

Mach Care Solutions Limited

# Mach Care Solutions (Birmingham)

## Inspection report

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Date of inspection visit:  
16 May 2023

Date of publication:  
01 September 2023

## 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

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Mach Care Solutions Birmingham is a domiciliary care service providing personal care to people living in their own homes. At the time of our inspection there were 40 people using the service.

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

The provider's oversight of the service had not identified some of the shortfalls we found during the inspection process as part of their audits and checks.

People received inconsistent call times. Call records and rota's confirmed that short, late and calls close together were still occurring. Staff attending some people's calls, remained inconsistent which impacted on the support people needed, placing them at risk of harm.

There were systems in place for managing complaints, safeguarding concerns, accidents, and incidents. However, we found these continued to fail to identify the concerns we found during this inspection. Although people and their family members were happier with the call times and length of calls, this still required improvement.

One person and a relative told us some care staff members communication was limited, this was due to language barriers and some staff continued to communicate between themselves in their own language. We also found that language barriers impacted on the responses we received from staff when exploring their knowledge of people's care needs.

We saw care plans continued to lack information and guidance for staff to follow and some had not been reviewed and updated to reflect people's current support needs. Risks to people had not been assessed consistently. The assessments themselves did not always clearly reflect what action staff should take in the event of that person becoming unwell or experiencing symptoms of known health conditions.

Some people's care plans contained conflicting information to guide staff with appropriate support for people with nutritional and hydration needs.

People continued to be placed at risk from abuse because the systems and processes in place were not robust to keep people safe. However, the staff we spoke with were aware of their responsibilities to keep people safe.

The management of medicines still required improvement. Guidance in place was not clear for staff to follow.

Pre-employment checks were not always carried out to make sure newly recruited office support staff were suitable to carry out their role, prior to them commencing work. Staff received induction training. People felt staff members had the appropriate skills and knowledge to support them how they wished.

People and their relatives told us and records demonstrated people were now involved in decision making and creating their care plans to meet their individual needs and wishes. People told us, staff sought consent prior to supporting them and encouraged people to make their own decisions, in the least restrictive way possible and in their best interests; the provider had policies in place.

People and their relatives told us staff members adhered to current Infection Prevention and Control guidance for the correct and safe use of Personal Protective Equipment (PPE).

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 09 November 2022) and there were breaches of regulation. The provider was in breach of regulations 9 Person centred care, 11 Need for consent, 12 Safe care and treatment, 17 Good governance and 18 Staffing. At this inspection we found improvements had not been made and the provider remained in breach of regulations. We also identified a breach of regulation 19, Fit and proper persons employed. The service has remained inadequate. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had not been made and the provider remained in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has remained Inadequate. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mach Care Solutions (Birmingham) on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement and Recommendations

We have identified continued breaches in relation to; Regulation 9 - Person centred care, Regulation 11 - Need for consent, Regulation 12 – Safe care and treatment, Regulation 17 – Good governance and Regulation 18 – Staffing at this inspection.

We have identified a new breach in relation to Regulation 19 – Fit and proper persons employed. The provider had failed to follow safe recruitment processes.

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 remains 'Inadequate' and the service remains 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?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# Mach Care Solutions (Birmingham)

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team comprised of 3 inspectors, 1 of these inspectors made telephone calls to people, family members and staff.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. Inspection activity started on 16 May 2023 and ended on 01 June 2023. We visited the location's office on 16 May 2023.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also contacted commissioners of care services for their feedback. We used all this information to plan our inspection.

### During the inspection

We spoke with 5 people who used the service and 1 relative. We also spoke with 7 care staff, 4 office staff members and the registered manager who was also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 10 care plans and a selection of call records, daily notes, medicine records, risk assessments, staff files, audits, policies and procedures. We also used technology such as electronic file sharing to enable us to review documentation sent to us by the provider, following the site visit.

