

CompKey Healthcare Ltd

Charing Cross Centre

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 caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on 9 November 2017. Charing Cross Centre provides support to people in their own homes. It does not provide nursing care. At the time of our inspection, the service was supporting approximately 28 people. The inspection was carried out in order to follow up some concerns we have received since our last inspection which took place in February 2017.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report

The appropriate pre-employment recruitment checks had not always been completed for new staff, such as references and a DBS (Disclosure and Barring list check) before staff began working in the service.

Risk assessments were not always completed concerning people's individual conditions and staff had not always followed recommendations from health care professionals.

Staff did not always receive adequate training to deliver their roles effectively. Some staff had limited English language skills which meant they were not always able to understand and communicate about training.

There were no effective quality assurance systems in place to assess, monitor and improve the service. Accurate records were not always kept in respect of people's care. There were no systems in place to check that the content of care plans was relevant with enough individualised guidance for staff about people. Checking of staff competency had not been recorded, and it had not been identified where gaps were found in people's recruitment files.

Staff did not all have knowledge of safeguarding and how to report concerns. Medicines were administered as prescribed, but improvements were needed around the care planning of some medicines taken as required (PRN).

Care plans contained information about the care that people required, however they were not always reviewed and updated. Care plans did not contain any information about people's mental capacity.

There were enough staff to complete the visits planned. Staff were split into teams to ensure as much consistency as possible.

Staff were caring and respected people's dignity, privacy and independence. They involved people's families in the care planning and delivery where appropriate. Staff gave people choice and were flexible in their approach. However, there were not systems in place which ensured staff were caring and compassionate.

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 consistently safe.

There were not robust systems in place to assess whether staff employed were suitable to work with people. Staff were not all aware of safeguarding procedures.

There was not always sufficient guidance for staff about mitigating risks to themselves and individuals. Staff did not always follow recommendations from healthcare professionals.

People's regular medicines were administered as prescribed, but improvements were needed in respect of medicines taken as required (PRNs).

There were enough staff to cover visits planned.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not all completed mandatory training. The registered manager did not have a system to ensure that all staff had completed necessary training.

Staff supported people to eat a balanced diet.

Staff asked people for consent but there were no records associated with people's mental capacity to make decisions.

Requires Improvement ●

Is the service caring?

The service was not always caring.

The provider did not have systems in place that ensured compassionate care was delivered at all times.

Staff built supportive relationships with people and their families.

Staff respected people's privacy and dignity and encouraged independence where appropriate.

Requires Improvement ●

People were involved in making decisions about their care.

Is the service responsive?

The service was not fully responsive.

When people's needs changed, it was not always reflected in their care plans. Care plans were not reviewed and updated.

Staff did not always arrive at agreed times and people did not always know who was coming to support them.

People knew who to contact to raise concerns.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The registered manager did not have an effective quality monitoring system in place. Gaps in records and areas for improvement had not always been identified.

Staff worked well as team and there was a positive culture.

Requires Improvement ●

Charing Cross Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 November 2017 and was announced. This was because the provider delivers the service from an office and we needed to be sure someone would be there. The inspection team consisted of two inspectors to visit two people at their home, and one inspector visiting the office. Following our home visits, we also spoke to people's relatives over the phone.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with two people using the service and four relatives or friends of people using the service. We also spoke with six members of staff including the registered manager, the office manager and four care staff. We also liaised with the local authority's quality assurance team and the safeguarding team as part of our inspection. We checked two people's care records and a sample of medicines administration records (MARs). We also checked records relating to the care of two people in their homes. We looked at a sample of recruitment files and records relating to how the service is run and monitored.

Is the service safe?

Our findings

During our last inspection in February 2017 we found that the service was rated 'Good' in safe. During this inspection, we found that the service was not always safe and requires improvement in this area.

