People achieved positive outcomes because the relationships between the organisations were effective. One professional who works with the service told us, "[staff] are supportive and try to work with us to get the best outcomes for members of the community. They respond quickly if people's care needs change and keep us updated."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager acted in accordance with their duty and shared information in an open, honest and timely manner.
- We found the registered manager and provider receptive to feedback about the shortfalls found during the inspection.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not managed safely.</p> <p>Not all risks were safely assessed and mitigated to maintain people's safety.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance and auditing systems were not effective and did not assess, monitor and drive improvement in the quality and safety of the care provided.</p>