# 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 we found the provider had not made the necessary improvements and the rating has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12 – Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely ensuring people received them as prescribed. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection some improvement was required to ensure people's care records identified the level of support they needed from staff with their medicines. People were at risk of receiving inconsistent support with their medicines. Care plans and risk assessments remained inconsistent. These contained conflicting or inconsistent information to guide staff on the level of support people needed. This continued to place people at risk of not receiving their medicines, as prescribed.
- Peoples 'as required' medication protocols were inconsistent putting them at risk of receiving too much or not enough prescribed medicines. Without clear protocols in place this could lead to staff not knowing when to give these medicines. This included the use of thickener for drinks, dietary supplements, and oxygen.
- For people who were prescribed creams, we saw that protocols and Medication Administration Records (MAR) to guide staff were still not consistently clear for staff to follow. This meant people were at risk of their skin condition deteriorating. We also found that body maps were not always in place to provide staff with clear instructions on when, where, or how the creams should be applied. This was of particular concern for people who had a known skin condition and required creams to be applied to prevent further deterioration of their skin.
- The provider knowingly supported people with medicines not prescribed without any care and support plans directing staff on how to safely use these medicines. This meant it was unclear what these medicines were, what they were being taken for and staff had no guidance to follow. The registered manager was aware of this practice but had failed to ensure this was recorded or risk assessed.
- Guidance for people who required inhalers for the treatment of asthma were insufficient, there was no guidance on when or how often the inhaler for the relief of an attack should be used.
- We found that electronic records often had a 'Double outcome' for medicines as 2 staff attending the calls had completed the records. The provider told us 2 staff had to record an outcome for the same action, due to the system which they use. Whilst we acknowledge this, it has the potential to cause confusion and may lead to double administration of medicines. It was unclear if medication had been given correctly by staff members based on their recordings on MAR.



Medicines management was not robust enough to demonstrate that medicines were always managed safely. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who staff supported with their prescribed medicines told us they were happy with how this was managed.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to fully assess the risks relating to the health and safety of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12 - Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's risks continued to not always be effectively managed, as identified at the previous inspection. Where risks to people was known due to their diagnosed health conditions, risk assessments and care plans were still not consistently in place to guide staff on how to support people safely. We continued to see they were not always reviewed and updated following changes to people's health conditions. This meant that people were not safe from the risk of harm.
- People were at the risk of avoidable harm as the provider continually failed to ensure care plans and risk assessments accurately reflected the support the needed. A person's care plan did not provide staff with the guidance required to safely support them with their catheter care. Another person who received support with specialised equipment told us, "Staff support me with this." When asked if staff cleaned the equipment they told us, "I can't recall seeing a care plan and I am not sure how staff clean the equipment." We found there was not a care plan in place to guide staff on maintaining safe cleaning practices.
- People who had been assessed by Speech and Language Therapy (SaLT) because they were at risk of choking, did not have the necessary information accurately recorded in their care records for staff to follow. For example, 1 person's care plan stated they were assessed as needing a specific diet because of their risk of choking and thickened fluids, their care plan did not contain detailed information. A member of staff we spoke with could not tell us the correct support or diet, as per the person's assessed needs.
- Two other people's care plans indicated they required dietary supplements; however, these were not reflected in their 'as required' protocols or on their MAR and it was unclear from records if these were given correctly. These people were at risk of reduced dietary intake and weight loss. We brought this to the immediate attention of the registered manager who gave assurances they would provide clear information for staff to follow.

The provider failed to ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded, and managed. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with felt staff who supported them knew about their support needs. One told us, "They [staff] will put thickener in my drink which helps me not to cough."

#### Staffing and recruitment

- At this inspection we found some people were still not receiving their calls on time or at consistent times.

The providers own audits had not identified some people had experienced late calls or early calls, with no reasons recorded to evidence if this was the person's choice.

- Staff rotas continued to demonstrate the provider did not always allow travel time between scheduled calls or more than one call was scheduled at the same time. This meant calls could not take place on time and they would be shortened or late, impacting on the standard of support people received. Some people told us that calls could be late at times, but others were happy with their call times. The registered manager could not provide an explanation as to why the calls continued to be scheduled in this way.
- We looked at a range of care records and staff rotas, these records showed that although the overall length of the call times had improved, this was not consistent, and people were not always supported at their agreed times. For 1 person who required a 30 minute call, a staff member had only been in attendance for 4 minutes but had recorded they had provided full support. We spoke with the registered manager about this who agreed the level of support the staff member had recorded was not possible in such a short visit and they would investigate this as their own audits had not identified this.