We found the provider did not have robust systems in place to recruit people who were deemed suitable to work in care. This was because they recruited some staff without obtaining any references or employment history. In addition to this, where staff had come from overseas, there were no criminal record checks sought from people's country of origin, which is advised within guidelines. There were Disclosure and Barring Service (DBS) checks carried out in the UK for staff. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The local authority's quality assurance team also expressed to us that they had concerns having checked the provider's recruitment files. They checked seven recruitment files and found that six were not complete, and found important areas such as employment history, references and a DBS had not always been obtained before staff began working in the service. We saw that one recruitment file out of two we checked showed no references or employment history, or any criminal record check from the person's country. This meant that staff supporting people at home had not undergone the checks required to establish whether they were suitable to work in care. There were not safe recruitment practices in place which adequately assured the provider that staff were suitable, or if they had adequate related experience or a criminal record. This placed people using the service at risk of harm.

These concerns constituted a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that risks were not always adequately assessed and mitigated. For example, we looked at one person's care plan and daily records, the records showed that they had recently had problems with swallowing. The speech and language therapy (SALT) team had assessed the person and recommended a soft mashable diet with normal fluids. However, we saw during our home visit that the person had sliced fruit and grapes given to them by a staff member. On the days following the assessment, they had received foods such as toast and crumble. The member of staff and the person explained that their swallowing was a lot better since the assessment and that their swallowing fluctuated. However, this had not been risk assessed or written in the care plan so we could not be clear what the risks were, and how the person's risk of choking or aspiration was being effectively mitigated. Furthermore, the decision to maintain a normal diet despite direction from the speech and language therapist had not been recorded. Unfamiliar staff going in to the person's house to deliver care had conflicting information about the person's diet and there was no guidance in place to enable them to provide safe care.

The registered manager had carried out risk assessments for people's environments, which identified where there were risks to be considered when using manual handling equipment in peoples' own homes. However, they had not carried out risk assessments for people regarding their individual health risks and risks associated with these, to provide staff with adequate guidance on how to mitigate those risks to people. For example, risks associated with swallowing problems, catheter care, dementia and falling. The registered

manager told us that a person was living with dementia, and did not have mental capacity to keep themselves safe, and there was no risk assessment in relation to this. This meant that there was no guidance for staff on how to support the person at times when they were having difficulty with their memory and recall to stay safe.

Some people using the service had 'as required' (PRN) medicines. There were no protocols in place for administering these. Protocols are important to guide staff on how and when to give PRN medicines to people and to ensure that these are being given appropriately. We noted that one PRN medicine was a psychotropic medicine to manage one person's anxiety, and there was no protocol to guide staff on when would be appropriate to give this. We advised the registered manager that these should be in place for all PRN medicines and they told us they would put these in place immediately.

We looked at the management of medicines within the service. We saw that medicines administration records (MARs) were filled in correctly and staff had signed when they had administered medicines to people. We saw that staff administering medicines had received training. However, we received a concern that one member of staff had not understood this training as the staff member had expressed that they did not always understand the MARs. We found that there were no records of staff competency being assessed, although two experienced members of staff including the registered manager explained that they had observed staff administering medicines to ensure they were being managed safely. We saw that one medicines error which had occurred had been investigated and responded to appropriately.

These concerns constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection, we received some information which suggested that there were some areas where staff required further training. During our inspection, we found this to be the case. Not all staff we spoke with were aware of safeguarding procedures or how to report concerns about abuse. Not all staff had received training in this area. During the inspection visit we spoke with two members of staff who were not able to tell us about safeguarding due to a language barrier, and they had not received training in safeguarding. Furthermore, these staff members were not able to explain whistleblowing and how to report concerns. The registered manager explained to us that these members of staff only went out with more experienced staff on visits. However, we were concerned that these staff members would not understand what constituted safeguarding and report concerns about their colleagues if they had any. This meant that people were not adequately protected against the risk of abuse.

