

Continuity Healthcare Services Ltd

Continuity Healthcare Services Private Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Continuity Healthcare Services Private Limited is a domiciliary care agency providing personal care to adults in their own homes. This includes people with dementia, learning disabilities or autistic spectrum disorder, mental health needs, sensory impairments and physical disabilities. 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. At the time of inspection 183 people used the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and autistic people. We were not assured people were supported to make decisions about their care and welfare in their best interests.

Since our previous inspection, processes, procedures and checks on the quality of service people received had been improved. However, governance systems were not established and did not always identify areas where improvements were required. New governance systems and quality assurance procedures needed to be embedded into practice, to ensure their effectiveness.

Staff training had improved, and staff received training in areas such as how to recognise the signs of abuse, and how to administer medicines safely. The provider had plans to continue to improve training.

Overall, people and staff confirmed there were enough staff to attend scheduled care calls. However, people told us sometimes staff arrived late, and communication when care staff were running late could be improved.

People's medicines were administered by trained staff. There was paperwork in place to record when people received their medicines. However, processes needed to be improved to record when people should receive medicines on an 'as required' basis, and how patch medicines should be administered.

It was not clear if people were supported to have maximum choice and control of their lives and if staff supported them in the least restrictive way possible and in their best interests. Policies and procedures were in place to test people's capacity, however, there was a lack of understanding about when best interests' decisions were required for people's care, and how decisions should be recorded.

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

Rating at last inspection and update

The last rating for this service was inadequate (published July 2022) and there were breaches of regulations. This service has been in Special Measures since July 2022. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection. At this inspection we found the provider remained in breach of regulation 17 good governance.

Why we inspected

We carried out an announced comprehensive inspection of this service in May 2022. Some breaches of legal requirements were found. The provider was in breach of regulation 12 safe care and treatment, regulation 13 safeguarding, regulation 19 fit and proper persons, and regulation 17 good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

Enforcement

We have identified breaches in relation to regulation 17 good 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 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 well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Continuity Healthcare Services Private 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 Health and Social Care Act 2008.

Inspection Team

The inspection was carried out by 2 inspectors who visited the service and 2 Experts by Experience who made telephone calls to people who used the service. 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 homes.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection to ensure the registered manager and provider were available. Inspection activity started on 7 December 2022 and ended on 15 December 2022. We visited the office location on 7 and 13 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority and commissioners who work with the service. We reviewed the information submitted to us by the provider in the Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

During the inspection.

We looked at 12 people's care records, 4 staff recruitment records and a variety of information relating to the management of the service.

The Experts by Experience contacted 22 people and relatives by telephone to gather feedback of their experiences of the service.

The inspectors spoke with 17 staff including the provider, the registered manager, the service delivery manager, the manager of the Hinkley satellite office, call schedulers, the human resources manager, the risk and safety officer, and a number of senior care staff.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure safeguarding concerns were investigated and referred to the appropriate authorities. This was a breach of regulation 13 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 13.

- At this inspection safeguarding systems and procedures had been improved. The provider had systems in place to help ensure safeguarding concerns were identified, investigated, and referred to the appropriate authorities.
- People told us they felt safe with care staff. One relative commented, "I believe my mother does feel safe with carers."
- Staff told us, and records confirmed, staff had received training in how to safeguard people. Staff knew they should report any signs of abuse.

Assessing risk, safety monitoring and management; Using medicines safely; Staffing and recruitment

At our last inspection the provider's systems were not effective to demonstrate risk associated with people's care was effectively managed. Staff were not sufficiently trained to provide safe care. This was a breach of regulation 12(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 12, however further improvements were still required.

Assessing risk, safety monitoring and management

- At our previous inspection risk assessments and risk mitigation plans were not always in place or effective, in protecting people who had specific health conditions such as diabetes or had risks associated with choking and catheter care. At this inspection risk mitigation plans and care plans were in place. However, although staff were managing the risks to people, some care records still required further detail and personalisation, to ensure staff always had the information they needed to care for people safely and effectively.
- Improvements were required in ensuring staff always followed the provider's escalation procedures when events occurred that called into question people's safety. For example, staff did not always raise incidents with the registered manager when they occurred, so that incidents could be effectively investigated.