The provider failed to ensure staff were suitably deployed. They did not ensure people using the service were consistently supported ensuring people's needs were met. This was a continued breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by the correct number of staff, as per their assessed needs. .
- Safe recruitment practices were still not consistently followed. We saw 2 office staff had commenced work prior to references and Disclosure and Barring Service (DBS) checks being completed. The provider had failed to assess the risks whilst awaiting these checks to be completed. A DBS provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Suitable references had been obtained for staff members. This continued to place people at risk of harm from poorly managed recruitment systems and processes.

The provider failed to ensure staff employed following safe recruitment practices. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Whilst no new safeguarding concerns had occurred, there was a continued risk that people continued to be placed at risk of abuse and neglect and were not consistently protected due to the lack of robust systems in place.
- Although the calls have improved since the last inspection, we continued to see examples of late, short and inconsistent call times, which had not been identified via the audits or had not been actioned. This included the impact of people being exposed to calls which were close together or late. We found people were placed at risk due to the lack of information for staff to follow, which had been an on-going theme throughout previous inspections.

Preventing and controlling infection

- People we spoke with confirmed staff wore appropriate personal protective equipment (PPE).
- The provider had a system in place to monitor the correct use and disposal of PPE as they carried out spot checks to monitor staff adherence to infection prevention and control practices.
- Staff told us the PPE they needed was available to them.

# Is the service effective?

## Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
At our last inspection the provider had failed to ensure people received support to meet their needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 9 - Person centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A person's daily care records indicated staff were supporting the person using a breathing equipment, however, this information was not recorded in their care plan or risk assessments. This meant people were at risk of not receiving care in the way they needed it. The provider had failed to make improvements in reviewing people's care plans to ensure these consistently continued to reflect people's needs.
- A staff member we spoke with told us they did not have access to a person's care plan. They could not tell us the correct support the person required as detailed in their care plan. When we raised this with the registered manager, they told us the staff member could access this electronically. The staff member did not appear to know this. This meant they could not ensure they were providing support as per the persons assessed needs.
- At the last inspection we found calls were often inconsistent, and different staff attended calls. We found at this inspection there had been some improvement, but this was still not applied consistently for all people using the service. This meant people did not always receive their calls at times they wished or expected.
- Following a meeting with the provider after the last inspection, they told us they had started to reduce the number of people using the service to address the issues around call times. Since then, the provider has again increased the number of people they support. This meant we were unable to fully assess if the improvements made could be sustained due to this increase.

The provider did not ensure people's care was appropriate and met their needs. This was a continued breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- At the last inspection some people and relatives told us they were not involved in the initial assessments completed by the provider before starting to use the service nor on-going care reviews. At this inspection,

most people and their relative told us they had been involved in recent reviews with the care manager and documents corroborated this.

#### Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure people's consent was consistently gained prior to support being provided.

We found that although some improvement had been made at this inspection further actions were required, and the provider was still in breach of Regulation 11 - Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- For people who were unable to make their own choices and decisions for themselves, the provider had continued to fail to obtain written evidence people making decisions on their behalf had the necessary authority to do so. This meant we could not be assured people were being supported in the least restrictive way and decisions were not being made on their behalf inappropriately.
- Although the provider had carried out some MCA assessments and best interest decisions, they had failed to involve other health professionals in this decision making process in a timely way. However, we did see evidence that relatives had been involved.
- Some staff we spoke with could give us examples of how they gained consent before supporting people with their care and how they acted in people's best interests when they could not make these decisions for themselves. However, some staff struggled to tell us what the MCA and best interest decisions meant for people they supported. The providers training record, although it did include Mental Health Awareness training, it did not specifically include MCA and best interest decisions.

The provider failed to ensure they consistently gained evidence that people acting on behalf of others had the necessary authorisation to do so or involved other health professionals in the decision making process. This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Most people and relatives were able to tell us they had been consulted or involved in developing their care plans.
- We saw evidence that written consent had been gained to provide support with their care needs.
- People who were able to speak with us, told us staff sought consent before providing care and support.