These concerns constituted a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two members of staff we spoke with told us they had undertaken a 'train the trainer' course in safeguarding, so they were able to train new staff. This had not been delivered because these two staff members were part of the main staff team delivering care full time. Another member of staff we spoke with had some knowledge of safeguarding which they had obtained in their previous post in care. We saw that safeguarding was discussed during interviews for new staff. For one new member of staff, the registered manager explained that they had used a translator for their interview in order to ascertain whether they were suitable. They were supporting the person with English lessons.

There were enough staff to cover planned visits and the registered manager also covered shifts where needed. The people we spoke with told us they felt safe when staff visited them. One person explained that staff looked out for any changes in the person, such as their skin, to monitor if there were any concerns. They

also told us, "I find [staff] totally trustworthy."

When we visited people in their homes during their care visits, we saw that staff used equipment such as aprons and gloves when delivering care to people, and ensured the environment was left in the way the person preferred.

The registered manager explained to us the procedures for when there was an incident or accident during a visit, and how these were investigated. There had not been any serious incidents reported by staff recently.

Is the service effective?

Our findings

During our last inspection in February 2017 we found that the service was rated 'Good' in effective. During this inspection, we found that the service was not always effective and requires improvement in this area.

One person and a relative told us they felt that staff should receive more training in using manual handling equipment before providing care to people.

Not all staff working in the service had received, and understood, the training identified by the service as mandatory. Not all staff who were delivering care had received the practical manual handling training, although they were supporting people using equipment to help them move, such as hoists and stand aids. The registered manager assured us that these staff members went to visits with more experienced staff until they were deemed competent and had received more training. However, there were no formal competency checks of their practice or recorded supervisions in place. Supervisions give an opportunity for staff to discuss their role and any training requirements with a senior member of staff.

Two new members of staff we spoke with who had been working at the service for one month were not able to tell us about their training, including safeguarding and manual handling. Two staff members had a limited understanding of English and were not able to answer questions about their role or tell us about training they had received. The registered manager told us these staff members were working only with other more experienced members of staff. We received some concerns regarding one staff member who had not understood training in medicines management due to a language barrier. Staff had not received training in the Mental Capacity Act (MCA).

We concluded that the provider did not always ensure their staff were given the appropriate training required in order to deliver support to people. Furthermore, they did not assure themselves that the training delivered to staff was effective.

These concerns constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with new staff about their induction periods, and they told us that more experienced staff showed them what to do and they shadowed them until they felt confident. More experienced staff members explained to us how they observed new staff to assess their competence.

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People who were able to tell us about their care told us that staff sought consent before delivering support.

People's care records did not make any reference to their mental capacity, however one relative we spoke with explained that their relative did not have capacity to make decisions. A member of staff told us how they would make a best interests decision and who would be involved. There were some people living with dementia who used the service. However, this area of need was not fully covered their care plan. There were no records of decisions made in people's best interests or who had been involved in these decisions, for example about how care was delivered or decisions about taking PRN medicines. This demonstrated some lack of understanding about requirements around the MCA, which meant that the MCA was not fully understood and properly implemented. This meant that people's rights may not always be upheld when they had variable or limited capacity, therefore the service was not fully compliant with the MCA.

People were supported to eat a selection of healthy balanced meals when staff supported them with mealtimes. Staff also ensured that they left people with a drink and snacks within reach when required. Staff had supported one person to obtain equipment to liquidise their meals for when this was needed. However, staff did not always follow recommendations from speech and language therapists. This could put people at risk of choking.

The registered manager told us they met with people and their relatives, where needed, prior to people receiving the service. They said they discussed the service and how they could meet the person's needs and preferences. We saw records of the initial pre-assessment of people's needs.

Staff supported people to access healthcare when they needed, and gave us examples of communicating with speech and language therapists, chiropodists, district nurses, GPs and occupational therapists where necessary.

Where required, staff shared information with these professionals to adapt to people's care needs. Staff also supported people to obtain equipment when they required it, such as specialist beds or mobility aids.

Is the service caring?