Using medicines safely

- At our previous inspection we found medicines were not always managed safely. The provider did not have a system in place to ensure staff always recorded when people received their medicines.
- At this inspection we found improvements had been made to medicines administration procedures. People's medicine administration records (MAR) were held electronically. If staff were unable to access MARs on their phones for technical reasons, there was a process of recording the administration of medicines in a paper format. MARs we reviewed showed people received their medicines.
- The provider had a procedure to manage how people received their time critical medicines. Calls were scheduled to fit in with the timing of these medicines.
- At our previous inspection there was insufficient guidance available to staff on how to administer 'as required' medicines. At this inspection we found some protocols had been put in place to guide staff on how to administer some 'as required' medicines. However, further improvements were required to ensure each 'as required' medicine had a protocol in place. This would ensure staff always had the information they needed on how and when to administer these medicines.
- At our previous inspection, records for the application of patch medicines applied directly to the skin, were not in accordance with best practice to prevent skin irritation. At this inspection we found staff had been given some information about where patch medicines should be applied. However, further improvements were still required to ensure staff were given clear instructions on how to record and rotate the application of patches. The registered manager updated patch medicines records immediately following our feedback.
- Auditing procedures for medicines administration needed further improvement as current procedures had not identified the areas of improvement found on our inspection visit.

Staffing and recruitment

- Safe recruitment procedures had been improved. The provider had an up to date recruitment policy which demonstrated they understood safe recruitment practices.
- We reviewed the recruitment records of 4 staff members, which showed their identification and right to work in the UK had been checked. However, the provider still needed to ensure references were always obtained from the staff member's last or current employer if they had previously worked in the care sector or with vulnerable adults or children.
- At our previous inspection there was a risk people were not being supported safely because staff did not have the appropriate qualifications, competence, or skills. At this inspection we found staff were receiving training in key areas, such as safeguarding.
- At our previous inspection we found the lack of governance around whether people received their calls on time, and for the right amount of time, meant the provider was unable to demonstrate whether there were sufficient numbers of staff to meet each person's scheduled care calls. At this inspection we found governance systems had been improved and there were enough staff to meet the call rota. Systems were also in place to monitor whether calls were being made on time and for the right amount of time.
- Despite the implementation of these systems, people continued to tell us they did not always receive their scheduled call on time, and staff did not always stay for the agreed amount of time. Comments from people included, "I am fed up with the poor timing of visits" and, "Staff just appear, the call times have not been followed."
- People told us communication could be improved and they would like a phone call if staff were running late. One person said, "If they [staff] are late we are not informed." People also told us they would like to have a copy of the call rota so they knew what staff would be visiting them. One person said, "A rota would be a wonderful idea." The service delivery manager told us further improvements were being made and, "We now have a member of staff who is monitoring CarePlanner [the provider's call monitoring system] to track staff performance and call clients where needed."

Learning lessons when things go wrong

- At our previous inspection the provider had failed to maintain accurate records of events which called into question people's safety, so a review and analysis of these events could take place and lessons could be learnt. At this inspection we found accurate records were being kept. The registered manager was developing a process to analyse such events and record any lessons that could be learnt; or identify any patterns and trends.
- Where events were investigated, staff were updated about how things could be improved to reduce the risks of events reoccurring.

Preventing and controlling infection

- People told us care staff wore personal protective equipment (PPE) when they were supported with personal care.
- At the previous inspection staff had not received refresher training in infection prevention and control. At this inspection we saw staff training in this area had been improved.
- The provider had up to date policies and procedures in place to instruct staff on how to prevent the spread of infectious diseases including COVID-19.

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 previous inspection this key question was rated requires improvement. At this inspection the rating has remained the same. 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 follow safe recruitment procedures and to train staff in their role. This was a breach of regulation 19 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 19.

- Staff training had been improved. New staff were now given the opportunity to complete the Care Certificate and there was an up to date training matrix showing the training each member of staff had attended. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Those members of staff who regularly supported people who had a learning disability or autism, received training in these areas.
- Staff told us they now had meetings with their manager, or could access support from their line manager whenever they needed it.

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 authorized 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 authorize people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff obtained their verbal consent when they supported them. Care staff demonstrated an understanding of consent and told us they always asked people to consent to their care. The registered manager explained, "If people refuse care, we must respect their choice. We can't force anyone (who has capacity) to accept our support."