#### Staff support: induction, training, skills and experience

- We received feedback from people and relatives we spoke with, who were overall satisfied with the level of skill demonstrated by the staff.

- One staff member told us they had not received recent training in the use of breathing equipment, for the person they supported with this. However, other staff told us they had received appropriate training and could tell us how they carried out these tasks.
- Spot checks and competency assessments were carried out to ensure staff were applying their skills and knowledge in the right way or if there were any areas for development needed.
- Staff told us when they first started working at the service, they received an induction. This included shadowing other staff members, on-line training, and face to face training in the office. The training was in line with the Care Certificate; The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they received supervision and attended meetings and told us they felt supported, by the registered manager and the office staff.

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

- People's dietary needs were considered and assessed by the local authority however, information shared with staff members via care plans and risk assessment remained unclear for staff to follow for some people. Most staff we spoke with knew how to support people with specific nutritional needs. However, one staff member we spoke with was unable to tell us about one person's dietary needs, who they supported. This placed the person at risk from receiving the incorrect assessed diet.
- Not all people we spoke with required support with meal preparation or assistance to eat. Where this support was offered feedback was overall positive.
- Staff records indicated people had access to drinks and snacks before they left and people, we spoke with confirmed this.

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

- The provider and staff were more consistent in their approach in working in partnership with, their relatives and health and social care professionals at this inspection.
- Staff told us they knew what to do if they had concerns about a person's health or if there was a medical emergency. However, we found that staff did not always follow the providers policies and procedures such as informing the office immediately when a person's skin condition deteriorated and implementing risk assessments. This placed the person at risk from increased skin damage, however this person was able to contact the district nurse themselves.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- We found people were still experiencing early, late and short care calls which had not been consistently identified and actioned by the provider.
- Due to the lack of timely audits being completed by the provider we could not be assured people received appropriate care and support, as identified issues were not acted on for several months in some instances.
- Whilst the provider positively employed staff from different cultural and religious backgrounds, to meet people's diverse needs, this did not always lead to positive outcomes for people. We found that communication, due to language barriers could at times, still be difficult. One person told us, "Sometimes I can't understand what they [care staff] are saying and I have to ask them to repeat themselves." However, they did say they were happy with the support they received. Another person told us that some staff members frequently spoke to each other in their own language, in what appeared to be raised voices. This meant the person was not aware of what was being discussed in their presence.
- Although there have been some improvements identified at this inspection, due to the on-going failings, this meant the provider had not fully demonstrated a caring approach towards people using the service.
- People and their relatives told us that privacy and dignity was promoted. Most people were happy with the care staff who supported them and described them as kind, respectful of them and their wishes and personal space and homes. Also, supporting them to maintain their independence, where appropriate

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

- At the last inspection some people told us they had asked for access to their care plans and care records which were not easily accessible to people, as these were held electronically. We discussed this with the registered manager who told us they would discuss this with people who used the service and provide copies, where required. They also told us they were looking to implement an updated electronic system to give people access to their care plans. We found at this inspection, most people told us they now had a copy of their care plan.
- People and relatives told us at the last inspection that care plans were not always developed with the involvement of people and their relatives and they had never been asked about their care needs and wishes. Most people told us this time that they had been involved in the development and review of care plans.
- We saw evidence that telephone calls had been made to some people to gain their views on the service received.
- People's care plans included information about their preferences and personal histories to help staff get to know them and how they liked to be supported. However, we found further improvement was still

required for some. This was discussed with the registered manager who was receptive to our comments and findings.

- Most care staff we spoke with understood peoples' support needs and told us how they supported people, including maintaining independence. People we spoke with confirmed carers helped them to maintain their independence as much as possible.
- People told us they felt listened to and able to voice their opinions.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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

- We saw from records that care plans and risk assessments continued to not be reviewed consistently as people's needs changed. Most staff we spoke with told us about people's current care needs although their care plans did not always reflect this information to guide staff. However, some staff told us support they provided to people which was not recorded in their plan.
- Staff told us, and we saw from care records they recognised when a person was unwell and required additional support such as a GP or ambulance. However, we saw that some care staff continued to fail to record the support they provided correctly or implement appropriate documents, as required. This had not been identified by the provider via their systems and processes.