Our findings

During our last inspection in February 2017 we found that the service was rated 'Good' in caring. During this inspection we found that the service requires improvement in this area. We concluded that the provider required more systems in place to monitor that a caring service is provided and sustained.

Staff were not always checked and deemed suitable to deliver compassionate care to people. They were not always able to communicate effectively with people using the service. Some staff were delivering personal care without having the ability to verbally explain what they were doing and reassure people. This created a barrier to the communication between staff and people. Therefore not all staff were able to deliver compassionate care according to people's preference and choices.

Some people using the service told us they preferred to know who was coming and they did not receive a rota to let them know. However, they said the staff who came were caring. There were some staff who were not able to communicate and interact with people and therefore had a more task-led approach. However, the people we spoke with did not feel this had a negative impact on the care they delivered.

The organisation communicated well with people's family members where appropriate, and involved them in the care planning. One friend of a person using the service explained that care staff left notes for them if there was anything they needed to let them know, and this worked well.

A relative described to us how the registered manager had made an extra effort to ensure their relative received the care they needed during their transition home from hospital. People and their relatives told us that the staff were caring in their approach to people delivering the service. One person told us, "I don't feel people would get looked after this well anywhere else." They explained how staff joked with them and made them feel happy. Another relative told us that staff spoke politely and respectfully to people.

Staff ensured they carried out care behind closed doors and ensured people were comfortable. A relative explained to us how care staff gave their family member as much privacy as possible during personal care. Some staff explained to us how they supported people to maintain as much independence as possible with their personal care by allowing them to do what they were able themselves and delivering support when needed. The registered manager told us they checked that staff cared for people with dignity and respecting privacy when they went on visits with them. This included ensuring people were covered up when possible during personal care and closing curtains, and involving people.

Is the service responsive?

Our findings

During our last inspection in February 2017, we found that the service was rated 'Good' in responsive. During this inspection we found that the service was not always responsive and required improvement in this area.

We received mixed feedback about whether people received personalised care that was responsive to their needs. One relative told us that at times there had been three members of staff visiting their house and this had made them feel overwhelmed. Some instances were when new staff required training, and some were when the driver came into their house with the staff. As there was a dedicated driver who took staff to their visits, they told us there was not a need for the driver to be in the house as well. They raised this with the provider and told us it had improved.

Some people said that the care staff arrived at times which suited them and which they had agreed. However, one person gave us examples over the past few weeks where carers had arrived at different times during the morning and stated this was sometimes difficult as they had to wait. Two people told us the timekeeping had improved in recent months, one explaining that staff now called ahead to say they were running late. Another person told us that they felt the care staff had enough time to spend with them to support them with everything they required, and were flexible in giving them choices. For example, if they wanted to stay in bed until lunch time instead of get up in the morning this was facilitated.

One relative we spoke with explained that they had updated the care plan to reflect details, but staff always needed reminding. They felt that the care staff did not always take initiative to attend to their relative's care needs. They said, "You have to ask them to wash [person's] hair or shave otherwise they don't do it." They also reflected that some staff did not speak English so it was difficult to communicate with them. They added that these staff always came with another member of staff who was more able to communicate which meant they managed this.

Two people explained to us that they felt it would be more pleasant to have the same members of staff visiting them for consistency. We spoke with the provider about this and they explained that they had organised the staff into teams to enable more consistency, and this had improved recently. They said it was more difficult to deliver this when new staff started and needed to shadow more experienced staff members. One relative we spoke with confirmed that this had improved recently.

Not all of the care plans had been updated with people's current information. However, we looked at some care plans which contained details of people's health conditions and their support needs with guidance for staff on how to meet these. These contained outcomes for people with details of what they wanted to achieve through the support they received. Staff wrote in a daily record book each time they visited people and recorded what care was delivered. However, we saw that at times this did not reflect the care that was required according to the care plan. For example, a speech therapist had written in one person's care plan that they should have a mashable diet and staff were recording that they gave the person meals such as toast.