- People's capacity to make their own decisions, was assessed at the beginning of their care package with Continuity Healthcare. However, where decisions needed to be made about people's care and welfare in their best interests, these decisions were not always recorded. At the time of our inspection the provider was developing systems to record best interests' decisions.
- We were not assured senior staff understood how to apply the MCA, and record people's consent to their care. For example, one person's family member had been asked to sign consent for their care and treatment on the person's behalf. This is not in accordance with the principles of the MCA.
- Where people had the support of legal representatives who held a power of attorney to make care and welfare decisions, paperwork did not always show legal representatives had made relevant decisions.
- Improvements had been made in staff training. Senior staff and care staff had received training in the MCA, although the registered manager recognised key staff needed additional training to improve their understanding of the Act.

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

- People's needs and choices were assessed before they began using the service. Protected characteristics under the Equality Act 2010 were considered in people's assessment of needs. For example, people were asked about any religious or cultural needs they had; and care was tailored to meet these needs.

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

- Some people received food and drinks prepared by care staff. Staff prepared meals in line with people's choices and ensured they had enough to eat and drink to maintain their well-being.

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

- People had been referred to other healthcare professionals to promote their wellbeing, such as the occupational therapist and the district nursing team.
- Staff told us they reported any concerns or changes in people's health to the office.

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 inadequate. At this inspection this key question has changed 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection, the provider failed to have oversight and governance systems were not established or were ineffective. 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.

The provider had not made enough improvements to comply with regulations. Further improvements were required to systems and procedures to ensure they were operated effectively in order to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although improvements had been made, time was needed to allow new governance processes to become a robust system, to support the continuous review of quality and safety at the service. Improved oversight and governance systems needed to be embedded into the culture of the service to ensure they would be sustained. For example, in respect of ensuring the escalation and management of safety events to ensure staff always reported these when they occurred.
- Further improvements were required to governance processes to ensure areas for improvement were identified. For example, the new governance processes had not identified there were improvements required in the areas of medicines management, safe recruitment practices, and the adherence to the MCA.
 - The registered manager recognised oversight of the quality of care people received required strengthening and they were working with the service delivery manager to further improve processes and analysis of events which called into question people's safety.
 - People had been asked for their opinion about the service in surveys. However, there was no evidence action had been taken to make improvements to the service following receipt of the responses, or that the results of the survey had been shared with people.

Although the provider had made a number of improvements, the provider failed to have effective oversight and governance systems to effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17

(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our previous inspection, the provider had worked closely with local commissioning authorities to help improve their governance systems. The provider had increased their oversight of the service and supported the registered manager and senior staff to obtain the training they required, to carry out their management roles effectively. This had led to some improvements in quality assurance processes, risk management and care planning.
- At the time of our inspection the provider was not taking new packages of care, which meant the number of people being supported had declined. The service manager told us, "We learnt lessons about the size of the business." The registered manager explained their priority was to check and maintain the quality of the service as they started to take on more packages of care.
- The service had a registered manager in post. The service covered care packages in Warwickshire and Leicestershire. The registered manager was responsible for the oversight of the service across both these areas.

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

- Improvements had been made and the provider and the registered manager were now clear about their responsibilities to comply with the CQC requirements and were aware of the importance of notifying us of certain events that occurred in the service.
- The management team demonstrated their commitment to improve the service and took action straight away following feedback when concerns were shared.
- People told us communication with the office and care staff could be improved, especially around when care staff were running late for scheduled calls.
- In addition, people told us there were communication barriers with some staff, as some care staff did not have English as their first language. Where people had a hearing impairment or a cognitive impairment, this lack of communication caused anxiety.

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

- There was mixed opinion from people we spoke with about their confidence in the management of the service. Some people were not aware who the registered manager was, and the majority of people told us they found it difficult to make contact with office staff if they had a concern about their care. One person told us it was, "Impossible to get through to the office."
- Most staff felt supported by the management team. A member of staff told us, "If something is not going right, I immediately tell them [staff] and they put it right... They are there for us." Staff told us regular team meetings were useful and helped them to share important information.
- The provider had put in place some initiatives to improve staff morale, such as, 'Carer of the month.'

Working in partnership with others

- Since our previous inspection, the provider had worked closely with local authority commissioners to improve outcomes for people. The registered manager told us they had, "Opened up to external agencies" and sought advice and guidance from other organisations to improve the service, such as the Alzheimer's Society.

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 not ensured that systems or processes operated effectively to assess, monitor and improve the quality of the service and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>Regulation 17 (1) (2) (a) (b)</p>