Meeting people's communication needs

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

- We saw evidence that care plans had been made available in a format to suit one person's requirements.
- One person who had a hearing impairment prefers to communicate in writing. Staff told us about how they supported this person to communicate in their preferred way.

Improving care quality in response to complaints or concerns

- People told us they were confident that their concerns and complaints were listened to when they rang the office.
- Since the last inspection we have not received complaints about this service.
- People and relatives told us they were able to raise complaints with the service and now felt more confident they would be dealt with appropriately.
- We saw that the complaints systems and procedures were being embedded and the care manager had spent a lot of time meeting with people to improve their confidence in the service. Some improvement was still required to ensure the complaints process was robust.

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care.
- The registered manager told us they understood the need to work closely with people, their relatives and healthcare professionals, including GPs, to ensure people's preferences and choices for their end of life care



were acted on and they had the support they needed.

# 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-centered care; supported learning and innovation; and promoted an open, fair culture.

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

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

At our last inspection we found the provider had failed to operate an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17 - Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had failed to use the systems and audits they had in place effectively. The provider has a poor history of compliance and driving or sustaining improvements within the service. This is the second inspection where multiple breaches of regulations have been identified.
- We found that care plan audits had not been completed between the period of June 2022 and March 2023. The registered manager told us they had completed these retrospectively. This meant the provider could not provide assurances they had identified people who were supported safely and in a timely way. They continued to fail to identify the concerns with; care plans and risk assessments which required more robust information, inadequate call times, medication guidance, and on-going safety concerns which we identified.
- We found the quality assurance systems and processes in place designed to enable them monitor and improve the safety and quality of people's care were not robust and did not identify all the concerns we found during the inspection. This included audits of people's call times, accidents and incidents, medicines, and complaints.
- The management of safety, risk and governance was still not effective. Actions had not been taken by the registered manager to ensure the systems and processes were safe and operated effectively.
- Care records and risk assessments still required more detail to ensure information was detailed and current for staff to refer to. The provider's audits had failed to identify these shortfalls. Although there were records to evidence when reviews of care plans and risk assessments took place, we found they were not effective. This included inaccurate information in care plans, lack of information for staff to follow and risk assessments which were not always robust.
- Audits had failed to identify the concerns around medicines such as inadequate information for the safe use of, 'As required' medicines.
- The provider understood the need to notify us about relevant changes, events and incidents affecting the

service and people who used it. However, the provider had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided due to the completion of retrospective audits.

- We could not be assured staff had received specialised training, from a suitably qualified trainer for the use of breathing equipment, for people they supported with this need. Although the registered manager provided certificates for staff, we were not assured appropriate training and competency assessments had been completed. In addition, we could not be assured staff had received up to date training for epilepsy, dietary needs, and catheter care to name a few, as the training matrix did not reflect this. Staff we spoke with gave mixed responses as to whether this training had been completed.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we could not be assured the system used for staff to log in and out of calls and record their notes was safe. Staff could log in to a call when they were not in attendance. This meant there were no assurances staff attended the calls, on time or for the correct length of time. Although the same system is currently used there is closer monitoring of this now in place and such incidents addressed with the staff member. However, due to an increase in the number of people using the service this will need to be tested to see if it remains effective.

- The registered manager is also the nominated individual for this service. There was a care manager and care coordinator who worked in the office and reported to the registered manager.

- The staff we spoke with were clear about their respective roles and responsibilities and what was expected of them. The care manager told us about how they wished to support the provider to develop and improve the service provided. They also told us how they had built good relationships with people using the service by carrying out home visits and care reviews.

- The provider had implemented processes to support staff, this included regular supportive supervisions to provide development opportunities and feedback on performance and areas of improvement. Staff confirmed they attended the office for regular supervisions.

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

- At the last inspection the registered manager told us they would look at how they could support staff members to develop their language skills to help improve their communication and recording skills. There was no evidence to demonstrate these actions had been completed at this inspection.

- People and relatives told us they had been involved with reviews of their needs to discuss the continuing care and support required.

- Spot checks to confirm staff were working in line with the provider's expectations were taking place regularly now.