All of the people we spoke with said they knew who to complain to if they needed to, but one person said they felt that concerns were not always resolved long-term. For example, they had repeatedly raised the issue of care staff not arriving at agreed times and it had remained a problem. Another person said that they did not always feel comfortable to raise concerns. We saw that the provider had investigated and responded to complaints which had been made.

Is the service well-led?

Our findings

During our last inspection in February 2017 we found that the service was rated 'Good' in well-led. During this inspection we found that the service was not always well-led and required improvement in this area.

There was a lack of governance in terms of recording information. The registered manager told us how they observed staff by undertaking visits with them and checking their competence. They said this included how they communicated and interacted with people, their ability to support people according to their care plan and their appearance. However, they had not recorded these checks. There were no records of supervision with staff.

There was no comprehensive training plan in place for staff who still needed to undertake training, although the registered manager assured us this would be completed this year. There were no regular reviews of care plans taking place to ensure they met people's individual needs.

The registered manager had not always ensured that staff recruitment files contained evidence of their employment history and references, and gaps had not been identified and acted upon. This had not been identified as a concern. The provider did not demonstrate to us a good understanding of the importance of safe recruitment procedures.

There was not good oversight of care plans and they were not always updated with current information. In one care plan we looked at, there was conflicting information about the person's dietary requirements. There were no reviews of care plans taking place and risk assessments had not always been completed when needed. This had not been identified as an issue.

There were no effective quality assurance systems in place to assess, monitor, and improve the service, and there were not always accurate records concerning each service user. We concluded that a lack of appropriate governance systems in place meant that the service did not always provide good quality support to people.

These concerns constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One member of staff explained to us how they were trying to improve the service based on peoples' feedback. They said that as people were asking for more consistency of care staff visiting them, they had organised the staff into teams who visited the same people as much as possible. The staff we spoke with said they worked well as a team and felt supported. The service had some plans for improvement regarding care plans. A member of care staff told us how they were revising the care plans and had organised more administrative time to dedicate to overseeing this. The registered manager told us about a survey which they will be sending out this year to gain feedback from people using the service.

We saw that incidents had been investigated, but identified that the registered manager may not always

pick up potential concerns because of a lack of governance and recording. We discussed the problem of sustainability with the registered manager with the service expanding and not having adequate systems in place. They expressed that they understood the need for improving and developing more robust systems. The registered manager and office manager explained that they had shared ideas and information with the local authority's quality assurance team to improve the service.

The registered manager was well known and well thought of by people using the service and their families. One person told us, "[Registered manager] is wonderful." The people we spoke with said they knew who the registered manager was and felt they were easy to speak with. They confirmed that the registered manager had visited them at home and discussed their care with them. The registered manager told us they regularly went out to deliver care with staff and this enabled them to visit people as well as monitor the staff.

One new member of staff we spoke with said they felt very welcome, they worked in a good team and felt supported. Another staff member told us they had team meetings on a monthly basis. We looked at some minutes from a team meeting and saw that the staff team had discussed the importance of recording information.

The registered manager told us they encouraged staff to raise concerns to them. However, we found that staff were not always able to communicate how they would do this, or demonstrate knowledge of whistleblowing.

The registered manager understood their responsibilities in terms of what they were required to notify CQC of. However, they did not always demonstrate a thorough understanding of the legal requirements around their service.

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>Risks to people were not always adequately assessed and mitigated.</p> <p>Regulation 12 (1) (2) (a) and (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People were not adequately protected against the risk of abuse because the provider was not following safeguarding procedures and staff did not know about safeguarding</p> <p>Regulation 13 (1) (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to implement systems and processes that effectively assess, monitor and determine risks to people or maintain accurate, complete up to date records.</p> <p>Regulation 17 (1) (2) (a) (b) and (c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p>

There were not robust systems in place to ensure the service employed fit and proper persons.

Regulation 19 1(a)(b) (2)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There was not adequate training for staff relevant to their roles.

Regulation 18 (1) (2)(a)