- Quality questionnaires had been sent out to some people using the service for their feedback which had been reviewed.

- Staff we spoke with gave positive feedback about the registered manager and said they could call them at any time and knew they would be listened to.

- The provider was displaying their most recent inspection rating as they are required to by law.

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

- A system to ensure people's preferences were considered and to ensure their needs such as preferred call times were met had been implemented and some improvement had been made.

- We found that feedback provided was now being reviewed to identify learning for the service and issues to be addressed. However, this was not always completed in a timely way to prevent recurring issues.
- The care manager had ensured people and relatives had all been given the contact details of the office to discuss concerns. At the last inspection we were told they did not know how to contact the office.
- Staff told us they had the opportunity to attend meetings and supervision when information and changes were shared with them.
- Staff felt able to raise any concerns or worries they may have and were confident issues raised with management would be investigated and acted on.

#### Continuous learning and improving care

- We found the provider was not fulfilling their obligation to carry out timely audits. Individual care plan audits we were provided with had been back dated from as far back as June 2022, when in fact they had all been completed in March 2023. An office staff member had completed these audits on behalf of the registered manager, who had countersigned these and back dated them.
- Complaints were now dealt with in a more systematic way. However, we found that once the complaints process had been completed, the complainant was not contacted verbally or in writing, as per the policy to advise them of the outcome. The care manager took immediate action to resolve this.
- Incidents which had been recorded demonstrated that any actions had been taken in relation to these concerns. Reflective practices had started to be adopted and learn lessons. However, due to the lack of timeliness in the completion of audits we could not accurately assess the effectiveness of this.
- The management team were receptive to our feedback from the inspection.

#### Working in partnership with others

- The provider told us they understood the need to work in partnership with and share information with other agencies, including the local authority and community health and social care professionals, to ensure people received joined-up care.
- We found there was evidence of working collaboratively with others and health professionals.

#### 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 told us they understood their responsibility under the duty of candour to act in an open and transparent way in the event things went wrong with the delivery of people's care.

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
Nursing care Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to; 1. The provider failed to ensure they consistently gained evidence that people acting on behalf of others had the necessary authorisation to do so or involved other health professionals. 2. When assessing peoples capacity they failed to ensure this was decision specific and the least restrictive options had been considered.
Regulated activity	Regulation
Nursing care Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider failed to follow the correct safe recruitment procedures to ensure staff employed were fit to work in the service. They failed to consistently obtain; 1. Criminal record checks 2. Carry out risk assessments for staff working without a DBS 3. Suitable references and identification 4. Assess the skills and competencies of staff employed This placed people using the service at risk of harm.
Regulated activity	Regulation
Nursing care Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure that staff members supporting people were suitably qualified, trained and competent to provide

safe care.

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
Nursing care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Personal care	The provider did not ensure people's care was appropriate and met their needs.

### The enforcement action we took:

The provider was issued with a Notice of Decision to impose conditions on their registration due to multiple breaches of regulations.

Regulated activity	Regulation
Nursing care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	<p>The provider had failed to ensure that people using the service received safe care and treatment.</p> <ol style="list-style-type: none"><li>1. The provider failed to ensure care plans and risk assessments were in place and completed with enough detail to give care staff the knowledge and information they needed, to be able to support people safely. This included the lack of care plans and risk assessments for people with known, complex, health conditions.</li><li>2. The provider failed to ensure people received their medication safely.</li><li>3. The provider failed to ensure people received their commissioned length of calls consistently, placing people at risk.</li></ol>

### The enforcement action we took:

We issued the provider with a Notice of Decision to impose positive conditions on their registration. A Notice of Decision supports the provider to drive and sustain the required improvements.

Regulated activity	Regulation
Nursing care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	<p>The provider had failed to ensure that risks to people were effectively managed.</p> <p>People were exposed to risk of harm due to unsafe</p>

risk management systems including; missed, late and short calls to support people, medicines, care plans and risk assessments for peoples known health conditions.  
As a result, people were exposed to the risk of harm.

**The enforcement action we took:**

We issued the provider with a Notice of Decision to impose positive conditions on their registration.  
A Notice of Decision supports the provider to drive and sustain the required improvements.